



Measure Applications Partnership
Pre-Rulemaking Report:
Public Comment Draft

January 2013

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Executive Summary

The Measure Applications Partnership (MAP) is in its second cycle of providing pre-rulemaking recommendations to the Department of Health and Human Services (HHS) on performance measures under consideration for federal programs. MAP derives its statutory authority from the Affordable Care Act (ACA), and its primary purpose is to give input to HHS on selecting performance measures for public reporting, performance-based payment, and other purposes. The MAP pre-rulemaking provision represents an important innovation in the regulatory process by affording the opportunity for more global and strategic upstream input to HHS.

MAP is a public-private partnership convened by the National Quality Forum (NQF). MAP's composition is carefully balanced across 110 members who represent consumers, business and purchasers, labor, health plans, clinicians, hospitals, other providers, communities and states, suppliers, accreditation and certification organizations, and federal agencies. MAP membership also includes numerous subject matter experts on topics such as population health, safety, care coordination, rural health, mental health, child health, team-based care, shared decision-making, and healthcare disparities. MAP's diverse nature and unique collaborative process ensures varied, thoughtful recommendations on the measures under consideration by HHS for future federal rulemaking from those who are invested in the use of measures and measurement information.

MAP's goals are to achieve improvement, transparency, and value in health care, in furtherance of the three-part aim of the National Quality Strategy (NQS): better care, affordable care, and healthy people in healthy communities. MAP's objectives are to improve outcomes for patients and families; align quality measurement across settings and federal, state, and private-sector programs; and enhance coordination across the system. Building on its first pre-rulemaking cycle, MAP provides recommendations in this report about the best use of available measures, while promoting alignment across programs and sectors and identifying high-priority measure gaps. MAP's recommendations are intended to streamline the costs of measurement, stimulate improvement, and create a cache of information to support decisions of patients and their families and those paying for care.

MAP reviewed more than 500 measures on HHS' list of measures under consideration for twenty federal programs covering clinician, hospital, and post-acute care/long-term care. MAP supports the immediate application of 141 measures for federal programs and supports the direction of another 166 measures, contingent on further development, testing, or endorsement. MAP does not support 165 measures under consideration for inclusion in federal programs. In addition, MAP recommends phased removal of 64 measures, while also recommending six measures that are not on HHS' list of measures under consideration be added to programs.

Given the large number of measures under review, particularly for the clinician performance measurement programs, the MAP Clinician and Hospital Workgroups developed guiding principles to facilitate their decisions about the application of measures to specific programs. The guiding principles are not absolute rules and are intended to complement statutory and regulatory requirements and the

broader MAP Measure Selection Criteria. Workgroup members, including CMS representatives, found the principles to be valuable for thinking through measure selection for specific programs while also accounting for the inter-relationships among the programs. The principles will serve as an important input for MAP's review and revision of the Measure Selection Criteria.

Through the recommendations in this report, MAP promotes the use of high-impact measures to achieve parsimonious measure sets for assessing the value of healthcare services. Themes that emerged across all programs during this pre-rulemaking cycle include:

- System-level measurement can be a catalyst for a patient-centered approach to measurement and a framework for constructing measure sets that address all aspects of the NQS three-part aim.
- As program structures evolve from pay-for-reporting to pay-for-performance, performance measurement should be more rigorous to match the increasing level of provider accountability.
- Shared accountability for healthcare delivery and engagement of community and social supports systems are needed to address diverse needs and fragmented care, particularly of vulnerable populations.
- To capture the value of healthcare services provided, measures of clinical quality, particularly outcomes, should ideally be linked to cost measures. All stakeholders should be cognizant of the costs of care.

In addition to recommending measures for federal programs, this report identifies priority measure gaps and presents NQF's intention to play an activist role in filling measure gaps by working closely with measure developers and establishing a "measure incubator" for stimulating the development and testing of the highest priority measures. NQF will also be establishing feedback loops to further understanding of measure implementation experience, use, usefulness, and impact. MAP will coordinate with NQF's efforts by engaging MAP members and other stakeholders in these activities.

I. Introduction

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for the purpose of providing input to the Department of Health and Human Services (HHS) on the selection of performance measures for use in federal public reporting, performance-based payment programs, and other purposes (see MAP Background – Appendix B). MAP's unique collaboration and careful balance of interests is designed to provide HHS and the field with thoughtful and varied input from organizations that are invested in the use of measures (see MAP Coordinating Committee and workgroup rosters – Appendix C). MAP also assesses and promotes alignment of measurement across federal programs and between public- and private-sector initiatives to streamline the costs of measurement and focus improvement efforts on patients.

MAP's recommendations seek to further the three-part aim of the National Quality Strategy (NQS): creating better care, more affordable care, and healthier people living in healthy communities. MAP

informs the selection of performance measures to achieve its stated goals of improvement, transparency, and value for all. MAP's objectives are to:

- Improve outcomes in high-leverage areas for patients and their families;
- Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value; and
- Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.

The Affordable Care Act (ACA) requires HHS to publish annually a list of measures under consideration for future federal rulemaking and to consider MAP's recommendations about the measures during the rulemaking process. This annual pre-rulemaking process affords MAP the opportunity to review the measures under consideration and provide upstream input to HHS in a global and strategic manner.

During this pre-rulemaking cycle in its review of the measures under consideration, MAP employed several of its strategies and tactics outlined in the [MAP Strategic Plan 2012-2015](#) to enable more granular pre-rulemaking input, while continuing to emphasize alignment across programs and to identify high-priority areas where measures are needed to fill gaps in measurement. This MAP Pre-Rulemaking Report provides recommendations on more than 500 measures under consideration by HHS for twenty clinician, hospital, and post-acute care/long-term care performance measurement programs.

II. Progress on Measure Alignment

MAP has evaluated progress toward aligned measurement across multiple dimensions. This section of the report includes an analysis of the alignment of measures in HHS programs with the National Quality Strategy Priorities, promotion of alignment by the MAP Families of Measures, alignment through the use of a core set of measures across settings for the dual eligible beneficiary population, alignment of cost of care measures across settings, and two additional examples of efforts driving alignment—the Buying Value initiative and the Institute of Medicine's (IOM's) Core Metrics Workshop.

National Quality Strategy Priorities Addressed by HHS Programs

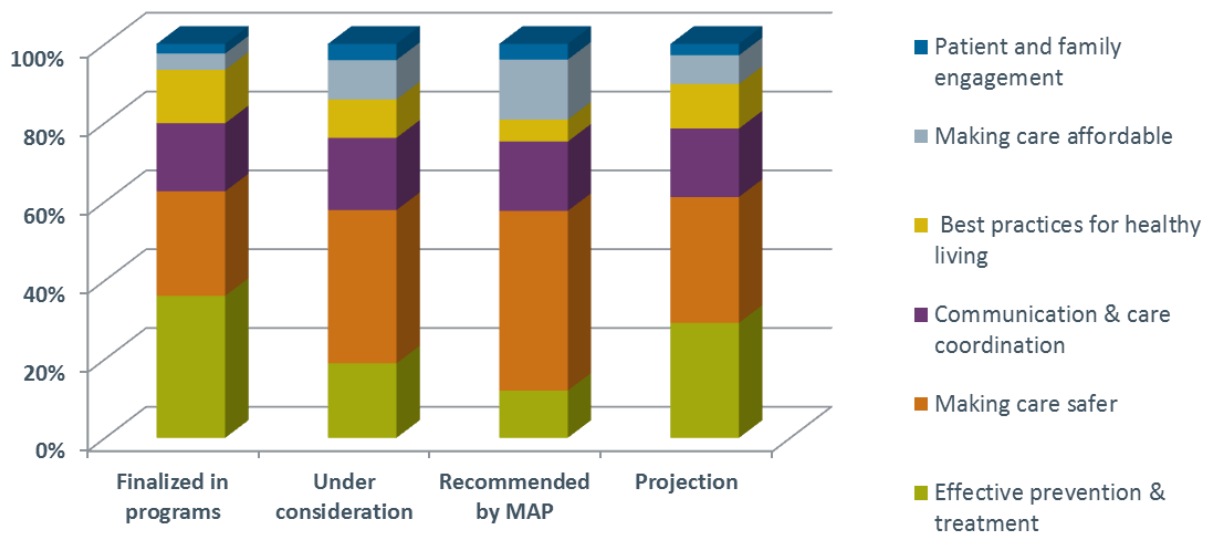
MAP promotes selection of the best measures to advance the six priority areas of the NQS (see Figure 1). MAP Measure Selection Criterion #2 states that program measure sets should adequately address each of the NQS priorities (see Appendix G). During the MAP pre-rulemaking process, MAP has reviewed currently finalized measures and measures under consideration for federal programs, and within this report is providing its input to HHS about measures to be added and removed from programs based, in part, on how well the program measure sets align with the NQS priorities.

Figure 1: National Quality Strategy Aims and Priorities



Figure 2, below, illustrates the distribution of measures in federal programs across the NQS priorities. From left to right, the columns indicate the measures that are currently finalized for programs through rulemaking, are under consideration by HHS and MAP during the current pre-rulemaking cycle, are recommended by MAP with a decision of “support” or “support direction,” and a projection of the future distribution if measures recommended by MAP were finalized for use in programs.

Figure 2: Distribution by NQS Priority of Measures in HHS Programs



General observations can be made about the relative proportion and directionality of the measure distribution across NQS priorities. More than one-third of measures already finalized for use in programs address effective prevention and treatment, while less than twenty percent of measures currently under consideration fit that priority area. This may indicate that the effective prevention and treatment priority is fairly well-saturated compared to other priorities. By contrast, the priority area related to improving the affordability of care is a target for increasing the use of relevant measures. MAP supported or supported in direction 78 percent of the measures under consideration for affordability, the highest level of any of the priorities. Looking forward, MAP expects measures in federal programs to become more evenly distributed across the NQS priorities as HHS adopts MAP's recommendations to add or remove measures over time.

Figure 2 should be interpreted with the understanding that the ideal distribution of measures across the priorities is not known and depends on program-specific context. In some areas, such as patient and family engagement, a small number of measures can be very powerful. For example, expanding the use of Consumer Assessment of Healthcare Providers and Systems (CAHPS) tools across healthcare settings provides rich data about the experience of care without dramatically shifting the number of measures in use or their distribution. In other priority areas, an increased number of measures may be needed. For example, performance measurement for safety relies on the collection of specialized measures, each one targeted to a single type of potential harm (e.g., ventilator-associated pneumonia, surgical site infection, falls) and often specific to a single site of care. Granular information about safety assists in pinpointing opportunities for quality improvement.

Alignment Promoted by MAP Families of Measures

In its Strategic Plan, MAP highlighted the use of Families of Measures as a tactic for making progress toward improved outcomes, consistent and meaningful information, and coordination of measurement efforts. MAP has used the Families of Measures to construct setting-specific core measure sets and to guide its pre-rulemaking input on the selection of measures for specific programs.

Figure 3: MAP's Families of Measures Populating a Core Measure Set and Program Measure Sets

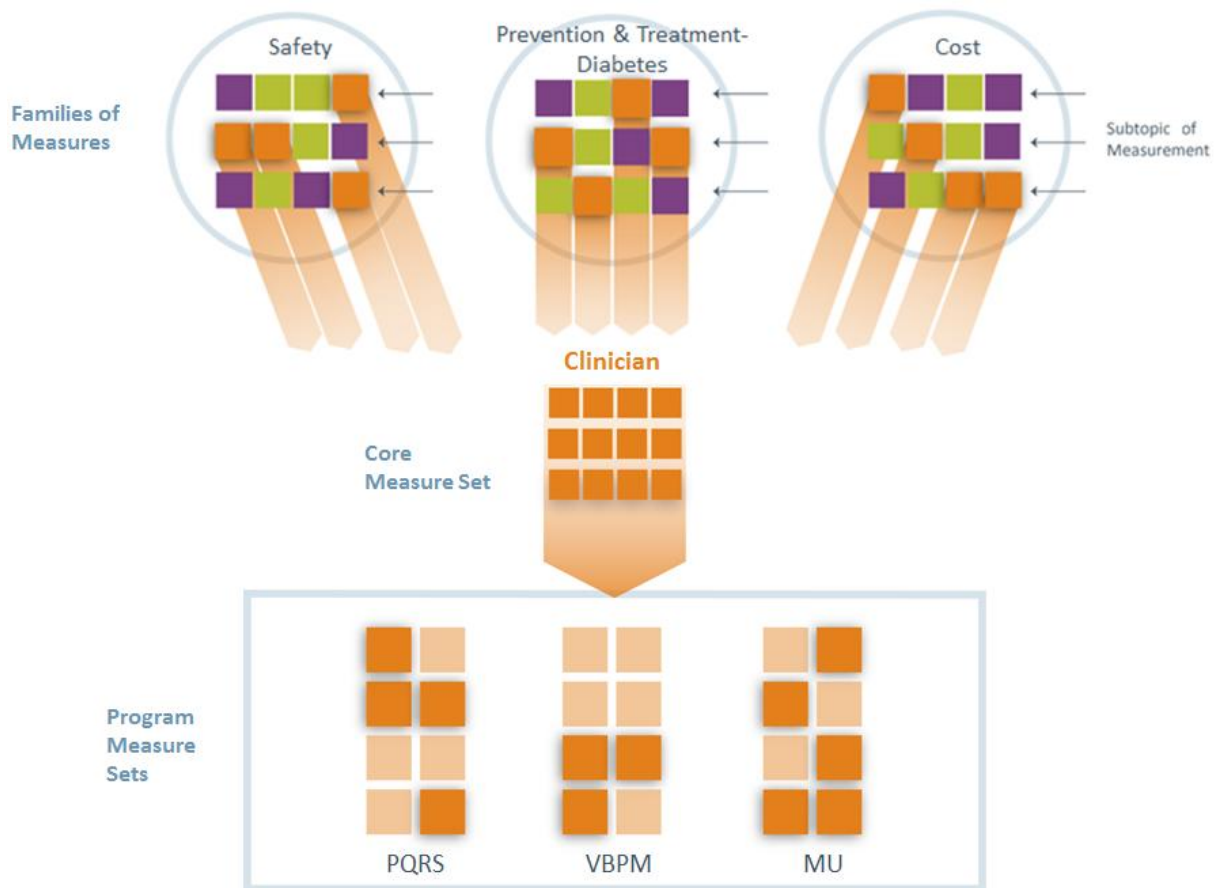


Figure 3, above, illustrates the relationship between Families of Measures, core measure sets, and program measure sets. In this example, each orange square represents a measure specified for the individual clinician or group practice level of analysis. Clinician-level measures are found throughout each of the Families of Measures dedicated to a specific NQS priority area, such as patient safety, or prevention and treatment of a leading condition, such as diabetes. Taken together, all measures from families that can be applied to clinicians form the Clinician Core Measure Set. In turn, measures from that core can be applied in particular programs (e.g., the Physician Quality Reporting System (PQRS)). More detail regarding the purpose and application of the MAP Families of Measures can be found in the 2012 [report on Families of Measures](#).

To date, MAP has developed seven sets of measures that can function as Families of Measures. They cover the topics of cancer care, cardiovascular disease, care coordination, diabetes, dual eligible beneficiaries, hospice care, and patient safety. Because families include high-leverage measures for important areas, they inform MAP's decision-making about measures under consideration.

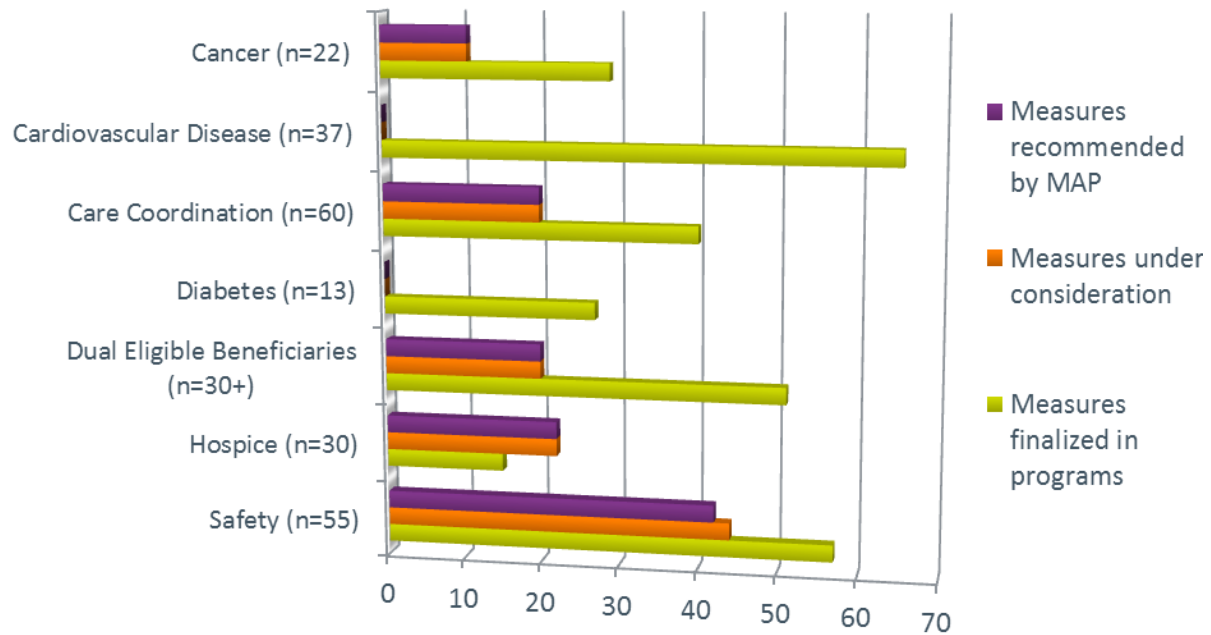
Figure 4: Use of Measures from MAP Families in Pursuit of Alignment

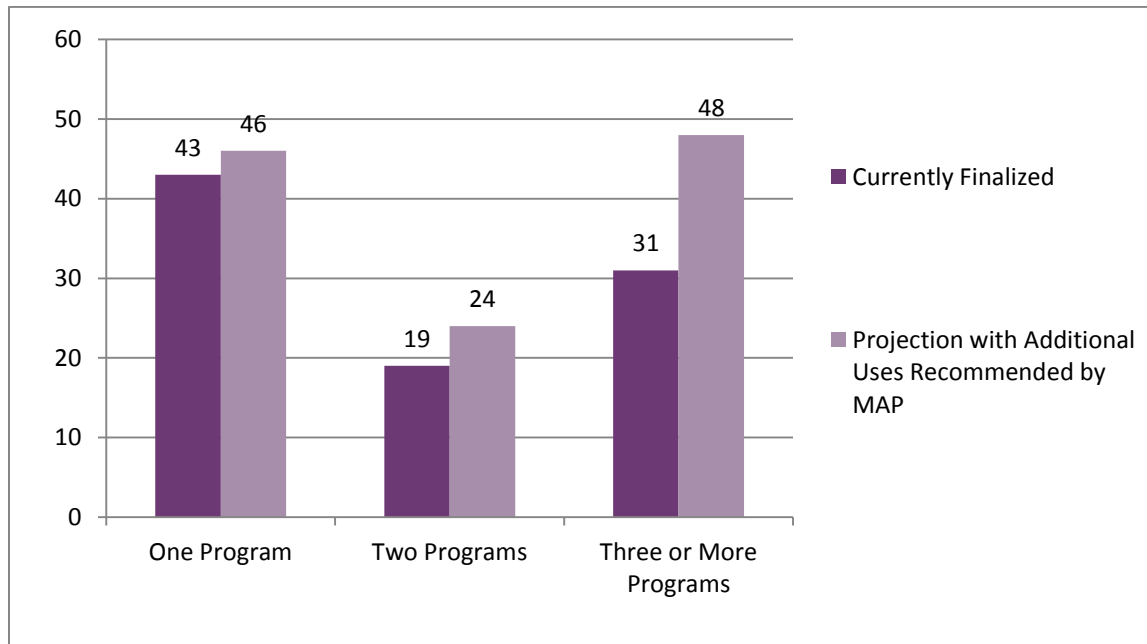
Figure 4, above, shows the total number of times a measure from a family is associated with a use in a federal program. Individual measures may be found in more than one family. Each measure can also be associated with more than one program. Green bars indicate the count of measures currently finalized for program use through rulemaking. Orange bars indicate the count of measures under consideration by HHS and MAP during the current cycle. Purple bars indicate the count of measures recommended by MAP with a decision of “support” or “support direction.” No measures from the cardiovascular disease or diabetes families were considered by MAP; however, a relatively large number of measures for those clinical conditions were previously finalized in programs.

Alignment between measures from MAP families that were under consideration and MAP’s pre-rulemaking recommendations is illustrated by the orange and purple bars being of equal, or near-equal, length. Of the measures from families recommended, MAP fully supported 67% of measures from families that were under consideration and supported the direction of an additional 30%. Overall, MAP was 98% consistent in moving measures from families forward for implementation or further development. In the case of cancer, care coordination, dual eligible beneficiaries, and hospice Families of Measures, MAP was 100% consistent in continuing to push measures toward use in programs. Uptake of measures from these families should increase attention to important issues, including treatment preferences, pain control, healthcare-acquired infections, and follow-up communication after hospitalization. Moreover, measures that appear in multiple families and/or multiple programs help to amplify knowledge and synchronize action in priority areas.

MAP’s seven Families of Measures contain a total of 193 unique measures; about half are already finalized in one or more HHS programs as pictured in Figure 5, below. If HHS were to add all of the

measures from families supported or supported in direction by MAP in this report, use of important measures and their alignment across multiple programs would increase. Twenty-five measures from families not previously in use would be incorporated into programs and the number of measures reported in three or more programs would jump from 31 to a total of 48.

Figure 5: Current and Projected Use Across Multiple Programs of Measures from MAP Families



Alignment of Measures in Support of Higher-Quality Care for Dual Eligible Beneficiaries

In providing input to HHS regarding the selection of measures for federal payment and public reporting programs, MAP considered how the programs may impact the quality of care delivered to Medicare-Medicaid dual eligible beneficiaries. More than 9 million Americans eligible for both Medicare and Medicaid comprise a heterogeneous group that includes many of the poorest and sickest individuals covered by either program. Despite their particularly intense and complex service needs, the healthcare and supportive services accessed by these individuals are often highly fragmented.

The MAP Dual Eligible Beneficiaries Workgroup has identified the subject areas in which performance measurement can provide the most leverage in improving the quality of healthcare: quality of life, care coordination, screening and assessment, mental health and substance use, and structural measures. A list of measures that are collectively considered core is provided in Appendix D. The Evolving Core Set of Measures for Dual Eligible Beneficiaries was [updated in 2012](#) to reflect current priorities and the best available measures.

Current Pre-Rulemaking Input

Liaisons from the Dual Eligible Beneficiaries Workgroup participated in pre-rulemaking meetings across MAP to add the dual eligible perspective to the discussions of measures under consideration. The perspective integrated well into MAP deliberations, especially when measure alignment was the topic. Different facets of alignment were considered, including across programs and across the episode of care. In addition, alignment between Medicare and Medicaid program requirements is a leading issue in improving care coordination for dual eligible beneficiaries.

In all cases where measures from the Evolving Core Set for Dual Eligible Beneficiaries were under consideration for addition to one or more programs, MAP workgroups supported them for inclusion or supported their direction for further development, testing, or endorsement. This demonstrates MAP's success and consistency in pushing for the adoption of high-value measures for vulnerable beneficiaries. New recommendations will add to the twelve core measures previously finalized for use in two or more federal programs and six core measures previously finalized for use in one program. If HHS were to add all of the measures from the core supported or supported in direction by MAP in this report, five core measures would be put into use for the first time, four additional measures would continue to be used in one program, and eighteen measures would be used in multiple programs.

Despite early successes in alignment, much work remains in configuring systems of healthcare delivery and performance measurement to adequately serve vulnerable individuals. Examining measures from the perspective of a single population highlights the fragmentation experienced by beneficiaries. MAP discussed the need for a shared accountability framework to allow for more effective measurement of important issues such as preventable hospitalizations and changes in functional status.

MAP strongly encourages the fostering and propagation of creative methods for engaging beneficiaries and their social support systems in person-centered, goal-directed care. Significant quality improvements could be made if the outcomes important to individuals were identified and care and supports were provided with those outcomes in mind. Most measures currently available are lacking the person-centered orientation.

When discussing the measurement needs presented by the population of dual eligible beneficiaries, MAP emphasized previously identified measure gap areas, including: shared accountability for care coordination through transitions, functional status, advanced care planning, mental/behavioral health, and structural measures as they apply to providers and health plans integrating with community organizations or other providers of long-term supports and services (LTSS). MAP urged that more attention be paid to measurement by diversity (e.g., socioeconomic, racial/ethnic, disability status) and the disparities in care that may be associated with them. Program implementers should explore appropriate risk adjustment and stratification methodologies to better understand the relationships between demographic factors and health outcomes.

Affordability

One of the three aims of the NQS is making health care more affordable by reducing the cost of care for individuals, families, employers, and government.¹ As noted above, affordability is also a target area for increasing the use of relevant measures. The NQS establishes two goals for making care more affordable: ensuring affordable and accessible high quality health care for people, families, employers, and governments; and supporting and enabling communities to ensure accessible, high quality care while reducing waste and fraud. The Institute of Medicine (IOM) has identified several excess cost domains: unnecessary services, inefficiently delivered services, excessive administrative costs, prices that are too high, missed prevention opportunities, and fraud. Accordingly, affordability can be assessed through a variety of measure types, such as overuse, appropriateness, resource use, and efficiency. Price transparency through consistent price measures and patients' out-of-pocket costs are also critical aspects of affordability.

MAP intends to develop an Affordability Family of Measures to promote alignment of measurement efforts. The Affordability Family of Measures will define high-leverage opportunities for measurement and identify available measures (specifically, the measure types noted above) and measure gaps that address the high leverage opportunities. MAP will look to private sector efforts to measure cost and resource use, which are becoming more widely available, to determine high leverage opportunities and measures that could be applied to federal programs. For example, several private sector initiatives have developed appropriateness methods to determine when care that is typically assessed for underuse (e.g., cervical cancer screening, prostate cancer screening) is overused in certain populations.

Resource use and efficiency are types of affordability measures that MAP has continually cited as critical measure gaps. Additionally, several federal public reporting programs (e.g., Hospital Inpatient Quality Reporting, Hospital Outpatient Quality Reporting) and value-based purchasing initiatives (e.g., Hospital Value-Based Purchasing, Physician Value-Based Payment Modifier, Medicare Shared Savings Program) have statutory requirements to include measures of cost, resource use, or efficiency. This year, MAP was able to consider how to make progress toward aligned affordability measurement when reviewing several resource use and efficiency measures under consideration across settings.

Resource use and efficiency are building blocks for understanding value (see graphic below). NQF's [Cost and Resource Use Consensus Development Project](#) (RU-CDP) is an ongoing effort to evaluate resource use measures for NQF endorsement. The initial phase of the project sought to understand resource use measures and identify the important attributes to consider in their evaluation. This project generated the [NQF Resource Use Measure Evaluation Criteria](#) and endorsed eight resource use measures that are used in private sector efforts; all of the measures evaluate systems and individual conditions, six measures are condition-specific and two are total cost/resource use.

Additionally, the cost and resource use endorsement project established definitions for the key concepts of resource use and efficiency:

Resource Use: Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (may include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource.

Efficiency: The resource use (or cost) associated with a specific level of performance with respect to the other five Institute of Medicine (IOM) aims of quality: safety, timeliness, effectiveness, equity, and patient-centeredness. Time is sometimes used to define efficiency when determining efficiency of throughput processes or applying time-driven activity based costing methods.

Figure 6: Relationship of Efficiency and Value



Finally, this project highlighted key considerations for resource use and cost measures:

- NQF supports using and reporting resource use measures in the context of quality performance, preferably outcome measures. Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value and may lead to adverse unintended consequences.
- Efficiency measurement approaches should be patient-centered, building on previous efforts such as the NQF Patient-Centered Episodes of Care (EOC) Efficiency Framework.
- Given the diverse perspectives on cost and resource use measurement, it is important to know the purpose and perspectives these measures represent when evaluating the measures for endorsement.

During this pre-rulemaking cycle, MAP was asked to consider whether several resource use and efficiency measures would add value to the program measure sets of specific federal programs. None of the measures under consideration had been submitted for NQF endorsement, so they have not been assessed against the endorsement criteria of importance, scientific acceptability, usability, and feasibility. Despite the absence of such information, MAP determined that the measures under consideration could add value to the programs (see Appendix A; Tables A4, A8, A10, A16 and A21). NQF is committed to working with measure stewards to bring these measures into the endorsement process.

Additionally, MAP elaborated on the key findings of the RU-CDP, providing additional guidance on the application of resource use measures:

- Resource use measures ideally should be linked with outcome measures. A future MAP Affordability Family of Measures will consider the linkage of quality measures to resource use measures, and provide additional guidance for monitoring unintended consequences and mitigating risks.
- To be patient-centered, resource use and efficiency measurement approaches should address individuals with multiple chronic conditions. For example, emerging methods of assessing resource use for patients with multiple chronic conditions may include methods for rolling up procedural episodes into acute episodes, or acute episodes into chronic episodes, to gain a better understanding of the total cost for a patient. MAP requests that the RU-CDP Steering Committee consider how condition-specific measures address multiple chronic conditions when evaluating measures for endorsement.
- Resource use approaches should align across populations and settings, using the same measure when feasible. When developing an Affordability Family of Measures, MAP will consider the potential for broader applicability for private sector resource use measures, which are becoming more widely used, and determining the best uses for various resource use approaches (e.g., episode-based approaches versus per-capita approaches). To support alignment across settings, MAP requests that the RU-CDP Steering Committee consider how risk-adjustment and attribution methodologies could align across populations and settings.

Additional Efforts Driving Alignment

MAP Families of Measures and core measure sets are being incorporated into activities beyond HHS programs, including a healthcare purchaser and payer initiative known as [Buying Value](#) and IOM's workshop on [Core Metrics for Better Care, Lower Costs, and Better Health](#). Buying Value will supply health care purchasers with information needed for them to engage in value-based purchasing and the pursuit of quality improvement. Drawing from existing resources such as MAP Families of Measures, a national survey of health plans, and requirements for Stage Two of the Meaningful Use program, the initiative is identifying aligned performance measures to be used more consistently by purchasers. MAP's concept of measure families and how they populate core measure sets also contributed to national leaders' dialogue at a recent IOM workshop on identifying core population-level metrics within the complex, multilevel, and adaptive healthcare delivery system. The IOM workshop illuminated many perspectives about the application of performance measures and how to achieve alignment.

III. High-Priority Measure Gaps and NQF's Collaborative Initiative for Gap-Filling

Performance measure gaps are a vital issue for a wide variety of stakeholders, as highlighted in the 2012 MAP Families of Measures report. MAP has played a key role in identifying measure gaps through its various activities. In addition, MAP has taken initial steps to promote gap-filling by moving toward

prioritization of high-leverage opportunities, offering more discrete suggestions for measure development, and involving measure developers in discussions about gaps. However, much work remains to be done by measure developers, NQF, MAP, and many other entities to accelerate accomplishment of closing the gaps.

MAP's Identification of High-Priority Measure Gaps

The 2012 MAP Families of Measures report described common gap themes and barriers to gap-filling. It detailed how MAP can work to better characterize gaps, provide more granular recommendations, and clarify which gaps are most important. Inherent in this process is the need for considering the anticipated benefit of addressing a specific gap weighed against the costs (financial, time, and potential unintended consequences). In addition, the report pointed to gaps at various stages along the measure lifecycle—from conceptualization, to development and testing, and then on to endorsement, implementation, and monitoring. Key entities that play essential roles in gap-filling may be able to influence some of these steps more readily than others.

In creating the initial families of measures, MAP set the stage for building a repository of measures that target the most important opportunities for improvement, in many cases across multiple settings and populations. MAP Families of Measures include high-priority gaps, in addition to identifying the best available measures for a priority topic or condition. Measure developers attended and participated in the MAP meetings held to create the measure families. During the dialog between MAP members and measure developers, developers shared plans for new measures in the development pipeline, and MAP members provided developers with a better understanding of the gaps MAP identified as highest priority to address.

During the 2012-2013 MAP pre-rulemaking meetings, a synthesized list of measure gaps was provided to support deliberations (see Appendix E). The MAP list of measure gaps is composed of gaps collated from all previous MAP reports, representing cumulative findings over the past two years. The MAP list categorizes gaps according to the National Quality Strategy priority areas. Using the list as a guide, MAP members were able to build off their prior efforts by affirming persistent gaps and also identifying additional priority gap areas.

MAP's Pre-Rulemaking Findings on Gaps

The MAP pre-rulemaking process includes review of currently finalized program measure sets to identify gaps to be filled by available measures (i.e., an implementation gap) or by measures that need to be developed (i.e., a development gap). MAP's iterative review of the program measure sets and its list of previously identified measure gaps facilitate identification of both measure implementation and measure development gaps. In some cases, measures supported by MAP address multiple gap areas.

A current example of MAP recommending a measure under consideration for a program to fill a previously identified gap is the Clinician Workgroup's support of NQF #0209 (Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment) for the PQRS program. This measure is included in the MAP Cancer, Duals, Hospice, and Safety Families of Measures; incorporates a

patient-reported outcome (PRO); and is currently finalized for the Hospice Quality Reporting Program. Expanding its use to PQRS would help address a previously identified gap in implementation of measures concerning comfort at the end of life. Other measures that utilize a PRO were also supported by MAP. These measures help fill gaps in assessing the patient's perspective of the care experience in addition to focusing on outcomes. The Hospital Workgroup supported NQF #0228 (CTM-3), a PRO measure that addresses a gap in measuring care transitions, for the Hospital Value-Based Purchasing Program. Similarly, NQF #0258 (CAHPS In-Center Hemodialysis Survey) is a PRO measure supported by the PAC/LTC Workgroup for inclusion in the ESRD Quality Reporting program that assesses person-centered communication, a separate but related gap area. Both the CTM-3 measure and the CAHPS measures are in the MAP Care Coordination and Dual Eligible Beneficiaries Families of Measures.

Despite the relatively large number of measures under consideration by MAP, members indicated that many measure gaps remain. In general, the types of gaps raised were consistent with those that MAP has previously identified. For example: a need for more outcome measures; insufficient coverage of certain populations, such as children or the underserved; measures that are not specified at the desired level of analysis; measures that go beyond a "checkbox" approach to assess whether high standards of care are being met; a lack of composite measures for multifaceted topics; and a relative dearth of measures addressing certain specialty areas, such as mental and behavioral health. Each of the NQS priority areas remains affected to some degree by persistent measure gaps.

During this year's pre-rulemaking process, the areas on MAP's list of previously identified gaps were validated and some nuances were added. For instance, the Clinician Workgroup indicated that measures need to reflect a more diverse set of outpatient conditions, and the group struggled to find available measures that adequately balance issues under the control of individual clinicians versus the larger health system. One member of the Hospital Workgroup advocated that MAP Families of Measures should be used to fill some implementation gaps, even when those measures are not on HHS' list of measures under consideration for certain programs. An example provided for this point was NQF #0646 (Reconciled Medication List Received by Discharged Patients), which is in the MAP Safety Family of Measures and addresses a gap in medication safety but was not under consideration for any acute care hospital programs.

NQF's Collaborative Initiative for Gap-Filling

NQF has determined that a coordinated strategy for addressing measure gaps will be an area of focus for the organization in 2013, and has been planning a collaborative initiative for gap-filling. NQF's recent annual, comprehensive GAPS Report, presented a summary and analysis of measure gaps identified across NPP, MAP and NQF measure endorsement projects, which lays out a path for NQF's work this year and next on gap-filling.

The first major recommendation derived from the Gaps Report emphasizes using existing measures wisely. While all stakeholders agree that measurement gaps persist and many are crucial, the ultimate goal should be achieving high-value, parsimonious sets of measures. Excessive numbers of measures, measures that overlap, and measures that have low net benefit lead to data collection and reporting

burden, as well as confusing signals about healthcare quality. Reducing measure use burden is a priority within NQF 2013 planning efforts. Aligning use of existing measures that meet the most important needs and are effective at driving improvement across settings and populations will help to demonstrate the highest-priority needs for efficient gap-filling.

The second recommendation from NQF's Gaps Report and part of NQF 2013 planning is to accelerate progress on the "next generation" of measures. The newer types of measures are often complex, but may be able to address multiple priority gap areas. Examples of these "measures that matter" include composites, PRO measures, resource use measures, and eMeasures. NQF 2013 planning has placed a particular emphasis on the latter, since eMeasures hold much promise to reduce burden and improve timeliness of quality reporting in the future. All of these measures will still need to meet the NQF endorsement criteria to ensure they are suitable for widespread use. NQF is considering the possibility of graded endorsement in order to provide more granular guidance for the intended use of measures.

The third recommendation in the Gaps Report is that collaboration must be stronger to make optimal progress on closing measure gaps. This is also an integral component of NQF's 2013 plan for a more coordinated initiative on gap-filling. The resources available to fund measure development, testing, and endorsement are finite, so stakeholders need to establish agreement on the highest priority measurement issues and how to overcome barriers to address them. Duplicative measure development efforts should be discouraged through greater information sharing and harmonization. Emphasis on improved collaboration should include stronger partnerships between stakeholders focused on gaps and those who fund, develop, test, endorse, and implement measures. The work includes proactive outreach to developers and connecting developers to test beds, including electronic health record (EHR) vendors. Regularly convening measure developers for discussions with those who can elucidate the highest priority gaps can provide real-time feedback as measures are identified, developed and implemented. NQF is also exploring ways to heighten collaboration through creation of a virtual "measure incubator," which would allow stakeholders interested in addressing measurement gaps to collaborate with measure funders, developers, EHR vendors, healthcare systems with advanced measures, and local/regional collaboratives.

The MAP members expressed strong support for NQF playing a coordination role in gap-filling and working closely with measure developers in the role of "coach" to address gaps, rather than only as "referee" during endorsement. One MAP member indicated that there is a need to better understand the development pipeline and the cost of stewarding a measure to assess barriers to measure development. Another MAP member indicated that the lack of shared knowledge about which measure developers are already working on certain topics can lead to duplicative efforts and inefficient use of resources. The concept of a measure incubator was also met with much enthusiasm by MAP. MAP members pointed out that such a mechanism could focus developers on high-priority gap areas upstream, reduce the cost of and potentially timeline for development, and would also be an excellent forum for training inexperienced developers.

MAP plays an important role in identifying and filling gaps in measure use. MAP's work on identifying families of measures is already paying dividends by promoting high-value measures for parsimonious and aligned measure sets. To date, MAP has identified measure families for safety, care coordination, cardiovascular disease, diabetes, cancer, hospice, and dual eligible beneficiaries. In 2013, MAP has proposed identifying additional measure families for affordability, population health, patient and family engagement, and behavioral/mental health. Also during 2013, MAP will be engaging with stakeholders in new ways. MAP will be putting feedback loops in place to gather input on measure implementation experience. For example, MAP may learn that measures it has recommended to address gaps may subsequently be found to need modifications to be feasible for particular applications, or to avoid unintended consequences.

While MAP's work to date on measure gaps is starting to bear fruit, persistent gaps continue to frustrate measurement efforts. MAP has the capability, in coordination with NQF's larger initiative, to influence ongoing progress in filling measure gaps through its specific recommendations and by enhanced collaboration with other stakeholders.

IV. MAP Pre-Rulemaking Recommendations

Approach to MAP Pre-Rulemaking

MAP enhanced its 2013 pre-rulemaking process utilizing the following step-wise approach (see Appendix F):

1. Build on MAP's Prior Recommendations

MAP's strategic input and pre-rulemaking decisions to-date informed MAP's deliberations during this pre-rulemaking cycle.

- **Coordination Strategies** elucidated opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. The recommendations in the MAP performance measurement coordination strategies served as setting-specific background for MAP pre-rulemaking.
- **2012 Pre-Rulemaking Report** provided program-specific input that included MAP's recommendations about measures previously finalized for federal performance measurement programs and about measures on HHS' list of measures under consideration. HHS' uptake of MAP's prior recommendations was provided as background for MAP pre-rulemaking.
- **Families of Measures** served as an initial starting place for evaluation of program measure sets, identifying measures that should be added to a program measure set or measures that should replace previously finalized measures in a program measure set.
- **Measure gaps** were identified across all MAP reports (see Appendix E). When reviewing program measure sets, MAP re-evaluated the previously identified gaps, noting where gaps persist. Additionally, specific program measure gaps are highlighted in the discussion of each program.

2. Evaluate Currently Finalized Program Measure Sets

Next, MAP used the MAP Measure Selection Criteria to evaluate each finalized program measure set (see Appendix G). Information relevant to assessing the adequacy of the finalized program measure sets was provided to MAP workgroup members. This assessment led to the identification of measure gaps, potential measures for inclusion, potential measures for removal, and other issues regarding program structure.

3. Evaluate Individual Measures Under Consideration

Building off the program measure set evaluation, MAP determined whether, and if so, how the measures on HHS' list of measures under consideration enhanced the program measure sets. For each measure under consideration, MAP provided rationale for one of the following recommendations:

- **Support** indicates measures for immediate inclusion in the program measure set, or for continued inclusion in the program measure set in the case of measures that have previously been finalized for the program.
- **Support Direction** indicates measures, measure concepts, or measure ideas that should be phased into the program measure set over time, after specific issues are addressed.
- **Phased Removal** indicates measures that should be phased out of the program measure set.
- **Do Not Support** indicates measures or measure concepts that are not recommended for inclusion in the program measure set.
- **Insufficient information** indicates measures, measure concepts, or measure ideas for which MAP does not have sufficient information (e.g., measure description, numerator or denominator specifications, exclusions) to determine what recommendation to make.

4. Identify High-Priority Measure Gaps

After reviewing the measures under consideration, MAP reassessed the program measure sets for remaining high-priority gaps.

System Performance Measurement Programs

While providing input on the finalized measure set for the Medicare Shared Savings Program (MSSP), MAP also identified key issues for system-level performance measurement.

Key Issues

System-level measurement provides an opportunity for a truly patient-centered approach to measurement as performance can be assessed across the settings where patients or populations are receiving care. Accordingly, measure sets can be structured to address all aspects of the NQS three-part aim. Additionally, system-level measurement provides an opportunity to assess topics that may be difficult to measure at setting-specific levels of analyses due to small numbers or difficulty attributing patients to providers. MAP recommends that system-level measure sets align with the measures used

for setting-specific performance measurement programs to leverage measurement data, decrease provider data collection burden, and align care delivery goals across programs.

Medicare Shared Savings Program Measure Set

MAP noted that the MSSP program measure set is a comprehensive set as it addresses patient experience, other cross-cutting measurement priorities, high-impact conditions, and key quality outcomes. However, MAP raised that the measure set has a heavy emphasis on ambulatory care and could be enhanced with additional acute and post-acute care measures, and measures more relevant to patients with complex medical needs. Additionally, MAP recognized that the measure set currently has a mix of process, outcome, and patient experience measures; and while these measures are important, MAP would prefer to move to outcome measures (e.g., clinical depression improvement, rather than only screening). MAP also recommends that the addition of measures of patient identification of a usual source of care, health information exchange, and functioning of the system would be useful for understanding access to care and coordination of services across the system.

While MAP recognizes that the shared savings aspect of the MSSP program is designed to generate cost savings and that the per-capita cost benchmarks included in the MSSP program provide comprehensive cost measures, the measure set should incorporate further cost measures to assess value and encourage transparency. From a program implementation perspective, MAP suggested that longer time periods for calculating savings and losses could strengthen the shared savings incentives.

MAP previously recommended that the MSSP measure set and the Medicare Advantage 5-Star Quality Rating System measure set should be aligned. MAP strongly reiterated this recommendation during this pre-rulemaking cycle. In support of this goal, MAP identified five NQF-endorsed measures used in the 5-Star program that would enhance the MSSP measure set and alignment across the two programs: NQF #0576 Follow-up After Hospitalization for Mental Illness, NQF #0037 Osteoporosis Testing in Older Women, NQF #0040 Flu Shot for Older Adults, NQF #0053 Osteoporosis Management in Women Who Had a Fracture, and NQF #0553 Care for Older Adults—Medication Review.

In addition, MAP recommends alignment of MSSP and Meaningful Use measures, as integrated systems are increasingly adopting health IT should have aligned incentives across programs. While most measures in MSSP are also finalized for Meaningful Use, some that are not could be e-specified and incorporated. For example, NQF #0066 Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%), NQF #0097 Medication Reconciliation, and NQF #0729 Optimal Diabetes Care are all finalized for MSSP and could enhance the Meaningful Use clinical quality measure set.

Finally, MAP reviewed several measures in the MSSP program measure set that are not NQF-endorsed and recommended that one measure be submitted for NQF-endorsement, one measure be removed from the measure set as it overlaps with another NQF-endorsed measure in the set, and one measure be supported in direction until the measure is updated to reflect current guidelines and then endorsed (see Appendix A; Table A1).

Clinician Performance Measurement Programs

In reviewing measures for use in the Physician Quality Reporting System (PQRS), Physician Compare, the Value- Based Payment Modifier (VBPM), and the Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use), MAP discussed key issues related to clinician performance measurement. To address the key issues, the Clinician Workgroup developed Guiding Principles for Applying Measures to Clinician Programs and then applied those principles to the programs (see Appendix H). The key issues, guiding principles, and an overview of MAP's recommendations for the clinician programs are presented below.

Key Issues

An overarching goal for all federal clinician performance measurement programs is engaging clinician participation in meaningful quality reporting. To date, participation has been low; in 2010, only 25% of eligible clinicians participated in PQRS.² Encouraging clinician participation is imperative as the significance of performance measurement increases over time: clinicians who do not participate in PQRS will begin receiving payment penalties in 2015; clinician performance data will be publicly available on Physician Compare in 2015; and the VBPM will be applicable to all clinicians in 2017. MAP seeks to encourage clinician participation in these programs by identifying measures that are considered clinically relevant for all clinician specialties.

To encourage participation, MAP also aims to reduce clinician reporting burden resulting from a lack of alignment across federal programs and between public- and private-sector programs. MAP recommends leveraging measurement data for multiple purposes to decrease reporting burden. For example, Board Maintenance of Certification (MOC) programs (e.g., American Board of Internal Medicine) represent a significant contribution to quality improvement and their measures, particularly patient-reported survey measures and composites, would be valuable for clinician public reporting and payment incentive programs. Clinicians are also increasingly participating in health plan performance measurement programs (e.g., Integrated Healthcare Association, Massachusetts Blue Cross Blue Shield Alternative Quality Contract) and federal programs should align with these efforts.

To support alignment, MAP recommends identifying a set of measures that all clinicians could report across programs, regardless of specialty. MAP specifically highlighted the importance of consistent patient experience and engagement measures being available for all clinicians, and also encouraged consistent or complementary measures for coordination of care, population health (e.g., health risk assessment, prevention), and health disparities. All of these are cross-cutting NQS priorities; future MAP families of measures addressing these priorities will support identification of measures that could be reported by all clinicians. Additionally, these areas of measurement reflect a patient's perspective of comprehensive care which will enable consistent measurement across varying types of systems, whether integrated delivery systems or independent practices. Selecting measures that are in use in other settings (e.g., IQR) or levels of analysis (e.g., Medicare Shared Savings Program) presents opportunities for alignment; however, measures must be tested at the appropriate level of analysis prior to inclusion in clinician public reporting and payment programs. MAP also recognizes the need to

continue to drive toward greater adoption of health IT to build capacity for more sophisticated measurement with less burdensome data collection and reporting.

Furthermore, MAP aims to balance encouraging clinician participation and reducing clinician reporting burden with identifying measures that drive performance improvement and result in greater value. To achieve this, MAP recommends that measures for clinician public reporting and payment incentive programs focus on outcomes most relevant to patients and to those who purchase care on behalf of patients. To capture value for the VBPM, outcome measures should ideally be associated with related cost or resource use measures (i.e., efficiency measures).

Clinician Workgroup's Guiding Principles for Applying Measures to Clinician Programs

To stimulate broad clinician participation, HHS asked MAP to consider a large number of measures—731 measures total—for inclusion in federal clinician programs. Specifically:

- For PQRS, MAP reviewed over 200 measures under consideration that would be new to federal clinician measurement programs. In addition, all existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program—113 measures—were submitted for consideration for use in PQRS to accommodate hospital-based physicians. The hospital performance rates for these measures would be applied to individual clinicians.
- For Physician Compare and VBPM, all measures under consideration and existing measures for PQRS—618 measures total—are also under consideration for use in these programs. The recent final rule, Revisions to Payment Policies Under the Physician Fee Schedule, released on November 1, 2012, included all currently finalized PQRS measures in the VBPM.

MAP reviewed the measures under consideration by condition, based on the qualities that make a measure suitable for payment incentives (i.e., VBPM), public reporting (i.e., Physician Compare), only for quality reporting (i.e., PQRS) at this time, or not for any of these purposes. MAP's rationale regarding the fit of the measures for the purposes of the programs will support MAP's future efforts to refine the MAP Measure Selection Criteria and, to meet immediate needs for MAP decision-making, led the Clinician Workgroup to develop Guiding Principles for Applying Measures to Clinician Programs (see Appendix H). The principles are not absolute rules, rather they are meant to be used in conjunction with program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. The principles will inform future revisions to the Measure Selection Criteria.

PQRS

Under the guiding principles, measures should first be used in PQRS to obtain experience before being used in public reporting and payment incentive programs. Recognizing that performance results do not effect payment for reporting, the Clinician Workgroup concluded that PQRS should be more broadly inclusive of measures to encourage clinician participation while still striving for measures that drive performance improvement. Specifically, the Clinician Workgroup supported:

- Including NQF-endorsed measures relevant to clinician reporting to encourage clinician participation, noting that the endorsement process addresses harmonization of competing measures.
- Measures that are not NQF-endorsed may be included if the measure supports alignment (e.g., outcome measures also used in MOC programs), is an outcome measure for a topic not already addressed by an outcome measure included in the program, or is clinically relevant to specialties that do not currently have clinically relevant measures. To be recommended by MAP for PQRS, measures that are not NQF-endorsed must be fully specified. Some measures that are not NQF-endorsed may not yet be fully tested, and PQRS can serve as a vehicle for gaining access to data for testing and provide implementation experience with these measures.
- Measures that are not NQF-endorsed, whether currently finalized in the program or recommended for inclusion in the program, should be submitted for endorsement. NQF is committed to working with measure stewards to bring promising measures into the endorsement process. Subsequently, if a measure is submitted for endorsement but is not endorsed, it should be removed from the program. Additionally, measures with NQF endorsement in reserve status (i.e., performance is topped out) should be removed from the program unless the measures are clinically relevant to specialties that do not currently have clinically relevant measures in the program.

Physician Compare

The Clinician Workgroup supported including NQF-endorsed measures in Physician Compare that are meaningful to consumers (i.e., have face validity) and purchasers, to meet the public reporting purpose of supporting consumer and purchaser decision-making. MAP noted that a parsimonious set of measures that all clinicians could report would best support meaningful comparisons for consumers and purchasers. Additionally, measures included in Physician Compare should:

- Focus on patient experience, patient-reported outcomes (e.g. functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care.
- Be aggregated (e.g., composite measures), with drill-down capability for specific measure results to generate a comprehensive picture of quality.

VBPM

While the recent Physician Fee Schedule final rule signaled CMS' intent to include all measures used in PQRS for the VBPM, the Clinician Workgroup recommended a more targeted approach for measures to be used in this program. Specifically, measures used for the VBPM should ideally drive toward value by linking the outcomes most important to patients with measures of cost of care. For payment incentive programs, NQF-endorsed measures are strongly preferred and measures should have been reported in a national program, such as PQRS, for a year. Additionally, measures used in VBPM should:

- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care, and care coordination measures (measures included in the MAP family of measures generally reflect these characteristics).
- Monitor for unintended consequences to vulnerable populations, such as through the use of stratification methodologies.

Meaningful Use

The goal of the Meaningful Use program is to encourage quality improvement and information exchange through clinician adoption and use of EHRs. Similar to PQRS, the Clinician Workgroup's initial recommendation is to balance broad inclusion of measures applicable to a variety of clinician specialties with identifying measures that promote performance improvement. Specifically, the workgroup recommends including endorsed measures that have eMeasure specifications available. As health IT becomes more effective and interoperable, measures should focus on a demonstrated and meaningful impact on care:

- Measures that reflect efficiency in data collection and reporting through the use of health IT.
- Measures that leverage health IT capabilities (e.g., measures that require data from multiple settings/providers, patient-reported data, or connectivity across platforms to be fully operational).
- Innovative measures made possible by the use of health IT.

Overview of Recommendations for Clinician Programs

Given the large number of measures under consideration and the complexity of the task, MAP identified specific measures for PQRS and Meaningful Use, but did not identify specific measures for inclusion in Physician Compare or VBPM. As an essential partner in the pre-rulemaking process, CMS encouraged MAP to develop the guiding principles in lieu of individual measure recommendations for Physician Compare and VBPM, and indicated that having the principles will provide a valuable foundation for measure selection for clinician programs. Illustrations of measures MAP would likely support for inclusion in Physician Compare and VBPM based on the guiding principles are provided below.

To allow for more thorough review, MAP proposes that CMS prioritize the measures under consideration by pre-screening them against the Measure Selection Criteria. In addition, MAP proposes that CMS make the clinician measures under consideration available earlier in the year. With more time and more detailed measure specifications, MAP could convene clinical panels to provide further input on condition-specific measures prior to convening the MAP Clinician Workgroup. MAP will collaborate with CMS to determine a more feasible review process prior to the next pre-rulemaking cycle.

In addition to reviewing individual measures under consideration, MAP identified four high-priority gaps that when addressed would contribute to a set of measures that could be reported by all clinicians, regardless of specialty:

- Patient and family engagement
- Population health
- Appropriateness, in particular measures that align with the ABIM Choosing Wisely campaign
- Vulnerable populations (e.g., individuals with multiple chronic conditions, dual eligible beneficiaries) and disparities. MAP favored measures included in the Dual Eligible Beneficiaries Family of Measures and measures that are identified as disparities-sensitive according to NQF's criteria.

PQRS

To encourage broad clinician participation, MAP recommends including 52 NQF-endorsed measures under consideration in PQRS. MAP also recommends including 2 measures under consideration that are not NQF-endorsed as they are composites that support alignment: the *Diabetes Composite* and the *Hypertension Composite* are used in ABIM's maintenance of certification program. MAP supports the direction of 86 measures; of these, over half support alignment as they are used in ACS' Surgeon Specific Registry (SSR) and National Surgical Quality Improvement Program (NSQIP). Additionally, MAP recommends removing 44 measures currently finalized for PQRS that have been previously submitted for endorsement and were not endorsed (see Appendix A; Table A3).

Physician Compare

When applying the guiding principles, MAP would likely support the following measures for Physician Compare:

- *CG CAHPS*, while not finalized for use in any federal clinician measurement program, it is an NQF-endorsed patient experience measure that MAP recommends for incorporation into all clinician programs. MAP viewed this measure as a high priority that should be implemented quickly.
- *NQF #0576 Follow-up after Hospitalization for Mental Illness*, an NQF-endorsed care coordination measure that is included in the MAP Care Coordination Family of Measures and also addresses vulnerable populations.
- Two diabetes measures (*NQF #0575, #0729*) and several cardiac imaging measures (*NQF #0670, 0671, and 0672*) that are NQF-endorsed outcome measures related to prevention and treatment, are currently reported in PQRS, and are included in a MAP Family of Measures.

VBPM

Currently, the Physician Feedback program, which provides confidential feedback reports to clinicians, serves as a pilot for VBPM. MAP supported the direction of six episode grouper-based resource use measures under consideration for use in the Physician Feedback program (see Appendix A; Table A4). MAP recommends that these measures be submitted for NQF endorsement and ideally be linked with clinical outcome measures before being used in the VBPM. For example, *Episode Grouper: Acute Myocardial Infarction (AMI)* could be linked with *NQF #0018 Controlling High Blood Pressure*, which is an outcome measure currently finalized for use in PQRS and is also included in the MAP Cardiovascular Family of Measures. MAP may also identify outcome measures related to follow-up care and additional clinical outcome measures to link to episode grouper measures in the program.

Meaningful Use

MAP did not support the inclusion of two measures under consideration for the clinician Meaningful Use program that are not NQF-endorsed, as the concepts of these measures overlap with endorsed measures currently finalized in the measure set (see Appendix A; Table A7). Both measures assess care provided during an annual wellness visit—whether patients received a variety of age appropriate screenings and whether patients received management of identified risks. While MAP would favor

preventive care composite measures, these measures overlap with several individual NQF-endorsed measures that are currently finalized in the set that are not limited to the context of an annual visit. More generally, MAP would strongly prefer measures that reflect the use of health IT to coordinate care, support improved workflow, and promote improved outcomes.

Hospital Performance Measurement Programs

MAP reviewed measures in currently finalized program measure sets and measures under consideration for nine hospital programs that have varying purposes and constructs. As the Hospital Workgroup deliberated about the relationships among these programs, the workgroup identified key issues that led to the development of Guiding Principles for Applying Measures to Hospital Programs. These guiding principles were then used in conjunction with MAP's Measure Selection Criteria to inform decision-making regarding the measures under consideration for each hospital program. The following section covers the key issues, the guiding principles, and an overview of MAP's recommendations for each hospital program.

Key Issues

As MAP began to work through the decision-making process for determining which measures should be included in federal programs, two major challenges arose. The first challenge centered on the overlapping nature of the hospital programs and individual measures within the programs. A large number of the measures on HHS' list were under consideration for more than one program or previously finalized in another program. This highlighted the need to differentiate valuable measure alignment from unnecessary measurement duplication. The second challenge focused on the evolution of hospital quality measurement programs and its relationship to the rigor of performance measures. As these programs move from pay-for-reporting to pay-for-performance approaches, performance measures selected for the programs should also be more rigorous to match the increasing level of accountability.

MAP worked to distinguish effective alignment across programs from undesirable overlap of measures. Some MAP members voiced concern regarding double and triple payment adjustments for hospitals, especially those hospitals serving large proportions of vulnerable populations. Other members acknowledged that for certain areas of quality measurement, tying significant dollars to performance would send a strong signal to providers about the need for improvement and to adequately reward improvement. MAP members also raised issues regarding clarity of message. Measuring the same or very similar concepts within multiple programs can cause confusion for consumers, purchasers, and providers. Displaying related, but differing, performance scores for a single provider is confusing to consumers and purchasers; likewise, conflicting performance scores for similar measures across programs sends mixed signals to providers about where to focus their improvement efforts. Given the programmatic structures of the Hospital Value-Based Purchasing Program (HVBP) and the Hospital-Acquired Condition Payment Reduction Program, it is possible for a provider to receive a positive score for improving on an HAC measure in the HVBP program while receiving a negative payment adjustment for the Hospital-Acquired Condition Payment Reduction Program as a result of performance on the same measure.

The differing types and structures of the hospital performance measurement programs under review also have implications for the measures used within those programs. Some MAP members were concerned about applying measures directly to pay-for-performance programs without first having the opportunity to gain experience collecting and reporting the measures to uncover any measure feasibility issues. For instance, under statute, measures must first be reported for one year in the Hospital Inpatient Quality Reporting Program prior to implementation in the Hospital Value-Based Purchasing program. MAP agreed with this approach and believed it should be applied to other pay-for-performance programs, but should not unduly delay use of measures when no implementation issues are identified. MAP members also raised that potential unintended consequences related to the use of a measure should be identified and addressed prior to implementing the measure in a pay-for-performance program. Further, a few MAP members stated concern that measures may be implemented differently than originally specified, which can impact the reliability and validity of those measures.

MAP determined that the complex relationships among hospital programs must be considered when applying measures to the various programs. While the MAP Measure Selection Criteria are useful to evaluate the adequacy of program measure sets, the Hospital Workgroup found that further guidance in the form of guiding principles was needed to determine that individual measures are fit for specific program purposes and structures.

Hospital Workgroup's Guiding Principles for Applying Measures to Hospital Programs

The Hospital Workgroup developed the following Guiding Principles for Applying Measures to Hospital Programs (see Appendix I) to support pre-rulemaking decisions for specific types of programs. The principles are not absolute rules, rather they are meant to be used in conjunction with program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. The principles will inform future revisions to the Measure Selection Criteria.

Pay-for-Reporting Programs

The Hospital Workgroup emphasized the importance of gaining experience with measures in a public reporting program before applying them to pay-for-performance programs. Through a public reporting program, such as the Hospital Inpatient Quality Reporting Program (IQR), program implementers can determine that measures accurately and fairly reflect hospital performance. Measures for public reporting should generate useful information to support consumer and purchaser decision-making and also guide provider improvement efforts. Further, a public reporting period allows hospitals to hone data collection practices and provide feedback regarding the feasibility, usability, and unintended consequences of the data collection methodology. Initially implementing measures in pay-for-reporting programs should not delay their timely use in pay-for-performance programs. If compelling reasons exist to support the immediate inclusion of measures within a pay-for-performance program, then the measures should be applied to those programs more rapidly.

Pay-for-Performance Programs

For pay-for-performance programs that include an improvement component in the payment structure, such as Hospital Value-Based Purchasing (HVBP), certain measures are more appropriate than for

programs without an improvement incentive. Measures should address areas of known variation with opportunities for improvement. Topics where hospitals are earlier in their understanding of how best to make improvements in care are particularly appropriate for application to a program with an improvement incentive. Where unintended consequences and gaming from use of a measure are concerns, monitoring should be established to identify and mitigate those concerns. In some instances, monitoring may be accomplished through existing “balancing measures”; for example, measures of average length of stay and observation days may provide a signal of potential unintended consequences from the application of readmissions measures. However, implementation of high-value measures should not be unduly delayed by the lack of balancing measures. Measures for which the benchmark is uncertain, and may not be zero, may also be more appropriate for programs with an improvement incentive, rather than for other types of payment adjustment programs. To capture the value aspect of value-based purchasing, measures of clinical quality, particularly outcomes, should be linked to cost of care measures.

Pay-for-performance programs that include only reductions in their payment structures, such as the Hospital Readmission Reduction and Hospital-Acquired Condition Payment Reduction Programs, send strong incentive signals to avoid readmissions and HACs. Measures for these programs should address high incidence, severity, or cost areas where there is variation in quality with opportunities for improvement. When selecting measures for these programs, program implementers should consider whether a measure is used within other pay-for-performance programs. Some MAP members cautioned that measures implemented in more than one pay-for-performance program may result in potential unintended consequences related to overlapping incentives, such as overuse of antibiotics to prevent any patient from contracting a healthcare-acquired infection. Other MAP members noted that to protect vulnerable populations, appropriate adjustments to payment, such as through data stratification, are particularly important for pay-for-performance programs without improvement incentives.

General Considerations

General considerations included in the Hospital Workgroup’s Guiding Principles for Applying Measures to Hospital Programs relate to program monitoring, composite measures, and measure testing. All hospital programs should be monitored for overall impact and unintended consequences that could result from the use of performance measures. Program implementers should be particularly sensitive to providers serving low patient volumes when applying program measure sets and incentive structures. If composite measures are selected for hospital programs, then individual measures contained within those composites should not be included. Finally, prior to application, measures should be tested for reliability and validity using data from the relevant population for that program.

Overview of Recommendations for Hospital Programs

MAP reviewed program measure sets and measures under consideration for these nine hospital programs: Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (HVBP), Meaningful Use for Hospitals and Critical Access Hospitals, Hospital Readmissions Reduction Program, Hospital-Acquired Condition Payment Reduction Program, PPS-Exempt Cancer Hospital Quality Reporting (PCHQR), Inpatient Psychiatric Facility Quality Reporting (IPFQR), Hospital Outpatient Quality

Reporting (OQR), and Ambulatory Surgical Center Quality Reporting (ASCQR). MAP's pre-rulemaking recommendations for measures for these hospital programs generally reflect the guiding principles outlined above.

Hospital Inpatient Quality Reporting

MAP reviewed 21 measures under consideration for the Hospital Inpatient Quality Reporting (IQR) program, a pay-for-reporting program for acute care hospitals (see Appendix A; Table A8). As reflected in the guiding principles, measures should initially be included in IQR to gain experience with data collection and reporting of performance scores.

A few points from MAP's Measure Selection Criteria are particularly salient for selecting measures for public reporting. NQF-endorsed measures are preferred over measures that are not endorsed or endorsed in reserve status. Similarly, measures that are not NQF-endorsed, are topped out, or no longer represent the standard of care should be removed or suspended from IQR reporting. Measures selected should be meaningful to consumers, purchasers, and providers and address the NQS aims and priorities, as well as high-impact conditions. The program measure set should be parsimonious, balancing conciseness and comprehensiveness.

MAP supported including updated methodologies for the readmissions measures in IQR to better exclude planned readmissions. Some members noted that further measure development is needed to exclude unrelated admissions for conditions such as traumatic injury or burn. MAP also supported updated Centers for Disease Control and Prevention (CDC)–National Healthcare Safety Network (NHSN) measures under consideration with additional risk-adjustment for volume of exposure within a facility, contingent on NQF endorsement of the new methodology. In all, MAP reviewed seven readmission measures, five safety measures, and two mortality measures for IQR.

Recognizing the need for more measures addressing affordability, MAP agreed that additional cost measures should be included in the program measure set. MAP supported the Medicare Spending per Beneficiary measure, noting the statutory requirement for this measure, and recommended that this measure be submitted for NQF-endorsement as soon as possible. MAP supported the direction of the AMI Episode of Care measure, recognizing the need for further development of the episode methodology.

Using the MAP Previously Identified Measure Gaps (see Appendix E), MAP highlighted priority gaps in the IQR program measure set. To expand the populations covered by the IQR program, MAP supported additional pediatric and maternal/child health measures for this set. Additionally, MAP recommended a measure that was not on the list of measures under consideration, NQF #0471 PC-02 Cesarean Section, to address high rates of elective C-sections. MAP also suggested including cancer and behavioral health measures from the PCHQR and IPFQR programs in IQR to better align measurement for these populations. While MAP did not support two measures under consideration addressing stroke readmissions and mortality because they are not NQF endorsed, these remain important measure gaps for this program. MAP stressed the need for additional safety measures, especially in the areas of medication reconciliation and culture of patient safety. Other IQR measure gaps noted include

affordability, especially overall costs, and measures that drive toward system-wide improvement in care transitions.

To keep the IQR measure set parsimonious, MAP identified six current finalized measures within the program for phased removal (see Appendix A; Table A9). MAP focused on removing measures that are no longer NQF-endorsed or endorsed in reserve status. Three measures were identified for phased removal because NQF endorsement has been removed. An additional three measures were recommended for phased removal because they are NQF-endorsed in reserve status, indicating that performance is topped out. One additional measure was identified for phased removal because MAP believed performance was topped out, though the measure has not yet been moved to reserve status.

Hospital Value-Based Purchasing

MAP reviewed 17 measures under consideration for Hospital Value-Based Purchasing (HVBP), a pay-for-performance program in which hospitals receive the higher of two scores, one based on their performance relative to other hospitals and the other reflecting their improvement over time, with a payment consequence (see Appendix A; Table A10). Measures within this program should emphasize areas of critical importance for high performance and quality improvement, and ideally, link clinical quality and cost measures to capture value. For the HVBP program, NQF-endorsed measures are strongly preferred and the program measure set should be parsimonious to avoid diluting the payment incentives.

MAP supported including outcome measures and process measures strongly tied to positive outcomes for the HVBP program measure set. Measures under consideration for the HVBP program that were supported by MAP addressed safety, prevention, affordability, and care transitions. Additionally, MAP strongly supported the direction of emergency department (ED) throughput measures, recognizing the significance of ED overcrowding and improving wait times, but noting validity concerns regarding the ED measures under consideration. Further, MAP identified a number of key gap areas that should be addressed within the HVBP program measure set, including medication errors, mental and behavioral health, and patient and family engagement.

MAP recommended phased removal of two measures that are no longer NQF-endorsed to maintain a more parsimonious measure set (see Appendix A; Table A11). Since HVBP measures are a subset of the IQR program measure set, the two measures identified for phased removal from HVBP were also recommended for removal from IQR.

Hospital Meaningful Use

MAP supported the direction of the one measure under consideration for the Meaningful Use for Hospitals and Critical Access Hospitals program, a pay-for-reporting program (see Appendix A; Table A12). Overall, MAP noted that the Hospital Meaningful Use program is quite complex, and hospitals have had difficulty understanding and implementing the program requirements. At this time, many hospitals are undergoing initial implementation of electronic health records and are struggling to ensure all clinicians practicing within the facility can access and operate the systems effectively, with the future expectation of demonstrating meaningful use. One MAP member also raised concerns about the

comparability of performance scores calculated for a measure using data collected through manual chart abstraction versus through automated electronic data collection.

MAP identified five measures for phased removal from the Hospital Meaningful Use program (see Appendix A; Table A13). Two measures related to heart disease were also identified for removal from IQR because their NQF endorsement status has been changed to reserve status. Two additional measures have lost their NQF endorsement and were not supported for inclusion in other hospital programs. A measure related to healthy term newborns was identified for phased removal at this time while the developer makes changes to the measure specifications; however, MAP strongly supported the direction of this measure.

Hospital Readmissions Reduction Program

The Hospital Readmissions Reduction Program is a pay-for-performance program that adjusts payments for hospitals found to have an excessive number of readmissions. MAP reviewed six measures under consideration for this program (see Appendix A; Table A14). MAP supported three measures under consideration that are updated versions of currently finalized measures with new methodology excluding planned readmissions. Additionally, MAP supported two measures under consideration addressing high-volume elective hip and knee surgeries and supported the direction of a chronic obstructive pulmonary disease (COPD) readmission measure.

MAP considered the balance between all-cause, all-condition measures and condition-specific measures of readmissions. MAP recognized that condition-specific measures highlight opportunities to improve workflow and processes specific to a particular condition, while all-condition measures uncover system-wide issues. MAP encouraged the development of additional condition-specific readmission measures to address high-impact conditions, such as diabetes and cancer, behavioral health conditions, and conditions particularly relevant to the adult commercially insured population (individuals aged 18-64). Additionally, some MAP members noted the need to exclude unrelated readmissions, beyond planned readmissions, such as readmissions related to traumatic injury or burn. Further, MAP recognized that readmissions are multi-factorial and are often related to broader issues, such as access to care, socioeconomic status, presence of community supports, and other psychosocial factors; therefore, implementation of balancing measures and risk-stratification methodologies related to race, gender, and socioeconomic status may be needed.

Hospital-Acquired Condition Payment Reduction Program

The Hospital-Acquired Condition Payment Reduction Program is a pay-for-performance program. There are no current finalized measures for this program, so HHS asked MAP to review 25 measures under consideration to help shape the initial program measure set (see Appendix A; Table A15).

When considering measures for the HAC program, MAP's deliberations were particularly focused on potential unintended consequences that could result from overlapping incentives. MAP recognized the fine balance between using high impact measures in multiple programs to sharpen providers' focus on priority improvement areas and avoiding unintended consequences. For example, while MAP supported the inclusion of NQF #0138, NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome

Measure in the HAC and HVBP programs, a MAP member voiced concern that there could be an increase in inappropriate antibiotic use as providers strive to avoid multiple payment adjustments related to infections such as CAUTI. MAP also expressed a preference that measures be publically reported prior to adoption for this program, in light of concerns regarding potential unintended consequences. Given the program structure, MAP carefully considered the implications of including some serious reportable events, as the occurrence of one of these events during a year could potentially put a hospital in the bottom 25th percentile to receive the payment adjustment. While some MAP members raised concerns about the impact of this program on low volume and safety net providers, others emphasized the importance of holding all providers to the same standard of safety.

When discussing the possible inclusion of composite measures in the program, MAP cautioned that composites require careful testing and weighting of all individual components to ensure a scientifically rigorous measure. MAP concluded that if composites were applied to this program, then individual measures that are part of the composite should not be included in the program. Consistent with previous recommendations, MAP preferred the CDC-NHSN methodology for data collection and measurement, since this approach does not use administrative claims data and the measures have been well tested, vetted, and publically reported. Finally, MAP named several measure gaps for this program, including adverse drug events (e.g., wrong dose, wrong patient, drug-drug interactions, drug-allergy interactions), ventilator-associated events (VAEs), sepsis, and an obstetric complications composite measure.

PPS-Exempt Cancer Hospital Quality Reporting

MAP reviewed 19 measures under consideration for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program, a pay-for-reporting program (see Appendix A; Table A16). This program provides the first opportunity for the 11 PPS-exempt cancer hospitals to gain experience with federal reporting of quality measures.

Consistent with prior recommendations, MAP reinforced the need for alignment of measures for this cancer hospital-specific program with IQR and OQR measures. The quality of care for other medical conditions, beyond cancer, should be as high in a PPS-exempt cancer hospital as in a general acute care hospital. While some of the measures under consideration for PCHQR may be considered “topped out” in other programs, MAP noted that potential performance variation or disparities in care quality within these facilities are not known. For example, a measure with high performance in IQR, such as NQF #0528 Prophylactic Antibiotic Selection for Surgical Patients with performance scores of 98% in 2010 and 2011, should be reported in the PCHQR program to determine whether there is a need for improvement in PPS-exempt cancer hospitals.

Given the unique nature of cancer care and its overall effect on cancer patients and their families and caregivers, MAP placed a high priority on measures of patient and family/caregiver experience as well as other patient-reported outcome measures. To address this, MAP supported the direction of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measure and encouraged the completion, NQF endorsement, and rapid implementation of the cancer-specific CAHPS module currently being piloted at a number of PPS-exempt cancer hospitals. Other measure gaps for this

program include measures of survival, patient-reported symptoms and clinical outcomes, palliative and hospice care, and psychosocial/supportive services for the patient and family or caregiver.

Inpatient Psychiatric Facility Quality Reporting

MAP reviewed five measures under consideration for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program, a pay-for-reporting program (see Appendix A; Table A17). This program provides the first opportunity for psychiatric care providers to gain experience with federal reporting of quality measures.

Consistent with prior recommendations, MAP encouraged alignment, as appropriate, of measures for this psychiatric care-specific program with IQR measures to ensure that the quality of care remains high for other medical conditions for patients treated in these facilities and units. Further, MAP supported the extension of psychiatric care quality measurement to outpatient settings, particularly emergency departments, and inpatient hospitals without psychiatric units. MAP supported measures related to patient follow-up after hospitalization, signaling the broader responsibility of hospitals for patient outcomes even after discharge from the facility.

Efforts by hospitals to improve person-centered psychiatric care, such as assessing patient and family/caregiver experience and engagement and establishing relationships with community resources are priority measure gap areas. As starting place, MAP supported the Inpatient Consumer Survey (ICS) measure for inclusion in this program. Additional measure gaps in IPFQR program include behavioral health assessments and care in the emergency department, readmissions, identification and management of general medical conditions, partial hospitalization or day programs, and a psychiatric care module for CAHPS.

Hospital Outpatient Quality Reporting

MAP reviewed seven measures under consideration for the Hospital Outpatient Quality Reporting (OQR) program, a pay-for-reporting program (see Appendix A; Table A18). MAP noted that measures for outpatient hospital programs should be aligned with ambulatory measures in programs such as PQRS and Physician Compare. MAP supports measures for OQR related to fostering important ties to community resources to enhance care coordination efforts, increasing patient follow-up after procedures, and tracking patients longitudinally.

Specific gaps areas for the OQR program measure set include measures of emergency department overcrowding, wait-times, and disparities in care, specifically disproportionate use of emergency departments by vulnerable populations. Additional gaps include measures of cost, patient-reported outcomes, patient and family engagement, and an outpatient CAHPS module. One emergency department measure was identified for phased removal from the OQR program because it lost NQF-endorsement (see Appendix A; Table A19).

Ambulatory Surgical Center Quality Reporting

MAP reviewed five measures under consideration for the Ambulatory Surgical Center Quality Reporting (ASCQR) program, a pay-for-reporting program (see Appendix A; Table A20). These five measures were also under consideration for OQR, and MAP supported the efforts by HHS to move toward greater

alignment across these two programs. One member raised that these measures are specified for the individual clinician or group practice level of analysis and not for the facility level, a concern also reinforced by a public commenter. MAP supports the inclusion of ASCs within a broader system-wide approach to measuring performance and improving care; however, measures should be tested, endorsed, and implemented for the intended level of analysis.

MAP found the ASCQR program measure set to be inadequate. The measures under consideration were limited to cataract surgery and endoscopy/poly surveillance in contrast to the wide variety of procedures now being performed in this setting. MAP encourages swift progress in developing, testing, and endorsing applicable measures to address the quality of care for these additional procedures. Priority measure gap areas for the ASCQR program include follow-up after procedures, complications, cost, patient and family engagement, an ASC-specific CAHPS module, and patient-reported outcome measures.

Post-Acute Care and Long-Term Care Performance Measurement Programs

MAP utilized its prior coordination strategies for post-acute care/long-term care (PAC/LTC) and hospice performance measurement to guide its input on measures for use in these PAC/LTC programs: Long-Term Care Hospital Quality Reporting Program (LTCH), Inpatient Rehabilitation Facility Quality Reporting Program (IRF), End Stage Renal Disease Quality Improvement Program (ESRD-QIP), Hospice Quality Reporting Program, Nursing Home Quality Initiative (NHQI) and Nursing Home Compare (NH Compare), and Home Health Quality Reporting Program (HH). This section presents key issues related to performance measurement in PAC/LTC settings, applicable recommendations from MAP's prior coordination strategies, and an overview of MAP's pre-rulemaking recommendations for each PAC/LTC program.

Key Issues

In reiterating the need to align performance measurement across PAC/LTC settings, MAP emphasized that measurement should also be aligned with other acute settings, such as hospitals. Alignment must be balanced with consideration for the heterogeneity of patient needs across settings. For example, treatment goals for patients in post-acute care settings focus on improvement while treatment goals for patients in long-term care settings are more likely to focus on maintenance. MAP suggests robust risk adjustment methodologies, to address the variability of patient populations across settings. For some programs, patient populations are distinguished as short-stay (i.e., patients who are recovering from an illness and are in a facility for less than 100 days) and long-stay (i.e., patients with chronic medical problems who reside in a facility or institution for more than 100 days). MAP suggests revisiting these measures to determine whether: (1) there are opportunities to combine the long-stay and short-stay measures using risk adjustment and/or stratification to account for patient variations and (2) any of the measures could be applied to other PAC/LTC programs to align measures across settings.

Admission and readmission measures are also examples of measures that MAP recommends be standardized across settings, yet customized to address the unique needs of the heterogeneous PAC/LTC population. MAP has continually noted the need for care transition measures in PAC/LTC

performance measurement programs. Setting-specific admission and readmission measures under consideration would address this need. However, MAP would like a more parsimonious approach, utilizing fewer measures to address readmissions across settings. Attention would need to be given to defining the index event (e.g., acute hospital admission vs. LTCH admission) so that the measure can serve multiple settings. Additionally, MAP suggests that shared accountability across settings be considered when utilizing results from admission and readmission measures so that providers are not unfairly penalized.

MAP suggests that measures besides readmission measures be expanded beyond addressing single settings or conditions. The majority of patients in PAC/LTC settings have multiple chronic conditions. For measures to drive performance, they must address the complexities of this population. Functional status, care coordination, and shared decision-making are measurement areas that address the complexities of multiple chronic conditions from a patient perspective. Total cost of care is another type of measure that crosses multiple settings and conditions; MAP recommends that cost measures be included in all PAC-LTC programs.

While MAP emphasizes alignment across settings, MAP promotes parsimony by recommending measures that are most applicable to the population served in each specific setting. For example, MAP recognizes that assessing core safety issues across all settings will promote alignment; however, some safety issues may not reflect the highest leverage opportunities for measurement in every setting. For example, CLABSI incidence is very low in Inpatient Rehabilitation Facilities (IRF) because patients in that setting rarely have central lines, while falls is a particularly important safety issue for patients with impaired functional status.

Similarly, patient immunizations are important aspects of care that can promote alignment across settings but may not reflect a high-leverage opportunity for measurement in every setting. For example, influenza and pneumonia immunization are highly important in long-term care settings, such as nursing homes, but may be of lesser importance in post-acute settings, such as IRFs, where patients should have been immunized in the prior acute care setting. MAP supported the inclusion of several immunization measures across settings, but also called for further evidence regarding the impact of patient immunization measures in each setting.

MAP continues to recognize that the lack of an information infrastructure across PAC/LTC settings, which are not eligible for Meaningful Use incentives, remains an impediment to measurement. A robust health IT infrastructure is needed to reduce data collection and reporting burden for providers and to enhance care coordination and transmission of information essential to better patient care.

Application of Prior Coordination Strategies to Pre-Rulemaking Decisions

In addition to the MAP Measure Selection Criteria, MAP's [Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement](#) and [Performance Measurement Coordination Strategy for Hospice and Palliative Care](#) served as guides for MAP's pre-rulemaking decisions for the PAC/LTC programs.

In the PAC/LTC coordination strategy, MAP defined high-leverage areas for performance measurement and identified 13 core measure concepts to address each of the high-leverage areas.

Table 1. PAC/LTC Highest-Leverage Areas and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none"> • Functional and cognitive status assessment • Mental health
Goal Attainment	<ul style="list-style-type: none"> • Establishment of patient/family/caregiver goals • Advanced care planning and treatment
Patient Engagement	<ul style="list-style-type: none"> • Experience of care • Shared decision making
Care Coordination	<ul style="list-style-type: none"> • Transition planning
Safety	<ul style="list-style-type: none"> • Falls • Pressure ulcers • Adverse drug events
Cost/Access	<ul style="list-style-type: none"> • Inappropriate medicine use • Infection rates • Avoidable admissions

In the Hospice coordination strategy, MAP identified 28 high-leverage measurement opportunities that are important for hospice and palliative care. Further MAP prioritized seven measurement opportunities for both hospice and palliative care, three specific to hospice care, and three specific to palliative care. The three opportunities specific to hospice care reflect patients' needs for increased access and communication and include timeliness/responsiveness of care, access to the healthcare team on a 24-hour basis, and avoiding unwanted treatments.

This year when reviewing the program measure sets and measures under consideration for PAC/LTC programs, MAP determined that the following core measurement concepts represent the most critical gaps that when filled would greatly improve care across all PAC/LTC settings: goal attainment; medication management, medication reconciliation, and adverse drug events; functional and cognitive status; patient and family experience of care and engagement in care, and shared decision-making; and transitions in care.

Overview of Recommendations for Post-Acute Care and Long-Term Care Programs

Long-Term Care Hospital Quality Reporting Program

MAP reviewed five measures currently finalized for the program measure set and 29 measures under consideration for the LTCH Quality Reporting Program. MAP noted that many measures under consideration would support alignment with other settings; however, measures should be tested in

LTCHs to determine if they are feasible for implementation. Accordingly, MAP supported the direction of 24 measures that address the post-acute and long-term care core measure concepts but are not ready for implementation in the LTCH setting. MAP also supported the direction of one cost measure, noting that the measure under consideration would exclude most of the LTCH population. MAP recommends that additional measures be added to address cost. For example, assessing whether individuals are appropriately placed in LTCHs would help determine whether they could receive care in less costly settings. MAP did not support four measures under consideration that did not address PAC/LTC core concepts or had lost NQF endorsement. Core measure concepts that remain as gaps include cognitive status assessment (e.g., dementia identification), advanced directives, and medication management (e.g., use of antipsychotic medications).

Inpatient Rehabilitation Facility Quality Reporting Program

MAP reviewed two measures currently finalized for the program measure set and ten measures under consideration for the IRF Quality Reporting Program. MAP found the program measure set too limited and noted that it could be greatly enhanced by addressing the core measures concepts not addressed in the set—care coordination, functional status, and medication reconciliation—and addressing safety issues that have high incidence in IRFs, such as MRSA, falls, CAUTI, and C. difficile. Accordingly, MAP supported two measures that address CAUTI and C. difficile, in addition to three immunization measures. MAP supported the direction of three functional status outcome measures and one avoidable admissions measure, noting that the measures are important but are still in development. MAP did not support one CLABSI measure, which has a low incidence in this setting.

End Stage Renal Dialysis Facility Quality Improvement Program

MAP reviewed 12 measures currently finalized for the program measure set and 21 measures under consideration for the ESRD Quality Improvement Program. MAP previously recommended that the measure set expand beyond dialysis procedures to include non-clinical aspects of care, such as care coordination. This issue persists as only one measure under consideration addresses a cross-cutting topic—NQF #0258 CAHPS In-Center Hemodialysis Survey; MAP supports the use of this measure. Recognizing that the program is statutorily required to include measures of dialysis adequacy, MAP supported 11 measures under consideration that are clinically-focused. Similarly, MAP supported the direction of an additional nine clinically-focused measures under consideration, as the measures would address statutory requirements but they are undergoing development and need to be brought forward for NQF endorsement. MAP did not support one measure under consideration because its NQF endorsement has been removed. MAP recommends exploring whether the clinically-focused measures could be combined in a composite measure for assessing optimal dialysis care. The core measure concepts not addressed in this measure set include advance care planning, care coordination, medication reconciliation, functional status, patient engagement, pain, falls, and measures covering comorbid conditions such as depression.

Hospice Quality Reporting Program

MAP reviewed two measures currently finalized for the program measure set and seven measures under consideration for the Hospice Quality Reporting Program. Earlier in 2012, MAP's [Hospice and Palliative Care Coordination Strategy](#) identified measures for inclusion in a MAP Hospice Family of Measures. All of the measures under consideration are included in the hospice family, so MAP supported them for the hospice program. Additionally, MAP recommends that other measures in the MAP Hospice Family of Measures be added to the measure set. Specifically, MAP recommends including NQF #1647 Percentage of Hospice Patients with Documentation in the Clinical Record of a Discussion of Spiritual/Religious Concerns or Documentation That the Patient/Caregiver Did Not Want to Discuss. Overall, the measure set fails to address several core measure concepts including pain, goal attainment, patient engagement, care coordination, and depression. Additionally, the measure set would be enhanced with measures that address the caregiver's role and timely referral to hospice. MAP notes that attribution would be an issue for a timely referral measure since hospice programs cannot control referrals; therefore, timely referral should be assessed in other settings.

Nursing Home Quality Initiative and Nursing Home Compare

MAP reviewed 26 measures currently finalized for the program measure set and five measures under consideration for the NH Quality Initiative and NH Compare. MAP supported the direction of two measures that addressed the PAC/LTC core concept of inappropriate antipsychotic medication use, noting that the measures should have as few diagnoses excluded as possible and that balancing measures should be incorporated into the program set to mitigate unintended consequences. MAP noted the need for measures that address the overall improvement of dementia care and cautioned that focus on reducing inappropriate use of one class of medication may lead to inappropriate use of other medication classes. MAP also supported the direction of two measures addressing avoidable admissions, a core measure concept. MAP recognized the importance of measuring readmissions in the nursing home setting but, as noted earlier, would prefer fewer measures to address readmissions across settings. Lastly, MAP supported one measure that assesses whether short-stay residents are discharged to the community, noting that this is an important goal for short-stay residents and that additional measures should assess the quality of transition planning.

Home Health Quality Reporting Program

MAP reviewed 97 measures currently finalized for the program measure set and two measures under consideration for the Home Health Quality Reporting Program. MAP supported the direction of both measures under consideration as they address the PAC/LTC core concept of avoidable admissions. MAP recognized the importance of reducing rehospitalizations and ED visits but noted that these measures should replace or be harmonized with currently finalized measures addressing hospitalizations or ED visits to reduce redundancy in the set. Overall, MAP noted that the large measure set reflects the heterogeneity of home health population; however, the measure set could be more parsimonious.

V. Feedback Loops About Measure Use

The MAP Strategic Plan for 2012-2015 emphasizes the need to engage stakeholders more deeply in MAP's work. Specifically in 2013, MAP will establish feedback loops for two-way exchange of information about measure implementation, use, and impact, to inform MAP's recommendations and to determine how to better meet the measure selection needs of public- and private-sector performance measurement programs. This section presents important items to consider when constructing feedback loops, including essential characteristics, intended purposes, information sources, and channels for exchange of information.

The recent Institute of Medicine Report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*,³ cites the creation of feedback loops as essential for continuous learning and system improvement. A continuously learning system uses information to change and improve its actions and outputs over time. Ideally, the exchange of information through feedback loops is systematic, standardized, real-time, two-way, occurs among all levels of the system, and takes best advantage of information technology.

Standardized information about measure implementation, use, and impact serves many purposes for MAP, other aspects of NQF's work, HHS, and the broader field. For example, information about measure use across public- and private-sector programs will help MAP to ensure that its recommendations for measure selection are resulting in alignment. The NQF endorsement process collects information through measure maintenance about the implementation experience and intended and unintended effects of specific measures every three years. Measure developers want to understand unintended consequences from measurement so they can modify their measures where necessary. HHS and other program implementers need information about measure impact to evaluate their programs. Measure end users are particularly interested in feasibility and data collection burden and in sharing their implementation experiences with program implementers.

Establishing feedback loops is an expensive endeavor, and in an era of constrained resources, it is practical to build on information sources that are already available. MAP has used HHS' uptake of MAP's recommendations from the first round of pre-rulemaking in its proposed and final rules as a feedback loop to assess the effectiveness of MAP's recommendations. The MAP strategic plan also calls for a formal evaluation of its processes and impact. Many other information sources could be developed into feedback loops; for example:

- Measure use and results from private health plans, purchaser coalitions, and regional alliances;
- Information from program implementers, such as CMS and The Joint Commission, about experience with the measures used in their programs;
- Information about MOC from the medical specialty boards;
- Data and measurement results from clinical registries and medical specialty societies;
- NPP's recommendations on measures for the NQS, its action pathways, and its online action registry;

- Measure-specific information submitted through the NQF endorsement process for measure maintenance;
- Structured input about measure implementation experience received through the NQF Quality Positioning System (QPS);
- Barriers to the use of measures raised through the NQF Councils;
- AHRQ’s National Healthcare Quality and Disparities Reports and Medical Expenditure Panel Survey (MEPS);
- CMS’ National Impact Assessment of Medicare Quality Measures;
- CDC’s National Health and Nutrition Examination Survey (NHANES) and Behavioral Risk Factor Surveillance System (BRFSS); and
- Measure results from the Veterans Health Administration.

There are many channels for facilitating two-way exchange of information among stakeholders. Information can be pushed to a repository through routine submission, or can be pulled into a repository through targeted outreach. Information technology and knowledge management techniques are important to ensure that data collection and storage are systematic and standardized to ease analysis and dissemination of information. One of the essential elements of systematic data collection, regardless of information exchange mechanism, is the need for standardized questions and data elements. Surveys are widely used to collect standardized information; for example, AHIP and QASC have recently used surveys to collect information about measure use. Other possible mechanisms for active information exchange include focus groups, listening sessions, online discussion forums, and learning networks.

As NQF prepares to implement feedback loops to better understand measure implementation experience, MAP members were asked to share their perspectives on several questions, including: What are the most important information sources for initial feedback loops? Who can NQF partner with to establish feedback loops? What are the most feasible mechanisms for information exchange? What structured questions should NQF ask—whether through QPS, endorsement maintenance, NPP, MAP, or outreach—about measure implementation experience, use, and impact?

MAP members noted that organizing all of the information related to measure implementation experience, use, and impact is a potentially overwhelming task, so prioritization of the most important information will be essential. Feedback loops should focus on generating actionable information, with the collective actions we are prepared to take in mind when constructing the feedback loops. MAP members noted the importance of real-time, electronic exchange of information to quickly spot unintended consequences, but also cautioned that real-time information will not tell the whole story because impact may only be apparent after years of experience with a measure. Analysis of information should focus on identifying trends over time. One MAP member emphasized that in addition to assessing implementation experience, feedback about measure needs should be considered in advance of implementation to be sure that our efforts are addressing what is important to measure, not just what we are already measuring. Another MAP member commented on the importance of social media as an information source.

MAP members provided input on information sources and partners for information exchange. Several members indicated that public- and private-sector program implementers, such as CMS and private health plans, are an obvious starting place for seeking information about the measures used in their programs. Other potential partners MAP members specifically suggested include: clinician and provider groups, such as Pioneer ACOs, medical and hospital associations, and medical specialty societies and boards; regional health alliances, such as the collaboratives in Maine, Minnesota, and Wisconsin; Medicare Qualified Entities that receive Medicare data for public reporting purposes; and measure developers, such as PCPI and NCQA. MAP will be partnering with these and other stakeholders to establish feedback loops.

VI. Next Steps

In its [Strategic Plan](#), MAP articulated specific tactics for continually enhancing its input on performance measures and for achieving more consistent and meaningful, and less burdensome, measurement over time. This report demonstrates how MAP's tactics—identifying Families of Measures and high-priority measure gaps, refining the Measure Selection Criteria, making its recommendation categories more meaningful, and establishing feedback loops—will enhance MAP's pre-rulemaking recommendations.

The initial MAP Families of Measures provide guidance for aligned performance measurement (see Progress on Measure Alignment section above). MAP will continue this effort in 2013 by identifying Families of Measures for affordability, population health, patient and family engagement, and mental health. In addition, MAP will continue to identify high-priority measure gaps and contribute to addressing gaps by coordinating with NQF's collaborative gap-filling initiative.

Learning from this pre-rulemaking cycle will further inform implementation of the MAP Strategic Plan. The guiding principles developed by the Clinician and Hospital Workgroups will serve as important inputs to MAP's 2013 review and revision of the Measure Selection Criteria. MAP will also continue to refine its recommendation categories and rationale. For example, several MAP members supported adding a new recommendation category, Conditional Support, to be used when MAP recommends implementation of a measure only after specified conditions are met.

In 2013, MAP will work to establish feedback loops for two-way exchange of information about measure implementation experience to increase stakeholder engagement and ensure that its recommendations are meeting measurement needs. Also in 2013, MAP intends to develop a formal evaluation plan of its processes and progress on achieving its goals and objectives.

¹ <http://www.ahrq.gov/workingforquality/nqs/nqs2012annlrpt.pdf>

² <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/NationalImpactAssessmentofQualityMeasuresFINAL.PDF>

³ <http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx>

Appendix A: Program Summaries and Measure Tables

Medicare Shared Savings Program

Program Type:

Pay for Reporting and Pay for Performance¹

Incentive Structure:

Option for one-sided risk model (sharing of savings only for the first two years, and sharing of savings and losses in the third year) and a two-sided risk model (sharing of savings and losses for all three years).²

Care Settings Included:

Providers, hospitals, and suppliers of services.

Statutory Mandate:

Sec. 3022 of the Affordable Care Act (ACA) requires the Centers for Medicare & Medicaid Services (CMS) to establish a Medicare Shared Savings Program (MSSP) that promotes accountability for a patient population, coordinates items and services under Medicare Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.³

Statutory Requirements for Measures:

Appropriate measures of clinical processes and outcomes; patient, and, wherever practicable, caregiver experience of care; and utilization (such as rates of hospital admission for ambulatory sensitive conditions).⁴

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A1. MAP Input on MSSP Currently Finalized Measures

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness		Support: Promotes alignment across programs, settings and public and private sector efforts	MAP recommends aligning with MA 5 Star Quality Reporting Program.
0037 Endorsed	Osteoporosis testing in older women		Support: Promotes alignment across programs, settings and public and private sector efforts	MAP recommends aligning with MA 5 Star Quality Reporting Program.

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0053 Endorsed	Osteoporosis management in women who had a fracture		Support: Promotes alignment across programs, settings and public and private sector efforts	MAP recommends aligning with MA 5 Star Quality Reporting Program.
0553 Endorsed	Care for Older Adults – Medication Review		Support: Promotes alignment across programs, settings and public and private sector efforts	MAP recommends aligning with MA 5 Star Quality Reporting Program.
M1204 Not Endorsed	ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure	MUC: FIN: MSSP	Phased Removal: A finalized measure addresses a similar topic and is NQF-endorsed	NQF #0018, an outcome measure in the same topic area, is also included in the finalized set.
M1170 Not Endorsed	ACO 8 (CMS): Risk-Standardized, All Condition Readmission	MUC: PQRS FIN: MSSP		Submit for endorsement.
M2117 Not Endorsed	ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	MUC: FIN: MSSP		Submit for endorsement.
M1990 Not Endorsed	Breast Cancer Screening	MUC: Physician Compare; VBPM FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; VBPM	Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement.	Measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines. MAP recommends maintaining measure in the program if the measure is updated to reflect guidelines and endorsed.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Physician Quality Reporting System

Program Type:

Pay for Reporting

Incentive Structure:

In 2012-2014, eligible professionals can receive an incentive payment equal to a percentage (2% in 2010, gradually decreasing to 0.5% in 2014) of the eligible professional's estimated total allowed charges for covered Medicare Part B services under the Medicare Physician Fee Schedule.⁵ Beginning in 2015, eligible professionals and group practices that do not satisfactorily report data on quality measures will receive a reduction (1.5% in 2015, and 2% in subsequent years) in payment.^{6,7}

Care Settings Included:

Multiple. Eligible professionals include:

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist⁸

Statutory Mandate:

The 2006 Tax Relief and Healthcare Act (TRHCA) required the establishment of a physician quality reporting system. The PQRS was initially implemented in 2007 and was extended as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2008 (MMSEA), the Medicare Improvements for Patients and Providers Act of 2009 (MIPPA), and the Affordable Care Act.⁹

Statutory Requirements for Measures:

No specific types of measures required. Individual clinicians participating in the PQRS may select three measures (out of more than 200 measures) to report or may choose to report a specified measure.

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A2. MAP Input on PQRS Measures Under Consideration

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0053 Endorsed	Osteoporosis management in women who had a fracture	MUC: PQRS FIN: Medicare Part C Plan Rating; Physician Feedback; VBPM	Support: NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0057 Endorsed	Diabetes: Hemoglobin A1c testing	MUC: PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; VBPM	Support: NQF endorsed measure	
0063 Endorsed	Diabetes: Lipid profile	MUC: PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Physician Feedback; VBPM	Support: NQF endorsed measure	
0076 Endorsed	Optimal Vascular Care	MUC: PQRS FIN:	Support : NQF endorsed measure	
0106 Endorsed	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	MUC: PQRS FIN:	Support: NQF endorsed measure	
0107 Endorsed	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	MUC: PQRS FIN:	Support: NQF endorsed measure	
0112 Endorsed	Bipolar Disorder: Level-of-function evaluation	MUC: PQRS FIN:	Support: NQF endorsed measure	
0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	MUC: PQRS FIN: Hospice Quality Reporting	Support: NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0275 Endorsed	Chronic obstructive pulmonary disease (PQI 5)	MUC: PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician Feedback	Support: NQF endorsed measure	
0277 Endorsed	Congestive Heart Failure Admission Rate (PQI 8)	MUC: PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MSSP; Physician Feedback	Support: NQF endorsed measure	
0310 Endorsed	LBP: Shared Decision Making	MUC: PQRS FIN:	Support: NQF endorsed measure	
0312 Endorsed	LBP: Repeat Imaging Studies	MUC: PQRS FIN:	Support: NQF endorsed measure	
0315 Endorsed	LBP: Appropriate Imaging for Acute Back Pain	MUC: PQRS FIN:	Support: NQF endorsed measure	
0381 Endorsed	Oncology: Treatment Summary Communication – Radiation Oncology	MUC: PQRS FIN:	Support: NQF endorsed measure	
0431 Endorsed	Influenza vaccination coverage among healthcare personnel	MUC: OQR; VBP; IRFQR; PQRS FIN: ASCQR; IQR; LTCHQR	Support: NQF endorsed measure	
0513 Endorsed	Thorax CT: Use of Contrast Material	MUC: PQRS FIN: OQR	Support : NQF endorsed measure	
0519 Endorsed	Diabetic Foot Care and Patient Education Implemented	MUC: PQRS FIN: HHQR	Support : NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0542 Endorsed	Adherence to Chronic Medications	MUC: PQRS FIN:	Support : NQF endorsed measure	
0545 Endorsed	Adherence to Chronic Medications for Individuals with Diabetes Mellitus	MUC: PQRS FIN:	Support: NQF endorsed measure	
0646 Endorsed	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN:	Support : NQF endorsed measure	
0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN:	Support : NQF endorsed measure	
0648 Endorsed	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults	Support : NQF endorsed measure	
0649 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	MUC: PQRS FIN:	Support : NQF endorsed measure	
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	MUC: PQRS FIN:	Support: NQF endorsed measure	
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	MUC: PQRS FIN:	Support: NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0657 Endorsed	Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use	MUC: PQRS FIN: CHIPRAQR	Support: NQF endorsed measure	
0666 Endorsed	Ultrasound guidance for Internal Jugular central venous catheter placement	MUC: PQRS FIN:	Support: NQF endorsed measure	
0711 Endorsed	Depression Remission at Six Months	MUC: PQRS FIN:	Support : NQF endorsed measure	
1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	MUC: PQRS FIN: MU-EP	Support: NQF endorsed measure	
1523 Endorsed	In-hospital mortality following elective open repair of AAAs	MUC: PQRS FIN:	Support: NQF endorsed measure	
1524 Endorsed	Assessment of Thromboembolic Risk Factors (CHADS2)	MUC: PQRS FIN:	Support: NQF endorsed measure	
1534 Endorsed	In-hospital mortality following elective EVAR of AAAs	MUC: PQRS FIN:	Support: NQF endorsed measure	
1540 Endorsed	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy	MUC: PQRS FIN:	Support: NQF endorsed measure	
1543 Endorsed	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Artery Stenting (CAS)	MUC: PQRS FIN:	Support: NQF endorsed measure	
1617 Endorsed	Patients Treated with an Opioid who are Given a Bowel Regimen	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1625 Endorsed	Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated	MUC: PQRS FIN:	Support: NQF endorsed measure	
1626 Endorsed	Patients Admitted to ICU who Have Care Preferences Documented	MUC: PQRS FIN:	Support: NQF endorsed measure	
1634 Endorsed	Hospice and Palliative Care -- Pain Screening	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	
1637 Endorsed	Hospice and Palliative Care -- Pain Assessment	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	
1638 Endorsed	Hospice and Palliative Care -- Dyspnea Treatment	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	
1639 Endorsed	Hospice and Palliative Care -- Dyspnea Screening	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	
1641 Endorsed	Hospice and Palliative Care – Treatment Preferences	MUC: Hospice Quality Reporting; PQRS FIN:	Support: NQF endorsed measure	
1741 Endorsed	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) [®] Surgical Care Survey	MUC: PQRS FIN:	Support: NQF endorsed measure	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	MUC: IQR; PQRS FIN: IQR	Support: NQF endorsed measure	
1822 Endorsed	External Beam Radiotherapy for Bone Metastases	MUC: PQRS FIN:	Support: NQF endorsed measure	
1879 Endorsed	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	MUC: PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults	Support : NQF endorsed measure	
M1030 Not Endorsed	Assessment of Asthma Risk - Emergency Department Inpatient Setting	MUC: PQRS FIN:	Do not support: NQF endorsement removed	
M1031 Not Endorsed	Asthma Discharge Plan – Emergency Department Inpatient Setting	MUC: PQRS FIN:	Do not support: NQF endorsement removed	
M1170 Not Endorsed	ACO 8 (CMS): Risk-Standardized, All Condition Readmission	MUC: PQRS FIN: MSSP	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Measures should be specified and tested for use at the individual clinician level of analysis.
M1383 Not Endorsed	Magnetic Resonance Imaging/Computed Tomography Scan (MRI/CT Scan) Results	MUC: PQRS FIN:	Do not support: NQF endorsement removed	
M1384 Not Endorsed	Querying and Counseling about Anti-Epileptic Drug (AED) Side-Effects	MUC: PQRS FIN:	Do not support: Measure previously submitted for endorsement and was not endorsed	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1386 Not Endorsed	Counseling about Epilepsy Specific Safety Issues	MUC: PQRS FIN:	Support: NQF endorsed measure	Pending final endorsement decision; Measure recommended for endorsement by CDP Steering Committee, currently in comment public comment.
M1879 Not Endorsed	Overall Hypertension Care Satisfaction	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	CAHPS should be used as an overall experience of care measure; care satisfaction should not be limited to one condition.
M1886 Not Endorsed	Equipment Evaluation for Pediatric CT Imaging Protocols	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Addresses a gap in measures related to pediatric imaging.
M2152 Not Endorsed	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered (Paired Measure)	MUC: PQRS FIN:	Do not support: NQF endorsement removed	Previously endorsed measure; endorsement removed via EM process.
M2154 Not Endorsed	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Alcohol use and advice should not be limited to one chronic condition.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2211 Not Endorsed	Adverse Drug Event (ADE) Prevention: Outpatient therapeutic drug monitoring	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2283 Not Endorsed	ASPS/AMA- PCPI/NCQA: Chronic Wound Care: Patient education regarding long term compression therapy	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Care planning, discussion of care plans, and shared decision making measures should not be limited to one condition.
M2285 Not Endorsed	ASPS/AMA- PCPI/NCQA: Chronic Wound Care: Patient Education regarding diabetic foot care	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Care planning, discussion of care plans, and shared decision making measures should not be limited to one condition.
M2292 Not Endorsed	Glaucoma Screening in Older Adults	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Measure is not specified for individual clinician use.
M2414 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Appropriate use measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2415 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Existing endorsed measure may address a similar concept, measures should be harmonized.
M2416 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2417 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis (underuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2418 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Computerized Tomography for Acute Sinusitis (overuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2419 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2420 Not Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement: Premature Changing of Initial Antibiotic for Acute Bacterial Sinusitis	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2421 Not Endorsed	AAO-HNS/AMA- PCPI: Adult Sinusitis: Plain Film Radiography for Acute Sinusitis (overuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2422 Not Endorsed	AAO- HNS/AMA- PCPI: Adult Sinusitis: Watchful Waiting for Acute Bacterial Sinusitis: Initial Observation Without Antibiotics for Patients With Mild Illness (Appropriate Use)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.
M2431 Not Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Submit for endorsement; appropriateness measures fill a measure gap.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2432 Not Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Lipid Management	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Lipid management measures that are not limited to one condition are preferred; existing measures in the finalized set should be expanded.
M2433 Not Endorsed	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure)	MUC: PQRS FIN:	Do not support: Measure previously submitted for endorsement and was not endorsed	
M2434 Not Endorsed	American Board of Internal Medicine: Diabetes Composite	MUC: PQRS FIN:	Support: Promotes alignment across programs, settings, and public and private sector efforts	Submit for NQF-endorsement.
M2435 Not Endorsed	American Board of Internal Medicine: Hypertension Composite	MUC: PQRS FIN:	Support: Promotes alignment across programs, settings, and public and private sector efforts	Submit for NQF-endorsement.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2437 Not Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Reevaluation of Treatment	MUC: PQRS FIN:	Do not support:	
M2438 Not Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Topical Steroid Preparation	MUC: PQRS FIN:	Do not support:	
M2439 Not Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Disease Assessment	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2440 Not Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Moisture Care	MUC: PQRS FIN:	Do not support:	
M2441 Not Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Overuse: Role of Antihistamine	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Measure potentially supports alignment and addresses overuse.
M2444 Not Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Appropriateness: Follow-up CT Imaging for Incidental Pulmonary Nodules A	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Measure potentially supports alignment and addresses overuse.
M2448 Not Endorsed	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	MUC: PQRS FIN:	Support: NQF endorsed measure	
M2452 Not Endorsed	Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)	MUC: PQRS FIN:	Do not support:	
M2456 Not Endorsed	Bone Marrow and FNADirect Specimen Acquisition**	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2461 Not Endorsed	Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)	MUC: PQRS FIN:	Do not support:	
M2463 Not Endorsed	Concordance Assessment Following Image- Guided Breast Biopsy	MUC: PQRS FIN:	Do not support:	
M2467 Not Endorsed	Diabetes/Pre-Diabetes Screening for Patients with DSP	MUC: PQRS FIN:	Do not support:	
M2468 Not Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms	MUC: PQRS FIN:	Do not support:	
M2469 Not Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria- Electrodiagnostic Study	MUC: PQRS FIN:	Do not support:	
M2470 Not Endorsed	Documentation of offloading status for patients with diabetic foot ulcers	MUC: PQRS FIN:	Do not support:	
M2471 Not Endorsed	Documentation of support surface or offloading status for patients with serious pressure ulcers	MUC: PQRS FIN:	Do not support:	
M2472 Not Endorsed	Documentation of venous compression at each visit for patients with venous stasis ulcers	MUC: PQRS FIN:	Do not support:	
M2473 Not Endorsed	Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Global patient education measures that are not limited to one condition are needed.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2474 Not Endorsed	Education of patient about the role of good glucose control in slowing progression of diabetic retinopathy	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Global patient education measures that are not limited to one condition are needed.
M2477 Not Endorsed	GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)	MUC: PQRS FIN:	Do not support:	
M2478 Not Endorsed	GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)	MUC: PQRS FIN:	Do not support:	
M2479 Not Endorsed	GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)	MUC: PQRS FIN:	Do not support:	
M2481 Not Endorsed	LDL poor control	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Lipid management measures that are not limited to one condition are preferred; existing measures in the finalized set should be expanded.
M2482 Not Endorsed	LDL Superior Control	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Lipid management measures that are not limited to one condition are preferred; existing measures in the finalized set should be expanded.
M2483 Not Endorsed	Maintenance of Intraoperative Normothermia	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2484 Not Endorsed	Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting	MUC: PQRS FIN:	Do not support: A supported measure under consideration addresses a similar topic and better addresses the needs of the program	An NQF-endorsed measure assesses management of medications for people with asthma.
M2485 Not Endorsed	Medication Management for People With Asthma	MUC: PQRS FIN:	Support: NQF endorsed measure	NQF-endorsed measure #1799.
M2486 Not Endorsed	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting	MUC: PQRS FIN:	Do not support:	
M2487 Not Endorsed	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting	MUC: PQRS FIN:	Do not support:	
M2488 Not Endorsed	Nephropathy Assessment for Eligible Patients	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2489 Not Endorsed	New Cancer Patient– Intervention Urgency	MUC: PQRS FIN:	Do not support:	
M2490 Not Endorsed	Ophthalmologic exam	MUC: PQRS FIN:	Do not support:	
M2491 Not Endorsed	Optimal Asthma Care	MUC: PQRS FIN:	Do not support: Measure previously submitted for endorsement and was not endorsed	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2497 Not Endorsed	Patient satisfaction with overall diabetes care	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Patient satisfaction should not be limited to one condition.
M2498 Not Endorsed	Patient satisfaction with physician care provided for age related macular degeneration	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Patient satisfaction should not be limited to one condition.
M2499 Not Endorsed	Patient satisfaction with physician care provided for diabetic retinopathy	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Patient satisfaction should not be limited to one condition.
M2502 Not Endorsed	Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy (CEA)	MUC: PQRS FIN:	Do not support:	
M2503 Not Endorsed	Pharmacologic Therapy for Persistent Asthma — Ambulatory Care Setting	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	An NQF-endorsed measure assesses management of medications for people with asthma.
M2504 Not Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care	MUC: PQRS FIN:	Do not support:	
M2505 Not Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2506 Not Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education	MUC: PQRS FIN:	Do not support:	
M2507 Not Endorsed	Adult Major Depressive Disorder: Screening for Depression	MUC: PQRS FIN:	Do not support:	
M2508 Not Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression	MUC: PQRS FIN:	Do not support:	
M2510 Not Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Lipid management measures that are not limited to one condition are preferred; existing measures in the finalized set should be expanded.
M2511 Not Endorsed	Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions-Timely Follow Up	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising but requires further development or modifications	Measures of care coordination for individuals with multiple chronic conditions are needed; however, measures could be expanded beyond depression.
M2512 Not Endorsed	Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Existing NQF-endorsed measures address obesity screening.
M2513 Not Endorsed	Podiatry Exam	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2514 Not Endorsed	Post-Anesthetic Transfer of Care Measure: Use of Checklist for Direct Transfer of Care from Procedure Room to Intensive Care Unit.	MUC: PQRS FIN:	Do not support:	
M2515 Not Endorsed	Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents	MUC: PQRS FIN:	Do not support:	
M2517 Not Endorsed	Prevention of Post-Operative Nausea and Vomiting – Multimodal therapy (pediatric)	MUC: PQRS FIN:	Do not support:	
M2518 Not Endorsed	Prevention of Post-Operative Nausea and Vomiting - Multimodal therapy (adults)	MUC: PQRS FIN:	Do not support:	
M2519 Not Endorsed	Querying about Falls for Patients with DSP	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Existing measures assess falls beyond those with DSP.
M2520 Not Endorsed	Querying about Pain and Pain Interference with Function	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2522 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for greater than or equal to 90 Days	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2523 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	MUC: PQRS FIN:	Do not support: Measure previously submitted for endorsement and was not endorsed	
M2524 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate	MUC: PQRS FIN:	Do not support:	
M2525 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated	MUC: PQRS FIN:	Do not support:	
M2526 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2527 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Measures assessing referrals are not considered to drive improvement; measures should assess if proper care was received.
M2528 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Measures assessing referrals are not considered to drive improvement; measures should assess if proper care was received.
M2530 Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management	MUC: PQRS FIN:	Do not support:	
M2531 Not Endorsed	Screening for Unhealthy Alcohol Use	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	
M2532 Not Endorsed	Smoking Status and Cessation Advice and Treatment	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2534 Not Endorsed	Specimen orientation for Partial mastectomy or Excisional breast biopsy	MUC: PQRS FIN:	Do not support:	
M2535 Not Endorsed	Static Ultrasound in elective internal jugular vein cannulation	MUC: PQRS FIN:	Do not support:	
M2536 Not Endorsed	Surgeon assessment for hereditary cause of breast cancer	MUC: PQRS FIN:	Do not support:	
M2538 Not Endorsed	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2539 Not Endorsed	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2540 Not Endorsed	The Endocrine Society DRAFT Follow-up Testosterone Measurement	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2541 Not Endorsed	The Endocrine Society DRAFT Testosterone Measurement	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2544 Not Endorsed	Vascular testing of patients with leg ulcers	MUC: PQRS FIN:	Do not support:	
M2579 Not Endorsed	30 Day Post-discharge visit	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2580 Not Endorsed	All Cause Readmissions	MUC: PQRS FIN: VBPM	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Measures should be specified and tested for use at the individual clinician level of analysis.
M2700 Not Endorsed	Osteoporosis Composite	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2789 Not Endorsed	Ventral Hernia 5: Surgical site infection (SSI) (1 of 5 : Measures Group Ventral Hernia)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2790 Not Endorsed	Ventral Hernia 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 : Measures Group Ventral Hernia)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2791 Not Endorsed	Appendectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Appendectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2792 Not Endorsed	AV Fistula 1: Iatrogenic injury to adjacent organ/structure(1 of 5 Measures Group: AV Fistula)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2793 Not Endorsed	AAO- HNS/AMA- PCPI: Adult Sinusitis: Premature Changing of Initial Antibiotic for Acute Bacterial Sinusitis (Overuse)	MUC: PQRS FIN:	Do not support:	
M2794 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Behavioral Health Risk Assessment	MUC: PQRS FIN:	Do not support:	
M2795 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: BMI Assessment and Recommended Weight Gain	MUC: PQRS FIN:	Do not support:	
M2796 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Care Coordination: Prenatal Record Present at Time of Delivery	MUC: PQRS FIN:	Do not support:	
M2797 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Cesarean Delivery for Nulliparous (NTSV) Women (appropriate use)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2798 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 weeks (overuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Measure should be aligned with facility-level measures addressing the same topic.
M2799 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Episiotomy (overuse)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2800 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Establishment of Gestational Age	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Process measure that does not drive improvement; outcome measure regarding early induction is preferred.
M2801 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Post-Partum Follow-Up and Care Coordination	MUC: PQRS FIN:	Do not support:	
M2802 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Prenatal Care Screening	MUC: PQRS FIN:	Do not support:	
M2803 Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Spontaneous Labor and Birth	MUC: PQRS FIN:	Do not support:	
M2806 Not Endorsed	ALS Cognitive Impairment and Behavioral Impairment Screening	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2807 Not Endorsed	ALS Communication Support Referral	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Measures assessing referrals are not considered to drive improvement, measures should assess if proper care was received.
M2809 Not Endorsed	ALS Multidisciplinary Care Plan Developed or Updated	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2810 Not Endorsed	ALS Noninvasive Ventilation Treatment for Respiratory Insufficiency Discussed	MUC: PQRS FIN:	Do not support:	
M2811 Not Endorsed	ALS Nutritional Support Offered	MUC: PQRS FIN:	Do not support:	
M2812 Not Endorsed	ALS Respiratory Insufficiency Querying and Referral for Pulmonary Function Testing	MUC: PQRS FIN:	Do not support:	
M2813 Not Endorsed	ALS Screening for Dysphagia, Weight Loss or Impaired Nutrition	MUC: PQRS FIN:	Do not support:	
M2814 Not Endorsed	ALS Symptomatic Therapy Treatment Offered	MUC: PQRS FIN:	Do not support:	
M2817 Not Endorsed	Appendectomy 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Appendectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2818 Not Endorsed	Appendectomy 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Appendectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2819 Not Endorsed	Appendectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Appendectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2820 Not Endorsed	Assessment of Patient History, Physical Examination and Radiographic Evidence of Arthritis	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Measure assesses a standard of practice and may not meet importance criteria.
M2821 Not Endorsed	Asthma: spirometry evaluation	MUC: PQRS FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Asthma management measures are preferred.
M2822 Not Endorsed	AV Fistula 2: Post-operative death within 30 days of procedure (2 of 5 Measures Group: AV Fistula)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader mortality measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2823 Not Endorsed	AV Fistula 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 Measures Group: AV Fistula)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2824 Not Endorsed	AV Fistula 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 Measures Group: AV Fistula)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2825 Not Endorsed	AV Fistula 5: Surgical site infection (SSI) (5 of 5 Measures Group: AV Fistula)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2826 Not Endorsed	Bariatric Lap Band Procedure 2: Unplanned reoperation within the 30 day postoperative period (2 of 3 Measures Group: Bariatric lap Band Procedure)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2827 Not Endorsed	Bariatric Lap Band Procedure 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 3 Measures Group: Bariatric lap Band Procedure)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2828 Not Endorsed	Bariatric Lap Band Procedure 1: Iatrogenic injury to adjacent organ/structure (1 of 3 Measures Group: Bariatric lap Band Procedure)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2829 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 1: Anastomotic Leak Intervention (1 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2830 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 2: Iatrogenic injury to adjacent organ/structure (2 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2831 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 3: Unplanned reoperation within the 30 day postoperative period (3 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2832 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2833 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 5: Surgical site infection (SSI) (5 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2834 Not Endorsed	Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass 6: Bleeding Requiring Transfusion (3 of 6 Measures Group: Bariatric Laparoscopic or Open Roux-en Y Gastric Bypass)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2835 Not Endorsed	Bariatric Sleeve Gastrectomy 1: Leak Intervention (1 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2836 Not Endorsed	Bariatric Sleeve Gastrectomy 2: Iatrogenic injury to adjacent organ/structure (2 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2837 Not Endorsed	Bariatric Sleeve Gastrectomy 3: Unplanned reoperation within the 30 day postoperative period (3of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2838 Not Endorsed	Bariatric Sleeve Gastrectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2839 Not Endorsed	Bariatric Sleeve Gastrectomy 5: Surgical site infection (SSI) (5 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2840 Not Endorsed	Bariatric Sleeve Gastrectomy 6: Bleeding Requiring Transfusion (6 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Bariatric surgery is of low importance for this program.
M2845 Not Endorsed	Cardiovascular Disease Risk Factor Assessment for Psoriasis Patients	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	Cardiovascular risk should be more broadly assessed and not limited to one condition.
M2846 Not Endorsed	Cholecystectomy 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Cholecystectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2847 Not Endorsed	Cholecystectomy 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Cholecystectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2848 Not Endorsed	Cholecystectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Cholecystectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2849 Not Endorsed	Cholecystectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Cholecystectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2850 Not Endorsed	Colectomy 1: Anastomotic Leak Intervention (1 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2851 Not Endorsed	Colectomy 2: Iatrogenic injury to adjacent organ/structure (2 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2852 Not Endorsed	Colectomy 3: Post-operative death within 30 days of procedure (3 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader mortality measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2853 Not Endorsed	Colectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2854 Not Endorsed	Colectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2855 Not Endorsed	Colectomy 6: Surgical site infection (SSI) (6 of 6: Measures Group Colectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred
M2856 Not Endorsed	Colonoscopy 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Colonoscopy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2857 Not Endorsed	Colonoscopy 2: Cecal Intubation Rate (2 of 4: Measures Group Colonoscopy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2858 Not Endorsed	Colonoscopy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Colonoscopy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2859 Not Endorsed	Colonoscopy 4: Examination time during endoscope withdrawal, when no biopsies or polypectomies are performed (4 of 4: Measures Group Colonoscopy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2860 Not Endorsed	Colonoscopy Quality Composite Measure	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	This composite measure is preferred over the individual measures.
M2862 Not Endorsed	Disease Modifying Pharmacotherapy for ALS Discussed	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2863 Not Endorsed	Electroencephalogram (EEG) Results Reviewed, Requested, or Test Ordered	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2864 Not Endorsed	Esophagogastroduodenoscopy (EGD) 1: Iatrogenic injury to adjacent organ/structure (1 of 2: Measures Group Esophagogastroduodenoscopy [EGD])	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2865 Not Endorsed	Esophagogastroduodenoscopy (EGD) 2: Unplanned intubation (2 of 2: Measures Group Esophagogastroduodenoscopy [EGD])	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2867 Not Endorsed	Hemorrhoidectomy 1: Bleeding requiring transfusion (1 of 4: Measures Group Hemorrhoidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2868 Not Endorsed	Hemorrhoidectomy 2: Iatrogenic injury to adjacent organ/structure (2 of 4: Measures Group Hemorrhoidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2869 Not Endorsed	Hemorrhoidectomy 3: Unplanned reoperation within the 30 day postoperative period (3 of 4: Measures Group Hemorrhoidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2870 Not Endorsed	Hemorrhoidectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 4: Measures Group Hemorrhoidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2886 Not Endorsed	HRS-1 Complications of Catheter Ablation Treatment for Atrial Fibrillation (AF).	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2888 Not Endorsed	HRS-12: Cardiac Tamponade Following Atrial Fibrillation Ablation.	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2889 Not Endorsed	HRS-2 Failure to Achieve Adequate Heart Rate Control for Patients with Atrial Fibrillation (AF).	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	
M2890 Not Endorsed	HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications Rate.	MUC: PQRS FIN:	Support: NQF endorsed measure	NQF-endorsed measure #0694.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2892 Not Endorsed	HRS-4 In-person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED).	MUC: PQRS FIN:	Do not support:	
M2893 Not Endorsed	HRS-9: Infection within 180 days of CIED Implantation, Replacement, or Revision.	MUC: PQRS FIN:	Do not support:	
M2895 Not Endorsed	Inguinal Hernia 1: Iatrogenic injury to adjacent organ/structure (1 of 3) Measures Group Inguinal Hernia	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2896 Not Endorsed	Inguinal Hernia 2: Unplanned reoperation within the 30 day postoperative period (2 of 3) Measures Group Inguinal Hernia	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2897 Not Endorsed	Inguinal Hernia 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 3) Measures Group Inguinal Hernia	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2899 Not Endorsed	Lung cancer reporting (biopsy/cytology specimens)	MUC: PQRS FIN:	Do not support:	
M2900 Not Endorsed	Lung cancer reporting (resection specimens)	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2901 Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2902 Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2903 Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2904 Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 4: Surgical site infection (SSI) (4 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2905 Not Endorsed	Melanoma reporting	MUC: PQRS FIN:	Do not support:	
M2907 Not Endorsed	Neurosurgery: Initial Visit (Similar to PQRS Measure 148)	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2908 Not Endorsed	Neurosurgery: Shared Decision Making	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Shared decision making is a significant measure gap; this measure should be specified more broadly to address multiple conditions.
M2909 Not Endorsed	Objective characterization of pelvic organ prolapse prior to surgery	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising	The measure concept has passed the Importance Criterion; part of GI/GU two-stage CDP.
M2910 Not Endorsed	Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 1: Iatrogenic injury to adjacent organ/structure(1 of 4: Measures Group Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2911 Not Endorsed	Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2912 Not Endorsed	Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2913 Not Endorsed	Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB 4: Surgical site infection (SSI) (4 of 4: Measures Group Partial Mastectomy or Breast Biopsy/Lumpectomy +/- Lymphadenectomy or SLNB)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2916 Not Endorsed	Patient-centered Surgical Risk Assessment and Communication: the percent of patients who underwent non-emergency major surgery who received preoperative risk assessment for procedure-specific postoperative complications using a data-based, patient-specific risk calculator, and who also received a personal discussion of risks with the surgeon.	MUC: PQRS FIN:	Do not support:	
M2919 Not Endorsed	Percutaneous Central Line Placement 1: Iatrogenic injury to adjacent organ/structure (1 of 3: Measures Group Percutaneous Central Line Placement)	MUC: PQRS FIN:	Do not support:	
M2920 Not Endorsed	Percutaneous Central Line Placement 2: Central line-associated bloodstream infection (CLABSI) (2 of 3: Measures Group Percutaneous Central Line Placement)	MUC: PQRS FIN:	Do not support: Measure does not adequately address any current needs of the program	NQF-endorsed CLABSI should be explored for use at the individual clinician level of analysis.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2921 Not Endorsed	Percutaneous Central Line Placement 3: Failure to complete procedure (unable to obtain access) (3 of 3: Measures Group Percutaneous Central Line Placement)	MUC: PQRS FIN:	Do not support:	
M2922 Not Endorsed	Performing vaginal apical suspension (uterosacral, iliococcygeus, sacrospinous or sacral colpopexy) at the time of hysterectomy to address uterovaginal prolapse	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising	The measure concept has passed the Importance Criterion; part of GI/GU two-stage CDP.
M2927 Not Endorsed	Querying about Parkinson's Disease Medication-Related Motor Complications	MUC: PQRS FIN:	Do not support:	
M2928 Not Endorsed	Querying about Symptoms of Autonomic Dysfunction	MUC: PQRS FIN:	Do not support:	
M2930 Not Endorsed	Rate of Major Complications (Discharged to Home by Post-Operative Day 2) Carotid Artery Stenting (CAS) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day 2)	MUC: PQRS FIN:	Do not support:	
M2934 Not Endorsed	Rate of Stratification by Aneurysm Size of Patients Undergoing Abdominal Aortic Aneurysm Repair.	MUC: PQRS FIN:	Do not support:	
M2935 Not Endorsed	Rate of Stratification by Symptom Status of Patients Undergoing Carotid Intervention.	MUC: PQRS FIN:	Do not support:	
M2938 Not Endorsed	Screening Colonoscopy Adenoma Detection Rate Measure	MUC: PQRS FIN:	Do not support:	
M2939 Not Endorsed	Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2940 Not Endorsed	Skin / Soft Tissue Lesion Excision 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Skin / Soft Tissue Lesion Excision)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2941 Not Endorsed	Skin / Soft Tissue Lesion Excision 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Skin / Soft Tissue Lesion Excision)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2942 Not Endorsed	Skin / Soft Tissue Lesion Excision 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Skin / Soft Tissue Lesion Excision)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.
M2943 Not Endorsed	Skin / Soft Tissue Lesion Excision 4: Surgical site infection (SSI) / wound dehiscence (4 of 4: Measures Group Skin / Soft Tissue Lesion Excision)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2944 Not Endorsed	Surgical Therapy Referral Consideration for Intractable Epilepsy	MUC: PQRS FIN:	Do not support:	

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2945 Not Endorsed	Thyroidectomy 1: Recurrent laryngeal nerve injury (1 of 5: Measures Group Thyroidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2946 Not Endorsed	Thyroidectomy 2: Neck hematoma / bleeding (2 of 5: Measures Group Thyroidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2947 Not Endorsed	Thyroidectomy 3: Iatrogenic injury to adjacent organ/structure (3 of 5: Measures Group Thyroidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2948 Not Endorsed	Thyroidectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 5: Measures Group Thyroidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2949 Not Endorsed	Thyroidectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 5: Measures Group Thyroidectomy)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2951 Not Endorsed	Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	This measure should be expanded to address tuberculosis prevention for anyone on a biological immune response modifier; it should not be limited to individuals with psoriasis and psoriatic arthritis.
M2953 Not Endorsed	Use of cystoscopy concurrent with prolapse repair surgery	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising	The measure concept has passed the Importance Criterion; part of GI/GU two-stage CDP.
M2954 Not Endorsed	Varicose Veins 1: Iatrogenic injury to adjacent organ/structure (1 of 3 : Measures Group Varicose Veins)	MUC: PQRS FIN:	Do Not Support: Measure does not adequately address any current needs of the program	
M2955 Not Endorsed	Varicose Veins 2: Venous thromboembolism (VTE) (2 of 3 : Measures Group Varicose Veins)	MUC: PQRS FIN:	Do Not Support: Measure does not adequately address any current needs of the program	Measures broadly assessing VTE are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2956 Not Endorsed	Varicose veins 3: Surgical site infection (SSI) (3 of 3 : Measures Group Varicose Veins)	MUC: PQRS FIN:	Do Not Support: Measure does not adequately address any current needs of the program	MAP has previously recommended NQF #0753 be expanded to address SSI's for other conditions; a clinician-level measure aligned with the endorsed facility-level measure is preferred.
M2957 Not Endorsed	Ventral Hernia 1: Iatrogenic injury to adjacent organ/structure (1 of 5 : Measures Group Ventral Hernia)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	
M2958 Not Endorsed	Ventral Hernia 2: Post-operative death within 30 days of procedure (2 of 5 : Measures Group Ventral Hernia)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader mortality measures are preferred.
M2959 Not Endorsed	Ventral Hernia 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 : Measures Group Ventral Hernia)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF endorsement	Broader readmission measures are preferred.

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2987 Not Endorsed	Acute Composite: Acute Composite (1 of 3): Bacterial pneumonia Acute Composite (2of 3): UTI Acute Composite (3 of 3): Dehydration	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising but requires further development or modifications	This measure is typically assessed at the community level; testing for use at the individual clinician level is needed.
M2991 Not Endorsed	Chronic Composite (See 2 individual measures AND 1 composite measure consisting of 4 additional individual measures below [Total of 7 measures] to define Chronic Composite)	MUC: PQRS FIN:	Support Direction: Not ready for implementation, measure concept is promising but requires further development or modifications	This measure is typically assessed at the community level; testing for use at the individual clinician level is needed.
M3043 Not Endorsed	HIV viral load suppression	MUC: PQRS FIN: HRSA	Support: NQF endorsed measure	
M3044 Not Endorsed	Gap in HIV medical visits	MUC: PQRS FIN: HRSA	Do not support: NQF endorsement removed	
M3045 Not Endorsed	HIV medical visit frequency	MUC: PQRS FIN: HRSA	Do not support: NQF endorsement removed	
M3046 Not Endorsed	Prescription of HIV Antiretroviral Therapy	MUC: PQRS FIN: HRSA	Support: NQF endorsed measure	

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Table A3. MAP Input on PQRS Currently Finalized Measures

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1811 Not Endorsed	293 Parkinson's Disease: Rehabilitative Therapy Options	MUC: FIN: PQRS	Phased removal: Measure does not adequately address any current needs of the program	Care planning and discussion of care plan measures that are not limited to one condition are needed.
M1878 Not Endorsed	301 Hypertension: Low Density Lipoprotein (LDL-C) Control	MUC: FIN: PQRS	Phased removal: A finalized measure addresses a similar topic and better addresses the needs of the program	
M1883 Not Endorsed	Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description	MUC: FIN: PQRS	Phased removal: Measure does not adequately address any current needs of the program	Measure assesses a practice standard and does not drive improvement.
M1040 Not Endorsed	280 Dementia: Staging of Dementia	MUC: FIN: PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	
M1041 Not Endorsed	281 Dementia: Cognitive Assessment	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1042 Not Endorsed	282 Dementia: Functional Status Assessment	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1043 Not Endorsed	283 Dementia: Neuropsychiatric Symptom Assessment	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1044 Not Endorsed	284 Dementia: Management of Neuropsychiatric Symptoms	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1045 Not Endorsed	285 Dementia: Screening for Depressive Symptoms	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1046 Not Endorsed	286 Dementia: Counseling Regarding Safety Concerns	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1047 Not Endorsed	287 Dementia: Counseling Regarding Risks of Driving	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1049 Not Endorsed	288 Dementia: Caregiver Education and Support	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1060 Not Endorsed	Pregnancy test for female abdominal pain patients.	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1071 Not Endorsed	256 Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)	MUC: FIN: PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	
M109 Not Endorsed	Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M1103 Not Endorsed	Biopsy Follow-up	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1253 Not Endorsed	Hypertension Plan of Care	MUC: FIN: PQRS	Phased removal: NQF endorsement removed	
M1381 Not Endorsed	267 Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome	MUC: FIN: PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	Pending final endorsement decision; not recommended for endorsement by the CDP Steering Committee; currently in public and member commenting period.
M1387 Not Endorsed	268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	MUC: FIN: PQRS	Support: NQF endorsed measure	Pending final endorsement decision; recommended for endorsement by CDP Steering Committee, currently in comment public comment.
M1426 Not Endorsed	Asthma: Assessment of Asthma Control	MUC: FIN: MU-EP; Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M1429 Not Endorsed	Prenatal Screening for Human Immunodeficiency Virus (HIV)	MUC: FIN: MU-EP; PQRS	Phased removal: NQF endorsement removed	
M143 Not Endorsed	Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M1430 Not Endorsed	Hypertension: Blood Pressure Control	MUC: FIN: MU-EP; PQRS	Phased removal: NQF endorsement removed	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1431 Not Endorsed	Prenatal Anti-D Immune Globulin	MUC: FIN: MU-EP; PQRS	Phased removal: NQF endorsement removed	
M144 Not Endorsed	Assessment Mental Status for Community-Acquired Bacterial Pneumonia	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M167 Not Endorsed	092 Acute Otitis Externa (AOE): Pain Assessment	MUC: FIN: Physician Feedback; PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	
M174 Not Endorsed	Prostate Cancer: Three-Dimensional Radiotherapy	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M1990 Not Endorsed	Breast Cancer Screening	MUC: Physician Compare; VBPM FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-EP; Medicare Part C Plan Rating; MSSP; Physician Feedback; PQRS; VBPM	Phased removal: NQF endorsement removed	
M2262 Not Endorsed	Pregnant women that had HBsAg testing.	MUC: FIN: MU-EP; PQRS	Phased removal: NQF endorsement removed	
M238 Not Endorsed	Melanoma Coordination of Care	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2429 Not Endorsed	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	MUC: FIN: PQRS	Phased removal: Measure does not adequately address any current needs of the program	Risk assessment prior to surgery is a standard practice of care; measure does not drive improvement.
M247 Not Endorsed	Correlation With Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M257 Not Endorsed	158 Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M271 Not Endorsed	Hemodialysis Vascular Access Decision-making by surgeon to Maximize Placement of Autogenous Arterial Venous Fistula	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M287 Not Endorsed	188 Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear	MUC: FIN: Physician Feedback; PQRS	Phased removal: Measure does not adequately address any current needs of the program	Measures assessing referrals are not considered to drive improvement; measures should assess if proper care was received.

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M288 Not Endorsed	189 Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the Previous 90 days	MUC: FIN: Physician Feedback; PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	Measures assessing referrals are not considered to drive improvement; measures should assess if proper care was received.
M289 Not Endorsed	190 Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss	MUC: FIN: Physician Feedback; PQRS	Phased removal: Measure previously submitted for endorsement and was not endorsed	Measures assessing referrals are not considered to drive improvement; measures should assess if proper care was received.
M295 Not Endorsed	Chronic Stable Coronary Artery Disease: Symptom and Activity Assessment	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M298 Not Endorsed	Heart Failure (HF) : Patient Education	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M299 Not Endorsed	Heart Failure (HF) : Warfarin Therapy Patients with Atrial Fibrillation	MUC: FIN: MU-EP; Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M308 Not Endorsed	Functional Communication Measure: Spoken Language Comprehension	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M309 Not Endorsed	Functional Communication Measure: Attention	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M310 Not Endorsed	Functional Communication Measure: Memory	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M311 Not Endorsed	Functional Communication Measure: Motor Speech	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M312 Not Endorsed	Functional Communication Measure: Reading	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M313 Not Endorsed	Functional Communication Measure: Spoken Language Expression	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M314 Not Endorsed	Functional Communication Measure: Writing	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M315 Not Endorsed	Functional Communication Measure: Swallowing	MUC: FIN: Physician Feedback; PQRS	Phased removal: NQF endorsement removed	
M2276 Not Endorsed	Functional status assessment for complex chronic conditions	MUC: FIN: MU-EP; PQRS		Submit for endorsement; Functional status assessment should assess change in function (i.e. maintenance or improvement).
M2509 Not Endorsed	Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions	MUC: FIN: PQRS		Submit for endorsement; Care coordination for individuals with depression addresses an important

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
				measure gap
M275 Not Endorsed	176 Rheumatoid Arthritis (RA): Tuberculosis Screening	MUC: FIN: PQRS		Submit for NQF-endorsement; measure assess a standard of practice and may not meet importance criteria
M276 Not Endorsed	177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	MUC: FIN: Physician Feedback; PQRS		Submit for NQF-endorsement; measure assess a standard of practice and may not meet importance criteria
M277 Not Endorsed	178 Rheumatoid Arthritis (RA): Functional Status Assessment	MUC: FIN: Physician Feedback; PQRS		Submit for NQF-endorsement; measure assess a standard of practice and may not meet importance criteria
M278 Not Endorsed	179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	MUC: FIN: Physician Feedback; PQRS		Submit for NQF-endorsement; measure assess a standard of practice and may not meet importance criteria

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Physician Compare

Program Type:

Public Reporting¹⁰

Incentive Structure:

None

Care Settings Included:

Multiple. Eligible professionals include:¹¹

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist

Statutory Mandate:

Section 10331 of the Patient Protection and Affordable Care Act of 2010. The web site was launched on December 30, 2010. Performance information will be reported on the website beginning on January 1, 2013.

Statutory Requirements for Measures:

Data reported under the existing Physician Quality Reporting System will be used as an initial step for making physician measure performance information public on Physician Compare. The following types of measures are required to be included for public reporting on Physician Compare:¹²

- Patient health outcomes and functional status of patients
- Continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use
- Efficiency
- Patient experience and patient, caregiver, and family engagement
- Safety, effectiveness, and timeliness of care

Physician Feedback Program/Value-Based Payment Modifier

Program Type:

Pay for Performance

Incentive Structure:

Physician Feedback Program

CMS is statutorily required to provide confidential feedback reports to physicians that measure the quality and resources involved in furnishing care to Medicare Fee-for-Service (FFS) beneficiaries. Physician feedback reports also serve currently as the preview vehicle to inform physicians of the types of measures that will comprise the value modifier. Starting in the fall of 2013, all groups of physicians with 25 or more eligible professionals will begin receiving Physician Feedback reports.¹³

Value-Based Payment Modifier

The modifier begins in 2015 for groups of 100 or more eligible professionals, and is applicable to all physicians and groups of physicians on or after January 1, 2017. The modifier payment adjustment varies over time and must be implemented in a budget neutral manner. Payment adjustment amount is built on satisfactory reporting through PQRS.¹⁴

- Successfully reporting through PQRS:
 - Option for no quality-tiering: 0% adjustment
 - Option for quality-tiering: up to -1% for poor performance; reward for high performance to be determined
- Not successfully reporting through PQRS: -1% adjustment

In 2015 and 2016, the value-based payment modifier will not be applied to groups of physicians that are participating in the Medicare Shared Savings Program, testing of the Pioneer ACO model, or other Innovation Center or CMS initiatives.¹⁵ Additionally, future rulemaking cycles will determine a value-based payment modifier for individuals, smaller groups, and hospital-based physicians.¹⁶

Care Settings Included:

Multiple. Eligible professionals include:

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist

Statutory Mandate:

Section 1848(p) of the Social Security Act (the Act) as established by Section 3003 and 3007 of the Affordable Care Act of 2010 (ACA).¹⁷

Statutory Requirements for Measures:

The program must include a composite of appropriate, risk-based quality measures and a composite of appropriate cost measures.¹⁸ The Secretary is also required to use NQF-endorsed measures, whenever possible. Final rule indicated, for 2013 and beyond, the use of all measures included in PQRS.

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A4. MAP Input on VBPM Measures Under Consideration

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	MUC: Physician Compare; VBPM FIN: MSSP	Support: NQF endorsed measure	CAHPS should be incorporated into the Value-Based Payment Modifier.
M2762 Not Endorsed	Clinician/Group CAHPS: Care Coordination	MUC: Physician Compare; VBPM FIN:	Support: NQF endorsed measure	CAHPS should be incorporated into the Value-Based Payment Modifier.
M2763 Not Endorsed	Clinician/Group CAHPS: Between Visit Communication	MUC: Physician Compare; VBPM FIN:	Support: NQF endorsed measure	CAHPS should be incorporated into the Value-Based Payment Modifier.
M2764 Not Endorsed	Clinician/Group CAHPS: Educating Patients about Medication Adherences	MUC: Physician Compare; VBPM FIN:	Support: NQF endorsed measure	CAHPS should be incorporated into the Value-Based Payment Modifier.
M2765 Not Endorsed	Clinician/Group CAHPS: Stewardship of Patient Resources	MUC: Physician Compare; VBPM FIN:	Support: NQF endorsed measure	CAHPS should be incorporated into the Value-Based Payment Modifier.
M2876 Not Endorsed	Episode Grouper: Acute Myocardial Infarction (AMI)	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2878 Not Endorsed	Episode Grouper: Pneumonia	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2879 Not Endorsed	Episode Grouper: Coronary Artery Bypass Graft (CABG)	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2880 Not Endorsed	Episode Grouper: Percutaneous Coronary Intervention (PCI)	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2882 Not Endorsed	Episode Grouper: Coronary Artery Disease	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2884 Not Endorsed	Episode Grouper: Congestive Heart Failure (CHF)	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2885 Not Endorsed	Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2887 Not Endorsed	Episode Grouper: Asthma	MUC: Physician Compare; Physician Feedback; VBPM FIN:	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Table A5. MAP Input on VBPM Currently Finalized Measures

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2147 Not Endorsed	Total Per Capita Cost Measure	MUC: FIN: Physician Feedback; VBPM	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	
M2148 Not Endorsed	Condition-specific per capita cost measures for COPD, diabetes, HF, and CAD	MUC: FIN: Physician Feedback; VBPM	Support Direction: Not ready for implementation, should be submitted for and receive NQF-endorsement	

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Program Type:

Payment incentive program for using EHRs

Incentive Structure:

Eligible professionals who demonstrate meaningful use of certified EHR technology, which includes reporting clinical quality measures, can receive incentive payments. The incentives vary by program.¹⁹

- Medicare. Up to \$44,000 over 5 continuous years. The program started in 2011 and will continue through 2014. The last year to begin participation is 2014. Penalties will take effect in 2015 and in each subsequent year for providers who are eligible but do not participate. The penalty is a payment adjustment to Medicare reimbursements that starts at 1% per year, up to a maximum 5% annual adjustment.
- Medicaid. Up to \$63,750 over 6 years. The program started in 2011 and will continue through 2021. The last year to begin participation is 2016. Penalty payment adjustments do not apply to Medicaid.²⁰

Care Settings Included:

Multiple. Under the Medicare EHR incentive program, eligible professionals include doctors of medicine, osteopathy, dental surgery, dental medicine, podiatry, and optometry as well as chiropractors. Under the Medicaid EHR incentive program, eligible professionals include doctors of medicine and osteopathy, nurse practitioners, certified nurse-midwives, dentists, and physicians assistances furnishing services in a federally qualified health center or rural health clinic.²¹

Statutory Mandate:

The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

Statutory Requirements for Measures:

Measures are of processes, experience, and outcomes of patient care that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.²² Preference should be given to quality measures endorsed by NQF.²³

Anticipated Future Rules:

It is anticipated that the Meaningful Use Stage 3 proposed rule will be published in early 2014.

Additional Program Considerations:

The goal of the Medicare and Medicaid Electronic Health Record (EHR) Incentive program is to provide measures for eligible professionals under three main components of Meaningful Use:

- The use of a certified EHR in a meaningful manner, such as e-prescribing;
- The use of certified EHR technology for electronic exchange of health information to improve quality of healthcare; and
- The use of certified EHR technology to submit clinical quality and other measures.

For Stage 1:²⁴

- Eligible Professionals must report on six total clinical quality measures: three required core measures (substituting alternate core measures where necessary), and three additional measures (selected from a set of 38 clinical quality measures).

For Stage 2 (2014 and beyond):²⁵

- Eligible Professionals must report on 9 total clinical quality measures that cover 3 of the National Quality Strategy priorities (selected from a set of 64 clinical quality measures).

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A6. MAP Input on Clinician MU Measures under Consideration

NQF # and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M3041 Not Endorsed	Annual Wellness Assessment: Assessment of Health Risks (Draft)	MUC: MU-EP FIN:	Do Not Support: A finalized measure addresses a similar topic	Several finalized measures in the set address the same screenings without being limited to the context of an annual visit
M3042 Not Endorsed	Annual Wellness Assessment: Management of Health Risks (Draft)	MUC: MU-EP FIN:	Do Not Support: A finalized measure addresses a similar topic	Several finalized measures in the set address the same management of risks without being limited to the context of an annual visit

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Table A7. MAP Input on Clinician MU Finalized Measures

NQF# and Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1426 Not Endorsed	Asthma: Assessment of Asthma Control	MUC: MU-EP FIN:	Do Not Support: A finalized measure addresses a similar topic	
M1429 Not Endorsed	Prenatal Screening for Human Immunodeficiency Virus (HIV)	MUC: MU-EP FIN:	Do Not Support: A finalized measure addresses a similar topic	
M1430 Not Endorsed	Hypertension: Blood Pressure Control	MUC: FIN: MU-EP; Physician Feedback; PQRS	Phased Removal: NQF endorsement removed	
M1431 Not Endorsed	Prenatal Anti-D Immune Globulin	MUC: FIN: MU-EP; PQRS	Phased Removal: NQF endorsement removed	
M299 Not Endorsed	Heart Failure (HF) : Warfarin Therapy Patients with Atrial Fibrillation	MUC: FIN: MU-EP; PQRS	Phased Removal: NQF endorsement removed	
M1990 Not Endorsed	Breast Cancer Screening	MUC: FIN: MU-EP; PQRS	Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement.	This measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines; MAP recommends maintaining measure in the program if the measure is updated to reflect guidelines and endorsed.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=current finalized measure

Hospital Inpatient Quality Reporting

Program Type:

Pay for Reporting – Information is reported on the Hospital Compare website.²⁶

Incentive Structure:

Hospitals receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) payment update for non-participation.²⁷

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS)

Statutory Mandate:

The Hospital Inpatient Quality Reporting Program (IQR) was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 and subsequently updated in the Deficit Reduction Act of 2005.

Statutory Requirements for Measures:

The program was required to begin with the baseline set of performance measures set forth in the November 2005 report by the Institute of Medicine of the National Academy of Sciences under section 238 (b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

Additional Program Considerations:

- Measures should align with the National Quality Strategy²⁸ and promote the health and well-being of Medicare beneficiaries.^{29,30}
- Measures should align with the Meaningful Use program when possible.^{31,32}

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A8. MAP Input on IQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0330 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hospitalization for patients 18 and older	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
0505 Endorsed	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
0506 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
1551 Endorsed	Hospital-level 30-day all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	MUC: IQR; Readmission Reduction FIN: IQR	Support: Addresses a high volume diagnosis or procedure	Recommendation is contingent on NQF endorsement; addresses a high volume, elective procedure.
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	MUC: IQR; PQRS FIN: IQR	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
0480 Endorsed	PC-05 Exclusive Breast Milk Feeding	MUC: IQR FIN: MU-Hospitals, CAHs	Support: Addresses a NQS priority not adequately addressed in the program measure set	Both rates of the measure should be reported.
0500 Endorsed	Severe Sepsis and Septic Shock: Management Bundle	MUC: IQR; OQR; LTCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; early detection and treatment of sepsis in the emergency department and inpatient settings is important.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0716 Endorsed	Healthy Term Newborn	MUC: IQR FIN: MU-Hospitals, CAHs	Support Direction: Not ready for implementation; more experience with the measure is needed	MAP strongly supports the direction of this measure for inclusion in the program as soon as technical issues are resolved.
1354 Endorsed	Hearing screening prior to hospital discharge (EHDI-1a)	MUC: IQR FIN: MU-Hospitals, CAHs; HRSA	Support: Addresses a high-impact condition not adequately addressed in the program measure set	Addresses a high-impact pediatric condition.
M1637 Not Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	MUC: IQR; Readmission Reduction FIN:	Support: Addresses a high-impact condition not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement.
M1643 Not Endorsed	Medicare Spending Per Beneficiary	MUC: IQR; VBP; LTCHQR; PCHQR FIN:	Support: Addresses specific program attributes / Addresses a NQS priority not adequately addressed in the program measure set	Statutorily required to report this measure; should be submitted for NQF-endorsement.
M2307 Not Endorsed	CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	MUC: IQR FIN: MU-Hospitals, CAHs	Do Not Support: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
M2698 Not Endorsed	AMI episode of care (inpatient hospitalization + 30 days post-discharge)	MUC: IQR FIN:	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement.
1893 Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	MUC: IQR FIN:	Support: Addresses a high-impact condition not adequately addressed in the program measure set	Concern noted that this measure does not exclude palliative care patients and functional status is not included in the risk-adjustment.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2758 Not Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization	MUC: IQR; Readmission Reduction FIN:	Do Not Support: Measure previously submitted for endorsement and was not endorsed	Stroke readmissions remain an important gap area that should be addressed in IQR.
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-version should be applied.
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-version should be applied.
M3038 Not Endorsed	Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia	MUC: HAC Reduction; IQR; VBP FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-version should be applied.
M3039 Not Endorsed	Reliability Adjusted Clostridium difficile SIR Measure	MUC: HAC Reduction; IQR; VBP; IRFQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-version should be applied.
M524 Not Endorsed	Stroke: 30-day all-cause risk-standardized mortality measures	MUC: IQR FIN:	Do Not Support: Measure previously submitted for endorsement and was not endorsed	Stroke mortality remains an important gap area that should be addressed in IQR.
0471 Endorsed	PC-02 Cesarean Section	MUC: Not Under Consideration for a Program FIN:	Support: Addresses a high-impact condition not adequately addressed in the program measure set	C-sections have become the most common surgery with very high rates.

Table A9. MAP Input on Currently Finalized Measures

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0135 Endorsed Reserve	Evaluation of Left ventricular systolic function (LVS)	MUC: FIN: IQR; HRSA	Phased Removal: NQF endorsement placed in reserve status (performance on this measure is topped out)	Measure should be suspended from the program.
0142 Endorsed Reserve	Aspirin prescribed at discharge for AMI	MUC: FIN: IQR; MU-Hospitals, CAHs	Phased Removal: NQF endorsement placed in reserve status (performance on this measure is topped out)	Measure should be suspended from the program.
0376 Not Endorsed	Incidence of Potentially Preventable Venous Thromboembolism	MUC: HAC Reduction FIN: IQR; MU-Hospitals, CAHs	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0639 Endorsed	Statin Prescribed at Discharge	MUC: FIN: IQR; MU-Hospitals, CAHs	Phased Removal: Performance on this measure is likely topped out	Timely and accurate data is needed for decision-making.
M13 Not Endorsed	Blood cultures performed in the emergency department prior to initial antibiotic received in hospital	MUC: FIN: IQR; VBP; HRSA	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
M8 Not Endorsed	Heart Failure (HF): Detailed discharge instructions	MUC: Long-term Care Hospital Quality Reporting FIN: IQR; VBP	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Hospital Value-Based Purchasing

Program Type:

Pay for Performance – Information is reported on the Hospital Compare website.³³

Incentive Structure:

Starting on October 1, 2012, Medicare began basing a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP). Medicare began withholding 1 percent of its regular hospital reimbursements from all hospitals paid under its inpatient prospective payment system (IPPS) to fund a pool of VBP incentive payments. The amount withheld from reimbursements increases over time:

- FY 2014: 1.25%
- FY 2015: 1.5%
- FY 2016: 1.75%
- FY 2017 and succeeding fiscal years: 2%.

Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time. The higher of these scores on each measure is used in determining incentive payments.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS).

Statutory Mandate:

Hospital VBP was mandated by section 3001 of the Patient Protection and Affordable Care Act.

Statutory Requirements for Measures:

Measures selected for the VBP program must be included in IQR and reported on the Hospital Compare website for at least 1 year prior to use in the VBP program.

The program was required to begin with a baseline set of performance measures for FY 2013 that included measures addressing AMI, heart failure, pneumonia, surgeries as measured by the Surgical Care Improvement Project, healthcare-associated infections as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan), and HCAHPS. For FY 2014 or a subsequent fiscal year, the program set should include efficiency measures including measures of “Medicare Spending per Beneficiary.”

The Secretary of HHS can replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice). Measures of readmissions are statutorily excluded and cannot be included in the Hospital VBP program.³⁴

MAP Pre-Rulemaking 2013 Input

The following are MAP’s recommendations on measures under consideration and current finalized measures, as applicable.

Table A10. MAP Input on HVBP Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0138 Endorsed	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	MUC: HAC Reduction; VBP FIN: IQR; IRFQR; LTCHQR; PCHQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	Most recent NQF endorsed version should be applied.
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	MUC: VBP; LTCHQR FIN: IQR	Support: Addresses a NQS priority not adequately addressed in the program measure set / Addresses a high-leverage opportunity for dual eligible beneficiaries / Enables measurement across the person-centered episode of care	
0431 Endorsed Time-Limited	Influenza Vaccination Coverage Among Healthcare Personnel	MUC: OQR; VBP; IRFQR; PQRS FIN: ASCQR; IQR; LTCHQR	Do Not Support: More experience with the measure is needed	Measure not ready for use in a pay-for-performance program.
0469 Endorsed	PC-01 Elective Delivery	MUC: VBP FIN: IQR; Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; MU-Hospitals, CAHs	Support: Addresses a NQS priority not adequately addressed in the program measure set	Concerns were noted about the measure's applicability to a Medicare population.
0495 Endorsed Time-Limited	Median Time from ED Arrival to ED Departure for Admitted ED Patients	MUC: VBP FIN: IQR; MU-Hospitals, CAHs	Support Direction: Not ready for implementation; measure concept is promising but requires modification or further development	Concerns were noted about the validity of this measure; ED overcrowding and improving wait times are critical patient safety issues.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0497 Endorsed Time-Limited	Admit Decision Time to ED Departure Time for Admitted Patients	MUC: VBP FIN: IQR; MU- Hospitals, CAHs	Support Direction: Not ready for implementation; measure concept is promising but requires modification or further development	Concerns were noted about the validity of this measure; ED overcrowding and improving wait times are critical patient safety issues.
0753 Endorsed	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	MUC: HAC Reduction; VBP; PCHQR FIN: IQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	
1550 Endorsed	Hospital-level risk- standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	MUC: VBP FIN: IQR	Support: Addresses a high volume diagnosis or procedure	Addresses a high volume, elective procedure with variation in performance.
1653 Endorsed	Pneumococcal Immunization (PPV 23)	MUC: End-Stage Renal Disease Quality Reporting; VBP FIN: IQR	Support: Addresses a high- impact condition not adequately addressed in the program measure set	Early data shows variation in performance.
1659 Endorsed	Influenza Immunization	MUC: VBP FIN: IQR	Support: Addresses a high- impact condition not adequately addressed in the program measure set	Early data shows variation in performance.
M1643 Not Endorsed	Medicare Spending Per Beneficiary	MUC: IQR; VBP; LTCHQR; PCHQR FIN:	Support: Addresses specific program attributes / Addresses a NQS priority not adequately addressed in the program measure set	Statutorily required to report this measure; should be submitted for NQF endorsement.
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied.
M3038 Not Endorsed	Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia	MUC: HAC Reduction; IQR; VBP FIN:	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied.
M3039 Not Endorsed	Reliability Adjusted Clostridium difficile SIR Measure	MUC: HAC Reduction; IQR; VBP; IRFQR FIN:	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied.
1717 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Measure should be applied to this program following public reporting on Hospital Compare, per HVBP statutory requirement; most recent NQF-endorsed version should be applied.
1716 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Measure should be applied to this program following public reporting on Hospital Compare, per HVBP statutory requirement; most recent NQF-endorsed version should be applied.

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=current finalized measure

Table A11. MAP Input on Currently Finalized Measures

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M13 Not Endorsed	Blood cultures performed in the emergency department prior to initial antibiotic received in hospital	MUC: FIN: IQR; VBP; HRSA	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
M8 Not Endorsed	Heart Failure (HF): Detailed discharge instructions	MUC: LTCHQR FIN: IQR; VBP	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=currenty finalized measure

Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

Program Type:

Pay for Reporting – Information not publicly reported at this time.

Incentive Structure:

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. For the Medicare Incentive program (hospitals), incentive payments began in 2011 and are comprised of an Initial Amount, Medicare Share, and Transition Factor.³⁵ The CAH EHR Incentive payment is based on a formula for Allowable Costs and the Medicare Share.³⁶ The Medicaid Incentive program includes an Overall EHR Amount and Medicaid Share.³⁷ Medicare payment penalties will take effect in 2015 for providers who are eligible but do not participate. Payment penalties do not apply to Medicaid.³⁸

Care Settings Included:

Hospitals paid under IPPS, Medicare Advantage, and critical access hospitals.³⁹

Statutory Mandate:

The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

Statutory Requirements for Measures:

Measures of processes, experience, and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable and timely care should be included. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.⁴⁰ Preference should be given to quality measures endorsed by NQF.⁴¹

Additional Program Considerations:

- For Stage 1:⁴²
 - Eligible Hospitals and CAHs must report on all 15 total clinical quality measures.
- For Stage 2 (2014 and beyond):⁴³
 - Eligible Hospitals and CAHs must report on 16 clinical quality measures that cover 3 of the National Quality Strategy Domains. Measures are selected from a set of 29 clinical quality measures that includes the 15 measures from Stage 1.

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A12. MAP Input on Hospital MU Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M3040 Not Endorsed	Appropriate Monitoring of Patients Receiving PCA	MUC: MU-Hospitals, CAHs FIN:	Support direction: Measure requires modification or further development	Measure is still in development; concerns were noted regarding institutionalizing current workflows.

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=current finalized measure

Table A13. MAP Input on Hospital MU Currently Finalized Measures

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0142 Endorsed Reserve	Aspirin prescribed at discharge for AMI	MUC: FIN: IQR; MU-Hospitals, CAHs	Phased Removal: NQF endorsement placed in reserve status (performance on this measure is topped out)	
0376 Not Endorsed	Incidence of Potentially Preventable Venous Thromboembolism	MUC: HAC Reduction FIN: IQR; MU-Hospitals, CAHs	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0639 Endorsed	Statin Prescribed at Discharge	MUC: IQR FIN: MU-Hospitals, CAHs	Phased Removal: NQF endorsement placed in reserve status (performance on this measure is topped out)	
0716 Endorsed	Healthy Term Newborn	MUC: IQR FIN: MU-Hospitals, CAHs	Phased Removal: Measure requires modification or further development	MAP strongly supports the direction of this measure for inclusion in the program as soon as technical issues are resolved.
M2307 Not Endorsed	CAC-3: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	MUC: IQR FIN: MU-Hospitals, CAHs	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=current finalized measure

Hospital Readmission Reduction Program

Program Type:

Pay for Performance – Hospitals’ readmissions information, including their risk-adjusted readmission rates, will be made available on the Hospital Compare website.

Incentive Structure:

CMS has defined a “readmission” as an admission to an acute care hospital within thirty days of a discharge from the same or another acute care hospital. CMS will calculate an excess readmission ratio for each of the applicable conditions selected for the program. These ratios will be measured by the hospital's readmission performance in the previous three years as compared to the national average and adjusted for factors that CMS deems clinically relevant, including patient demographic characteristics, comorbidities, and patient frailty. These ratios will be re-calculated each year using the most recent three years of discharge data and no less than 25 cases. DRG payment rates will be reduced based on a hospital’s ratio of actual to expected admissions. In FY 2013, the maximum payment reduction is 1 percent, 2 percent in FY 2014, and capped at 3 percent for FY 2015 and beyond.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS).

Statutory Mandate:

The Hospital Readmission Reduction Program was mandated by section 3025 of the Affordable Care Act.

Statutory Requirements for Measures:

The Affordable Care Act requires that each condition selected by the Secretary of HHS for the Hospital Readmission Reduction Program have measures of readmissions that have been NQF-endorsed and that the endorsed measures have exclusions for readmissions unrelated to the prior discharge.⁴⁴ Measures should address conditions and procedures for which readmissions are high volume or high expenditure.⁴⁵

On August 18, 2011, CMS issued the FY2012 IPPS final rule which established the use of the NQF-endorsed readmission measures for acute myocardial infarction (#0505), heart failure (#0330), and pneumonia (#0506) as required by the ACA. Beginning in FY 2015, the Secretary of HHS can expand the program to include other applicable conditions.⁴⁶

MAP Pre-Rulemaking 2013 Input

The following are MAP’s recommendations on measures under consideration and current finalized measures, as applicable.

Table A14. MAP Input on Readmission Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0330 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hospitalization for patients 18 and older	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
0505 Endorsed	Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization.	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
0506 Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization	MUC: IQR; Readmission Reduction FIN: IQR; Readmission Reduction	Support: New specifications are improvement over the existing finalized measure	Recommendation is contingent on NQF endorsement.
1551 Endorsed	Hospital-level 30-day all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	MUC: IQR; Readmission Reduction FIN: IQR	Support: Addresses a high volume diagnosis or procedure	Recommendation is contingent on NQF endorsement; addresses a high volume, elective procedure.
M1637 Not Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	MUC: IQR; Readmission Reduction FIN:	Support Direction: Addresses a high-impact condition not adequately addressed in the program measure set / Not ready for implementation; more experience with the measure is needed	Recommendation is contingent on NQF endorsement; more experience with the measure is needed before applying it to a pay-for-performance program.
M2758 Not Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization	MUC: IQR; Readmission Reduction FIN:	Do Not Support: Measure previously submitted for endorsement and was not endorsed	Stroke readmissions remain an important gap.

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=current finalized measure

Hospital-Acquired Condition Payment Reduction Program (ACA 3008)

Program Type:

Pay for Performance – Information will be reported on the Hospital Compare website beginning FY 2015.⁴⁷

Incentive Structure:

Hospitals scoring in the top quartile for rates of hospital acquired conditions (HACs) as compared to the national average will have their Medicare payments reduced by 1 percent for all DRGs.⁴⁸ Calculated rates will include an appropriate risk adjustment methodology. The applicable period for determination of the rates will be the fiscal year. Prior to FY 2015 and each subsequent fiscal year, hospitals will receive confidential reports on their HAC rates to give them the opportunity to review and submit corrections before their information is made public.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS).

Statutory Mandate:

Section 3008 of the Affordable Care Act established this new payment adjustment for HACs.

Statutory Requirements for Measures:

The conditions addressed by this program are the same as those already selected for the current HAC payment policy and any other conditions acquired during a hospital stay that the Secretary deems appropriate. The conditions included at this time are:⁴⁹

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burn
 - Other Injuries
- Manifestations of Poor Glycemic Control
 - Diabetic Ketoacidosis
 - Nonketotic Hyperosmolar Coma
 - Hypoglycemic Coma
 - Secondary Diabetes with Ketoacidosis
- Catheter-Associated Urinary Tract Infection (UTI)

- Vascular Catheter-Associated Infection
- Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG):
- Surgical Site Infection Following Bariatric Surgery for Obesity
 - Laparoscopic Gastric Bypass
 - Gastroenterostomy
 - Laparoscopic Gastric Restrictive Surgery
- Surgical Site Infection Following Certain Orthopedic Procedures:
 - Spine
 - Neck
 - Shoulder
 - Elbow
- Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)
- Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) Following Certain Orthopedic Procedures:
 - Total Knee Replacement
 - Hip Replacement
- Iatrogenic Pneumothorax with Venous Catheterization

Additional Program Considerations:

- The Hospital-Acquired Conditions (HAC) program should include measures that address conditions that are high cost, high volume, or both; are assigned to a higher-paying MS-DRG when present as a secondary diagnosis; and could reasonably have been prevented through the application of evidence-based guidelines.⁵⁰

MAP Pre-Rulemaking 2013 Input

The following are MAP’s recommendations on measures under consideration and current finalized measures, as applicable.

Table A15. MAP Input on HAC Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0138 Endorsed	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	MUC: HAC Reduction; VBP FIN: IQR; IRFQR; LTCHQR; PCHQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	Most recent NQF-endorsed version should be applied; concerns were noted regarding unintended consequences, such as antibiotic overuse; attainable measure score may not be zero.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0139 Endorsed	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	MUC: HAC Reduction FIN: CHIPRA Quality Reporting; IQR; VBP; LTCHQR; PCHQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	Most recent NQF-endorsed version should be applied.
0345 Endorsed	Accidental Puncture or Laceration Rate (PSI 15)	MUC: HAC Reduction FIN:	Support: NQF-endorsed measure / Addresses a NQS priority not adequately addressed in the program measure set	If composite (NQF #0531) is selected, then remove the components from the program (NQF #0450 and 0345).
0351 Endorsed	Death among surgical inpatients with serious, treatable complications (PSI 4)	MUC: HAC Reduction FIN: IQR	Support Direction: Not ready for implementation; more experience with the measure is needed	Concerns were noted regarding the reliability and validity of this measure when applied to only a Medicare population.
0363 Endorsed	Foreign Body Left During Procedure (PSI 5)	MUC: HAC Reduction FIN:	Support: NQF-endorsed measure / Addresses a NQS priority not adequately addressed in the program measure set	
0376 Not Endorsed	Incidence of Potentially Preventable Venous Thromboembolism	MUC: HAC Reduction FIN: IQR; MU-Hospitals, CAHs	Do Not Support: A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program	Prefer NQF #0450 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12).
0450 Endorsed	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	MUC: HAC Reduction FIN:	Support: NQF-endorsed measure / Addresses a NQS priority not adequately addressed in the program measure set	If composite (NQF #0531) is selected, then remove the components from the program (NQF #0450 and 0345).
0531 Endorsed	Patient Safety for Selected Indicators	MUC: HAC Reduction FIN: IQR; VBP	Support Direction: NQF-endorsed measure / Addresses a NQS priority not adequately addressed in the program measure set	If composite (NQF #0531) is selected, then remove the components from the program (NQF #0450 and 0345).

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0753 Endorsed	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	MUC: HAC Reduction; VBP; PCHQR FIN: IQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	
M1369 Not Endorsed	Vascular Catheter-Associated Infections	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	
M1371 Not Endorsed	Manifestations of Poor Glycemic Control	MUC: LTCHQR FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	
M1642 Not Endorsed	Catheter-Associated Urinary Tract Infections (UTI)	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	
M2755 Not Endorsed	HAC-8 - Composite measure of seven hospital-acquired conditions	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	Composite and component measures are not NQF-endorsed.
M2756 Not Endorsed	HAC-10 - Composite measure of nine hospital-acquired conditions	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	Composite and component measures are not NQF-endorsed.
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; Most recent NQF- version should be applied.
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied following public reporting of this measure.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
M3038 Not Endorsed	Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia	MUC: HAC Reduction; IQR; VBP FIN:	Support Direction: Not ready for implementation; more experience with the measure is needed	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied following public reporting of this measure.
M3039 Not Endorsed	Reliability Adjusted Clostridium difficile SIR Measure	MUC: HAC Reduction; IQR; VBP; IRFQR FIN:	Support Direction: Not ready for implementation; more experience with the measure is needed	Recommendation is contingent on NQF endorsement; most recent NQF-endorsed version should be applied following public reporting of this measure.
1717 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support Direction: Not ready for implementation; more experience with the measure is needed	While MAP did not recommend this measure for immediate use, the measure addresses an area of high importance and should be considered for this program soon after it is publically reported.
M479 Not Endorsed	Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)	MUC: LTCHQR; HAC Reduction FIN:	Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement	NQF #0141 and 0202 could be considered as alternatives.
M504 Not Endorsed	Blood Incompatibility	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	
M506 Not Endorsed	Air Embolism	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	
M507 Not Endorsed	Foreign Object Retained After Surgery	MUC: HAC Reduction FIN:	Do Not Support: Measure has not been submitted for NQF endorsement	Prefer NQF #0363 Foreign Body Left During Procedure (PSI 5).

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
M508 Not Endorsed	Pressure Ulcer Stages III & IV	MUC: HAC Reduction FIN:	Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement	One public commenter suggested NQF #0201 could be considered as an alternative.
1716 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support Direction: Not ready for implementation; more experience with the measure is needed	While MAP did not recommend this measure for immediate use, the measure addresses an area of high importance and should be considered for this program soon after it is publically reported.

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=currently finalized measure

PPS-Exempt Cancer Hospital Quality Reporting Program

Program Type:

Required Public Reporting – Information will be reported on the CMS website.⁵¹

Incentive Structure:

The Prospective Payment System-Exempt Cancer Hospital (PCH) Quality Reporting Program does not currently include an incentive or a penalty for failing to report quality measures as specified. CMS plans to address incentives for the PCH Quality Reporting Program in future rulemaking.⁵²

Care Settings Included:

PPS-exempt hospitals which primarily provide care for persons with cancer (as described in Section 1866(k)(1) of the Social Security Act).

Statutory Mandate:

Sec. 3005 of the Affordable Care Act (ACA) requires CMS to establish a quality reporting program for PCHs beginning FY 2014.

Statutory Requirements for Measures:

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures. The measure set should also include measures that reflect the level of care and most important aspects of care furnished by PCHs, in addition to the gaps in the quality of cancer care.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

Additional Program Considerations:

Future rule-making will consider measures of clinical quality of care, care coordination, patient safety and experience, population health, and efficiency. PPS-Exempt Cancer hospitals will also be measured in the future on informed decision-making and quality improvement programs.⁵³

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A16. MAP Input on PCHQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0166 Endorsed	HCAHPS	MUC: LTCHQR; PCHQR FIN: IQR; VBP	Support Direction: Not ready for implementation; more experience with the measure is needed	Cancer module of CAHPS survey currently being piloted by many PPS-exempt Cancer Hospitals; patient experience in PPS-exempt cancer hospitals is a high priority and the cancer module of CAHPS should be submitted for NQF endorsement as soon as possible.
0218 Endorsed	Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time	MUC: PCHQR FIN: IQR; VBP	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0284 Endorsed	Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period	MUC: PCHQR FIN: IQR; VBP	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0300 Endorsed	Cardiac Surgery Patients With Controlled Postoperative Blood Glucose	MUC: PCHQR FIN: IQR; VBP	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0380 Endorsed Time-Limited	Multiple Myeloma – Treatment with Bisphosphonates	MUC: PCHQR FIN: Physician Feedback; PQRS	Support: Addresses a high volume diagnosis or procedure	Measure addresses a high volume cancer diagnosis.
0382 Endorsed Time-Limited	Oncology: Radiation Dose Limits to Normal Tissues	MUC: PCHQR FIN: Physician Feedback; PQRS	Support: Addresses a NQS priority not adequately addressed in the program measure set	

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0383 Endorsed Time-Limited	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)	MUC: PCHQR FIN: Physician Feedback; PQRS	Support: Addresses a NQS priority not adequately addressed in the program measure set	
0384 Endorsed Time-Limited	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)	MUC: PCHQR FIN: MU - Eligible Professionals; Physician Feedback; PQRS	Support: Addresses a measure type not adequately represented in the program measure set	
0389 Endorsed Time-Limited	Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients	MUC: PCHQR FIN: Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Feedback; PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set	
0390 Endorsed Time-Limited	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	MUC: PCHQR FIN: Physician Feedback; PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set	
0452 Endorsed	Surgery Patients with Perioperative Temperature Management	MUC: PCHQR FIN: IQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0453 Endorsed	Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero.	MUC: PCHQR FIN: IQR; VBP; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0527 Endorsed	Prophylactic antibiotic received within 1 hour prior to surgical incision	MUC: PCHQR FIN: IQR; VBP; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0528 Endorsed	Prophylactic antibiotic selection for surgical patients	MUC: PCHQR FIN: IQR; VBP; MU- Hospitals, CAHs; HRSA	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0529 Endorsed	Prophylactic antibiotics discontinued within 24 hours after surgery end time	MUC: PCHQR FIN: IQR; VBP	Support: Addresses a NQS priority not adequately addressed in the program measure set	Measure addresses important component of surgical care quality that has not been reported for these hospitals in the past.
0753 Endorsed	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	MUC: HAC Reduction; VBP; PCHQR FIN: IQR	Support: Addresses a NQS priority not adequately addressed in the program measure set	
M1643 Not Endorsed	Medicare Spending Per Beneficiary	MUC: IQR; VBP; LTCHQR; PCHQR FIN:	Support Direction: Not ready for implementation; more experience with the measure is needed	Concerns were noted regarding application of this measure to PPS-exempt cancer hospitals.
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Most recent NQF-endorsed version should be applied.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Most recent NQF-endorsed version should be applied.

*M numbers are unique identifiers for measures that are not NQF-Endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Inpatient Psychiatric Facilities Quality Reporting Program

Program Type:

Pay for Reporting – Information will be reported on the Hospital Compare website.⁵⁴

Incentive Structure:

Inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) Prospective Payment System (PPS) update for non-participation.⁵⁵

Care Settings Included:

Inpatient Psychiatric Facilities (IPFs) required to report in the program include inpatient psychiatric hospitals or psychiatric units paid under the IPF PPS. The IPF Quality Reporting Program applies to freestanding psychiatric hospitals, government-operated psychiatric hospitals and distinct psychiatric units of acute care hospitals and critical access hospitals. The IPF Quality Reporting Program does not apply to children's hospitals, which are paid under a different system.

Statutory Mandate:

Section 1886(s)(4) of the Social Security Act as amended by sections 3401(f) and 10322(a) of the Affordable Care Act (ACA) requires CMS to establish quality measures required for the IPF Quality Reporting Program.

Statutory Requirements for Measures:

The IPF Quality Reporting Program was required to begin with performance measures established by CMS by October 1, 2012 for FY 2014.

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A17. MAP Input on IPHQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	MUC: IPHQR; Physician Compare; VBM FIN: CHIPRA Quality Reporting; Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Physician Feedback; PQRS	Support: Addresses a NQS priority not adequately addressed in the program measure set / Addresses a high-leverage opportunity for dual eligible beneficiaries / Enables measurement across the person-centered episode of care	Preferred over NQF #1937 for inclusiveness of all hospitalizations for mental illness; encourages hospitals to develop stronger links to the community.
0726 Endorsed	Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	MUC: IPHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set / Addresses a measure type not adequately represented in the program measure set	There is no psychiatric- or behavioral health-specific CAHPS module available at this time.
1937 Endorsed	Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)	MUC: IPHQR FIN:	Do Not Support: A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program	Preferred NQF #0576, understanding that the measure developer is updating that measure's specifications to include stratification by this population.
M2753 Not Endorsed	SUB-1 Alcohol Use Screening	MUC: IPHQR FIN:	Support Direction: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement.
M2754 Not Endorsed	SUB-4 Alcohol & Drug Use: Assessing Status After Discharge	MUC: IPHQR FIN:	Support Direction: Enables measurement across the person-centered episode of care	Recommendation is contingent on NQF endorsement.

*M numbers are unique identifiers for measures not NQF-Endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Hospital Outpatient Quality Reporting

Program Type:

Pay for Reporting – Information is reported on the Hospital Compare website.⁵⁶

Incentive Structure:

Hospitals receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) payment update for non-participation.⁵⁷ Hospitals providing outpatient services such as clinic visits, emergency department visits, critical care services (including trauma team activation) that do not meet the minimum Outpatient Quality Reporting Program (OQR) requirements will not receive the Outpatient Prospective Payment System (OPPS) payment updates for CY 2012, which may result in a reduction in the OPPS payments.

Care Settings Included:

Hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services (including trauma team activation) paid under the OPPS.

Statutory Mandate:

The OQR Program was first established in the Balanced Budget Act of 2007. The program was mandated by Congress to replace Title XVIII of the Social Security Act reasonable cost-based payment methodology with a prospective payment system (PPS). The Balanced Budget Act of 2007 established PPS for outpatient services rendered on or after August 2010.⁵⁸ The Affordable Care Act of 2010 established the role of the OQR Program as a pay for reporting program for hospitals.

Statutory Requirements for Measures:

The OQR Program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

Additional Program Considerations:

- Future rule-making will consider measures of clinical quality of care, care coordination, patient safety and experience, population health, and efficiency.⁵⁹

Table A18. MAP Input on OQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0431 Endorsed	Influenza Vaccination Coverage Among Healthcare Personnel	MUC: OQR; VBP; IRFQR; PQRS FIN: ASCQR; IQR; LTCHQR	Support: Addresses a measure type not adequately represented in the program measure set	
0500 Endorsed	Severe Sepsis and Septic Shock: Management Bundle	MUC: IQR; OQR; LTCHQR FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; early detection and treatment of sepsis in the emergency department and inpatient settings is important.
0564 Endorsed Time-Limited	Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	MUC: ASCQR; OQR FIN: MU - Eligible Professionals; Physician Feedback; PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.
0658 Endorsed Time-Limited	Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	MUC: ASCQR; OQR FIN: PQRS	Support Direction: Not ready for implementation; concerns regarding feasibility of data collection	Recommendation is contingent on full NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.
0659 Endorsed Time-Limited	Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	MUC: ASCQR; OQR FIN: Physician Feedback; PQRS	Support Direction: Not ready for implementation; concerns regarding feasibility of data collection	Recommendation is contingent on full NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1536 Endorsed	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	MUC: ASCQR; OQR FIN: PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set / Addresses a measure type not adequately represented in the program measure set	Measure should be tested and NQF-endorsed for the facility level of analysis.
M2785 Not Endorsed	Intra-procedure colonoscopy complication rate: percentage of patients who developed one or more intra-procedure complications.	MUC: ASCQR; OQR FIN:	Insufficient Information: MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure	Detailed measure specifications were not available.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Table A19. MAP Input on Currently Finalized Measures

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M601 Not Endorsed	Left Without Being Seen	MUC: FIN: OQR	Phased Removal: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Ambulatory Surgical Centers Quality Reporting Program

Program Type:

Pay for Reporting – Information is reported to the Centers for Medicare and Medicaid Services (CMS).⁶⁰

Incentive Structure:

Medicare ambulatory surgical centers (ASCs) will receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) ASC payment system update for non-participation beginning CY 2014.⁶¹ The ASC Quality Reporting program data collection begins CY 2012 with most measures to be used for payment determination beginning CY 2014.

Care Settings Included:

An ASC operating exclusively to provide surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission to the ASC facility.⁶²

Statutory Mandate:

CMS is authorized but not required to implement a reduction in annual payment updates for failing to report on quality measures (ASC Quality Reporting) under the Medicare Improvements and Extension Act of the Tax Relief and Health Care Act (MIEA-TRHCA) of 2006.

Statutory Requirements for Measures:

The ASC Quality Reporting Program may include the same or similar measures reported in the Hospital Outpatient Quality Reporting or Inpatient Quality Reporting Programs.

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures. To the extent feasible, outcome and patient experience measures should be risk-adjusted. In order to reduce burden of measurement on smaller ASCs, CMS finalized only claims based measures for the first year of the program and only structural measures in the second year of the program.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A20. MAP Input on ASCQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	MAP Findings or Comments
0564 Endorsed Time-Limited	Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	MUC: ASCQR; OQR FIN: MU- Eligible Professionals; Physician Feedback; PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set	Recommendation is contingent on NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.
0658 Endorsed Time-Limited	Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	MUC: ASCQR; OQR FIN: PQRS	Support Direction: Not ready for implementation; concerns regarding feasibility of data collection	Recommendation is contingent on NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.
0659 Endorsed Time-Limited	Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use	MUC: ASCQR; OQR FIN: Physician Feedback; PQRS	Support Direction: Not ready for implementation; concerns regarding feasibility of data collection	Recommendation is contingent on NQF endorsement; measure should be tested and NQF-endorsed for the facility level of analysis.
1536 Endorsed	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	MUC: ASCQR; OQR FIN: PQRS	Support: Addresses a high-impact condition not adequately addressed in the program measure set / Addresses a measure type not adequately represented in the program measure set	Measure should be tested and NQF-endorsed for the facility level of analysis.
M2785 Not Endorsed	Intra-procedure colonoscopy complication rate: percentage of patients who developed one or more intra-procedure complications.	MUC: ASCQR; OQR FIN:	Insufficient Information: MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure	Detailed measure specifications were not available.

*M numbers are unique identifiers for measures that are not NQF-endorsed.

**MUC=measure under consideration; FIN=current finalized measure

Long-Term Care Hospital Quality Reporting

Program Type:

Pay for Reporting, Public Reporting

Incentive Structure:

For fiscal year 2014, and each year thereafter, Long-Term Care Hospital providers (LTCHs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive full annual payment updates; failure to report quality data will result in a 2 percent reduction in the annual payment update.⁶³ The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.⁶⁴

Care Settings Included:

Long-Term Care Hospitals

Statutory Mandate:

Section 3004 of the Affordable Care Act directs the Secretary to establish quality reporting requirements for LTCHs.

Statutory Requirements for Measures:

Measures should align with the National Quality Strategy (NQS), promote enhanced quality with regard to the priorities most relevant to LTCHs (such as patient safety, better coordination of care, and person- and family-centered care), and address the primary role of LTCHs—furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).⁶⁵

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A21. MAP Input on LTCHQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0097 Endorsed Time-Limited	Medication Reconciliation	MUC: LTCHQR; Physician Compare; VBM FIN: MSSP; Physician Feedback; PQRS	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0141 Endorsed	Patient Fall Rate	MUC: LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0166 Endorsed	HCAHPS	MUC: LTCHQR; PCHQR FIN: IQR; VBP	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	MUC: VBP; LTCHQR FIN: IQR	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0302 Not Endorsed	Ventilator Bundle	MUC: LTCHQR FIN:	Support direction : Not ready for implementation; measure concept is promising but requires modification or further development	Measure has lost endorsement but is currently being updated and will be submitted for NQF endorsement.
0326 Endorsed	Advance Care Plan	MUC: LTCHQR FIN: Physician Feedback; PQRS	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0371 Endorsed	Venous Thromboembolism Prophylaxis	MUC: LTCHQR FIN: IQR; MU-Hospitals, CAHs	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0500 Endorsed	Severe Sepsis and Septic Shock: Management Bundle	MUC: IQR; OQR Reporting; LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0554 Endorsed	Medication Reconciliation Post-Discharge	MUC: LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0640 Endorsed	HBIPS-2 Hours of physical restraint use	MUC: LTCHQR FIN: IPHQR	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0646 Endorsed	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0648 Endorsed	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	MUC: LTCHQR; PQRS FIN: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
0674 Endorsed	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	MUC: LTCHQR FIN: Nursing Home Quality Initiative and Nursing Home Compare	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M1371 Not Endorsed	Manifestations of Poor Glycemic Control	MUC: LTCHQR FIN: HAC Reduction	Do not support: Measure does not adequately address any current needs of the program	MAP has previously not supported this healthcare-acquired condition rate and would prefer the use of endorsed measures that address healthcare acquired conditions.
M1643 Not Endorsed	Medicare Spending Per Beneficiary	MUC: IQR; VBP; LTCHQR; PCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A cost measure would enhance the measure set; however, this measure excludes patients hospitalized for more than 25 days which is the LTCH population. A cost measure that addresses the LTCH population is needed.
M1671 Not Endorsed	Functional Change: Change in Motor Score	MUC: IRFQR; LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.
M2561 Not Endorsed	Functional Outcome Measure (change in mobility)	MUC: LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.
M2562 Not Endorsed	Functional Outcome Measure (change in self-care)	MUC: LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.
M2684 Not Endorsed	Restraint Rate per 1000 Patient Days	MUC: LTCHQR FIN:	Do not support: A finalized measure addresses a similar topic and better addresses the needs of the program	Restraint use is an important concept, but MAP would prefer the use of an NQF-endorsed measure. MAP suggests exploring the applicability of restraint measures included in the Nursing Home Quality Initiative for LTCHs.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2707 Not Endorsed	30-Day All Cause Post Long-Term Care Hospital (LTCH) Discharge Hospital Readmission Measure	MUC: LTCHQR FIN:	Support Direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population.
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	This measure updates an existing measure finalized for use in LTCHs, NQF #0139. The updated measure would risk-adjust for volume of exposure within a facility. MAP supports the update pending review for NQF endorsement.
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	This measure updates an existing measure finalized for use in LTCHs, NQF #0138. The updated measure would risk-adjust for volume of exposure within a facility. MAP supports the update pending review for NQF endorsement.
M474 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
M479 Not Endorsed	Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn,	MUC: LTCHQR FIN: HAC Reduction	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept; however, MAP would prefer exploring the applicability of falls

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
	Electric Shock)			measures included in the Nursing Home Quality Initiative for LTCHs.
M498 Not Endorsed	Venous Thromboembolism Warfarin Therapy Discharge Instructions	MUC: LTCHQR FIN: IQR; MU - Hospitals, CAHs	Do not support: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
M582 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	MUC: HAC Reduction; VBP; LTCHQR FIN: IQR	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.
M8 Not Endorsed	Heart Failure (HF): Detailed discharge instructions	MUC: LTCHQR FIN: IQR; VBP	Do not support: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0682 Endorsed	Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	MUC: IRFQR; LTCHQR FIN: Nursing Home Quality Initiative and Nursing Home Compare	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure should be specified and tested for the LTCH setting.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=current finalized measure

Inpatient Rehabilitation Facility Quality Reporting

Program Type:

Pay for Reporting, Public Reporting

Incentive Structure:

For fiscal year of 2014, and each year thereafter, Inpatient Rehabilitation Facility providers (IRFs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive annual payment updates. Failure to report quality data will result in a 2 percent reduction in the annual increase factor for discharges occurring during that fiscal year.⁶⁶ The data must be made publicly available, with IRF providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.⁶⁷

Care Settings Included:

Inpatient Rehabilitation Facilities

Statutory Mandate:

Section 3004(b) of the Affordable Care Act (ACA) directs the Secretary to establish quality reporting requirements for IRFs.

Statutory Requirements for Measures:

Measures should align with the National Quality Strategy (NQS), be relevant to the priorities of IRFs (such as patient safety, reducing adverse events, better coordination of care, and person- and family-centered care), and address the primary role of IRFs—rehabilitation needs of the individual, including improved functional status and achievement of successful return to the community post-discharge.⁶⁸

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A22. MAP Input on IRFQR Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0431 Endorsed	Influenza Vaccination Coverage Among Healthcare Personnel	MUC: OQR; VBP; IRFQR; PQRS FIN: ASCQR; IQR; LTCHQR	Support : Promotes alignment across programs, settings, and public and private sector efforts	Measure addresses a core measure concept and can be applied across all PAC/LTC settings.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0680 Endorsed	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	MUC: IRFQR FIN: LTCHQR; Nursing Home Quality Initiative and Nursing Home Compare	Support : Promotes alignment across programs, settings, and public and private sector efforts	Measure addresses a core measure concept and can be applied across all PAC/LTC settings. MAP expressed concern that the measure may not address a high leverage opportunity for this setting; MAP recommends looking at the impact of vaccination rates across settings.
0682 Endorsed	Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	MUC: IRFQR; LTCHQR FIN: Nursing Home Quality Initiative and Nursing Home Compare	Support : Promotes alignment across programs, settings, and public and private sector efforts	Measure addresses a core measure concept and can be applied across all PAC/LTC settings. MAP expressed concern that the measure may not address a high leverage opportunity for this setting; MAP recommends looking at the impact of vaccination rates across settings.
M1425 Not Endorsed	30-day All-Cause Post Inpatient Rehabilitation Facility (IRF) Discharge Hospital Readmission Measure	MUC: IRFQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings.
M1671 Not Endorsed	Functional Change: Change in Motor Score	MUC: IRFQR; LTCHQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.
M2558 Not Endorsed	Functional Outcome Measure (change in mobility)	MUC: IRFQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.
M2559 Not Endorsed	Functional Outcome Measure (change in self-care)	MUC: IRFQR FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure addresses a core measure concept but is still under development and needs to be tested.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M3035 Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Do not support: Measure does not adequately address any current needs of the program	MAP recognizes CLABSI is an important safety issue; however, this does not reflect a high leverage opportunity for measurement in IRFs, as few patients have a central line.
M3036 Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC: HAC Reduction; IQR; VBP; IRFQR; LTCHQR; PCHQR FIN:	Support direction: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	This measure updates an existing measure finalized for use in LTCHs, NQF #0138. The updated measure would risk-adjust for volume of exposure within a facility. MAP supports the update pending review for NQF endorsement.
M3039 Not Endorsed	Reliability Adjusted Clostridium difficile SIR Measure	MUC: HAC Reduction; IQR; VBP; IRFQR FIN:	Support direction: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	This measure updates an existing NQF-endorsed measure, NQF #1717. The updated measure would risk-adjust for volume of exposure within a facility. MAP supports the update pending review for NQF endorsement. Additionally, MAP would support the use of NQF#1717 until the updated measure is endorsed.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

End Stage Renal Disease Quality Improvement

Program Type:

Pay for Performance, Public Reporting

Incentive Structure:

Starting in 2012, payments to dialysis facilities will be reduced if facilities do not meet or exceed the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.⁶⁹ Performance is reported on the Dialysis Facility Compare website.

Care Settings Included:

Dialysis Providers/Facilities

Statutory Mandate:

The ESRD Quality Incentive Program (QIP), required by section 1881 (h) of the Social Security Act and added by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c), was developed by CMS to be the first pay-for-performance (also known as “value-based purchasing”) model quality incentive program.⁷⁰

Statutory Requirements for Measures:

Measures of anemia management that reflect labeling approved by the Food and Drug Administration (FDA), dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access.⁷¹

MAP Pre-Rulemaking 2013 Input

The following are MAP’s recommendations on measures under consideration and current finalized measures, as applicable.

Table A23. MAP Input on ESRD Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0226 Endorsed	Influenza Immunization in the ESRD Population (Facility Level)	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure may not address a high leverage opportunity. MAP recommends looking at the impact of vaccination rates across settings.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1653 Endorsed	Pneumococcal Immunization (PPV 23)	MUC: End-Stage Renal Disease Quality Reporting; VBP FIN: IQR	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	Measure may not address a high leverage opportunity. MAP recommends looking at the impact of vaccination rates across settings.
0258 Endorsed	CAHPS In-Center Hemodialysis Survey	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	There is a need for greater patient and family engagement in the dialysis facility setting.
0369 Endorsed	Dialysis Facility Risk-adjusted Standardized Mortality Ratio	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a NQS priority not adequately addressed in the program measure set	Mortality is an important outcome for patients; however, the measure should be linked to structural and process measures.
0251 Endorsed	Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses specific program attributes	Addresses an important patient safety issue in the dialysis facility setting.
1460 Endorsed	Bloodstream Infection in Hemodialysis Outpatients	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses specific program attributes	Addresses an important patient safety issue in the dialysis facility setting.
1438 Endorsed Time-Limited	Periodic Assessment of Post-Dialysis Weight by Nephrologists	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses specific program attributes	Addresses an important patient safety issue in the dialysis facility setting.
1454 Endorsed	Proportion of patients with hypercalcemia	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses specific program attributes	Addresses the program requirement to measure dialysis adequacy.
0255 Endorsed	Measurement of Serum Phosphorus Concentration	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses specific program attributes	Addresses the program requirement to measure dialysis adequacy.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1418 Endorsed	Frequency of Adequacy Measurement for Pediatric Hemodialysis Patients	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Allows measurement in the pediatric population.
1425 Endorsed Time-Limited	Measurement of nPCR for Pediatric Hemodialysis Patients	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Allows measurement in the pediatric population.
1433 Endorsed Time-Limited	Use of Iron Therapy for Pediatric Patients	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Allows measurement in the pediatric population.
1424 Endorsed	Monthly Hemoglobin Measurement for Pediatric Patients	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Allows measurement in the pediatric population.
M2059 Not Endorsed	Measurement of Serum Calcium Concentration	MUC: End-Stage Renal Disease Quality Reporting FIN:	Do not support: NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
M2775 Not Endorsed	Phosphorus Concentrations	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	The measure may offer more granular information than the NQF-endorsed measure under consideration, Measurement of Serum Phosphorus Concentration, but it should be submitted for NQF-endorsement.
M2769 Not Endorsed	Risk-adjusted facility level transfusion rate "STrR"	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	The measure addresses an important concept, but establishment of guidelines for hemoglobin range is needed.
M2771 Not Endorsed	Achieved Hgb level to avoid adverse outcomes	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	The measure addresses an important concept, but establishment of guidelines for hemoglobin range is needed.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2772 Not Endorsed	Anemia management process measure	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	The measure addresses an important concept, but establishment of guidelines for hemoglobin range is needed.
M2774 Not Endorsed	Blood Transfusion Appropriateness	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	The measure addresses an important concept, but establishment of guidelines for hemoglobin range is needed.
1463 Endorsed	Standardized Hospitalization Ratio for Admissions	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population
M2132 Not Endorsed	30 Day Readmission Measure	MUC: End-Stage Renal Disease Quality Reporting FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=current finalized measure

Hospice Quality Reporting Program

Program Type:

Pay for Reporting, Public Reporting

Incentive Structure:

Failure to submit required quality data, beginning in FY 2014 and for each year thereafter, shall result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year.⁷² The data must be made publicly available, with Hospice Programs having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of hospice quality data.⁷³

Care Settings Included:

Multiple; hospice care can be provided in inpatient and outpatient settings.

Statutory Mandate:

Section 3004 of the Affordable Care Act directs the Secretary to establish quality reporting requirements for Hospice Programs.⁷⁴

Statutory Requirements for Measures:

None.

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A24. MAP Input on Hospice Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
0208 Endorsed	Family Evaluation of Hospice Care	MUC: Hospice Quality Reporting FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1617 Endorsed	Patients Treated with an Opioid who are Given a Bowel Regimen	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1634 Endorsed	Hospice and Palliative Care -- Pain Screening	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
1637 Endorsed	Hospice and Palliative Care -- Pain Assessment	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1638 Endorsed	Hospice and Palliative Care -- Dyspnea Treatment	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1639 Endorsed	Hospice and Palliative Care -- Dyspnea Screening	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1641 Endorsed	Hospice and Palliative Care -- Treatment Preferences	MUC: Hospice Quality Reporting; PQRS FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.
1647 Endorsed	Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss.	MUC: FIN:	Support: Addresses a PAC/LTC core concept not adequately addressed in the program measure set	Measure has previously been supported in the MAP Hospice Coordination Strategy.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

Nursing Home Quality Initiative and Nursing Home Compare

Program Type:

Pay for Reporting, Public Reporting

Incentive Structure:

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. Part of this requirement includes completing the Minimum Data Set (MDS), a clinical assessment of all residents in Medicare- or Medicaid-certified nursing facilities. Quality measures are reported on the Nursing Home Compare website using a Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest.⁷⁵

Care Settings Included:

Medicare- or Medicaid-certified nursing facilities

Statutory Mandate:

The 1987 Omnibus Budget Reconciliation Act mandated the development of a nursing home resident assessment instrument.

Statutory Requirements for Measures:

OBRA mandated the inclusion of the domains of resident health and quality of life in the resident assessment instrument.

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A25. MAP Input on Nursing Home Measures under Consideration

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2634 Not Endorsed	Percentage of Long Stay Residents Who are Receiving Antipsychotic Medication	MUC: Nursing Home Quality Initiative and Nursing Home Compare FIN:	Support direction: Not ready for implementation; should be submitted for and receive NQF endorsement	Measure should be submitted for NQF endorsement with as few exclusions as possible.

Measure and NQF Status	Measure Title	Program Alignment	MAP Conclusion and Rationale	Additional Findings
M2636 Not Endorsed	Percentage of Short Stay Patients Who Have Antipsychotics Started - Incidence	MUC: Nursing Home Quality Initiative and Nursing Home Compare FIN:	Support direction: Not ready for implementation; should be submitted for and receive NQF endorsement	Measure should be submitted for NQF endorsement with as few exclusions as possible.
M2638 Not Endorsed	SNF Hospital Readmission Reduction Measure - Short Stay	MUC: Nursing Home Quality Initiative and Nursing Home Compare FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population
M2654 Not Endorsed	Percent of long-stay residents who are hospitalized during the reporting period	MUC: Nursing Home Quality Initiative and Nursing Home Compare FIN:	Support direction: Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population
M2656 Not Endorsed	Percentage of residents discharged to the community	MUC: Nursing Home Quality Initiative and Nursing Home Compare FIN:	Support: Addresses specific program attributes.	Addresses an important goal for nursing home patients and their caregivers; however, the measure should be submitted for NQF-endorsement.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=current finalized measure

Home Health Quality Reporting

Program Type:

Pay for Reporting, Public Reporting

Incentive Structure:

Medicare-certified⁷⁶ home health agencies (HHAs) are required to collect and submit the Outcome Assessment Information Set (OASIS). The OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement.⁷⁷ Home health agencies meet their quality data reporting requirements through the submission of OASIS assessments and Home Health CAHPS. HHAs that do not submit data will receive a 2 percentage point reduction in their annual HH market basket percentage increase.

Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.⁷⁸ Currently, 23 of the 97 OASIS measures are finalized for public reporting on Home Health Compare.

Care Settings Included:

Medicare-certified home health agencies

Statutory Mandate:

Section 1895(b)(3)(B)(v)(I) of the Social Security Act, as amended by section 5201 of the Deficit Reduction Act, established the requirement that HHAs that do not report quality data would not receive the full market basket payment increase.

Statutory Requirements for Measures:

None

MAP Pre-Rulemaking 2013 Input

The following are MAP's recommendations on measures under consideration and current finalized measures, as applicable.

Table A26. MAP Input on Home Health Measures under Consideration

Measure and NQF Status	Measure Title	MAP Conclusion and Rationale	MAP Conclusion and Rationale	Additional Findings
M2766 Not Endorsed	Rehospitalization during first 30 days of Home Health	MUC: HHQR FIN:	Support Direction : Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population.
M3047 Not Endorsed	Home Health Emergency Department Use without Readmission	MUC: HHQR FIN:	Support Direction : Not ready for implementation; measure concept is promising but requires modification or further development	A consolidated, evidence-based readmission measure should be developed to promote alignment and shared responsibility across the care continuum and PAC/LTC settings. The measure should be appropriately risk-adjusted to accommodate variations in population.

*M numbers are unique identifiers for measures that are not NQF-endorsed

**MUC=measure under consideration; FIN=currently finalized measure

¹ <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Guide-Quality-Performance-2012.PDF>

² <http://www.healthcare.gov/news/factsheets/2011/03/accountablecare03312011a.html>

³ <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>

⁴ <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>

⁵ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

⁶ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

⁷ CY 2013 PFS final rule. The Office of the Federal Register.

<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

⁸ CMS.gov. Downloads Eligible professionals 03-08-2011. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

⁹ CY 2013 PFS final rule. The Office of the Federal Register.

<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

¹⁰ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/index.html>

¹¹ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

¹² PFS Final Rule 2013

¹³ U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Medicare Program; Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule)

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

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- ¹⁸ U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Medicare Program; Payment Policies under the Physician Fee Schedule, Five-Year Review of Work Related Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and other Revisions to Part B for CY 2012, *Fed Reg*, 2011, 76 (228): 73026-73474.
- ¹⁹ <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics.html>
- ²⁰ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html
- ²¹ <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/>
- ²² <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ²³ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf>
- ²⁴ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ²⁵ <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>
- ²⁶ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>
- ²⁷ https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp
- ²⁸ <https://www.federalregister.gov/articles/2012/08/31/2012-19079/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#h-345>
- ²⁹ Institute of Medicine, "Performance Measurement: Accelerating Improvement," December 1, 2005, available at: <http://www.iom.edu/CMS/3809/19805/31310.aspx>.
- ³⁰ <http://www.gpo.gov/fdsys/pkg/PLAW-108publ173/html/PLAW-108publ173.htm>
- ³¹ <https://www.federalregister.gov/articles/2010/08/16/2010-19092/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#h-181>
- ³² <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>
- ³³ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>
- ³⁴ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/html/2011-10568.htm>
- ³⁵ http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/EHR_TipSheet_Medicare_Hosp.pdf
- ³⁶ <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CAH-Payment-Tip-Sheet.pdf>
- ³⁷ http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicaid_Hosp_Incentive_Payments_Tip_Sheets.pdf
- ³⁸ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html
- ³⁹ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligible_Hospital_Information.html
- ⁴⁰ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ⁴¹ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf>
- ⁴² <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ⁴³ <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>
- ⁴⁴ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-05/pdf/2011-9644.pdf>
- ⁴⁵ <https://www.federalregister.gov/articles/2012/08/31/2012-19079/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>
- ⁴⁶ <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>
- ⁴⁷ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>
- ⁴⁸ <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>
- ⁴⁹ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html
- ⁵⁰ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html
- ⁵¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>
- ⁵² https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp
- ⁵³ <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>
- ⁵⁴ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>

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- ⁵⁵ <http://www.cms.gov/Medicare/medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- ⁵⁶ <http://www.gpo.gov/fdsys/pkg/FR-2012-07-30/pdf/2012-16813.pdf>
- ⁵⁷ https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp
- ⁵⁸ <http://healthreformgps.org/wp-content/uploads/opps-rule.pdf>
- ⁵⁹ <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>
- ⁶⁰ <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737>
- ⁶¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>
- ⁶² <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs.html#>
- ⁶³ CMS.gov. LTCH Quality Reporting. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>
- ⁶⁴ CMS.gov. LTCH Quality Reporting. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>
- ⁶⁵ FY 2012 IPPS/LTCH PPS final rule. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>
- ⁶⁶ CMS.gov. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>
- ⁶⁷ CMS.gov. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>
- ⁶⁸ FY 2012 IRF PPS final rule The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.
- ⁶⁹ Federal Register. Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions for All Medicare Providers. <https://www.federalregister.gov/articles/2012/07/11/2012-16566/medicare-program-end-stage-renal-disease-prospective-payment-system-quality-incentive-program-and>
- ⁷⁰ Final rule ESRD PY 2012-2013-2014. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>
- ⁷¹ Final rule ESRD PY 2012-2013-2014. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>
- ⁷² Ibid
- ⁷³ CMS. Hospice Quality Reporting. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>
- ⁷⁴ Ibid
- ⁷⁵ Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at https://www.cms.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage. Last accessed October 2011.
- ⁷⁶ “Medicare-certified” means the home health agency is approved by Medicare and meets certain Federal health and safety requirements.
- ⁷⁷ Centers for Medicare and Medicaid Services. Background. June 2011. Available at http://www.cms.gov/OASIS/02_Background.asp#TopOfPage. Last accessed October 2011.
- ⁷⁸ The Official U.S. Government Site for Medicare. Introduction. Available at <http://www.medicare.gov/HomeHealthCompare/About/overview.aspx>. Last accessed October 2011.

Appendix B: MAP Background

Purpose

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment, and other programs. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for various uses.¹

MAP’s careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures HHS will receive varied and thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

MAP is designed to facilitate progress on the aims, priorities, and goals of the National Quality Strategy (NQS)—the national blueprint for providing better care, improving health for people and communities, and making care more affordable.² Accordingly, MAP informs the selection of performance measures to achieve the goal of **improvement, transparency, and value for all**.

MAP’s objectives are to:

1. **Improve outcomes in high-leverage areas for patients and their families.** MAP encourages the use of the best available measures that are high-impact, relevant, and actionable. MAP has adopted a person-centered approach to measure selection, promoting broader use of patient-reported outcomes, experience, and shared decision-making.
2. **Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value.** MAP promotes the use of measures that are aligned across programs and between public- and private-sectors to provide a comprehensive picture of quality for all parts of the healthcare system.
3. **Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.** MAP encourages the use of measures that help transform fragmented healthcare delivery into a more integrated system with standardized mechanisms for data collection and transmission.

Coordination with Other Quality Efforts

MAP activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency and healthcare decision-making, aligning payment with value, rewarding providers and professionals for using health information technology (health IT) to improve patient care, and providing knowledge and tools to healthcare providers and professionals to help them improve performance. Many public- and private-sector organizations have

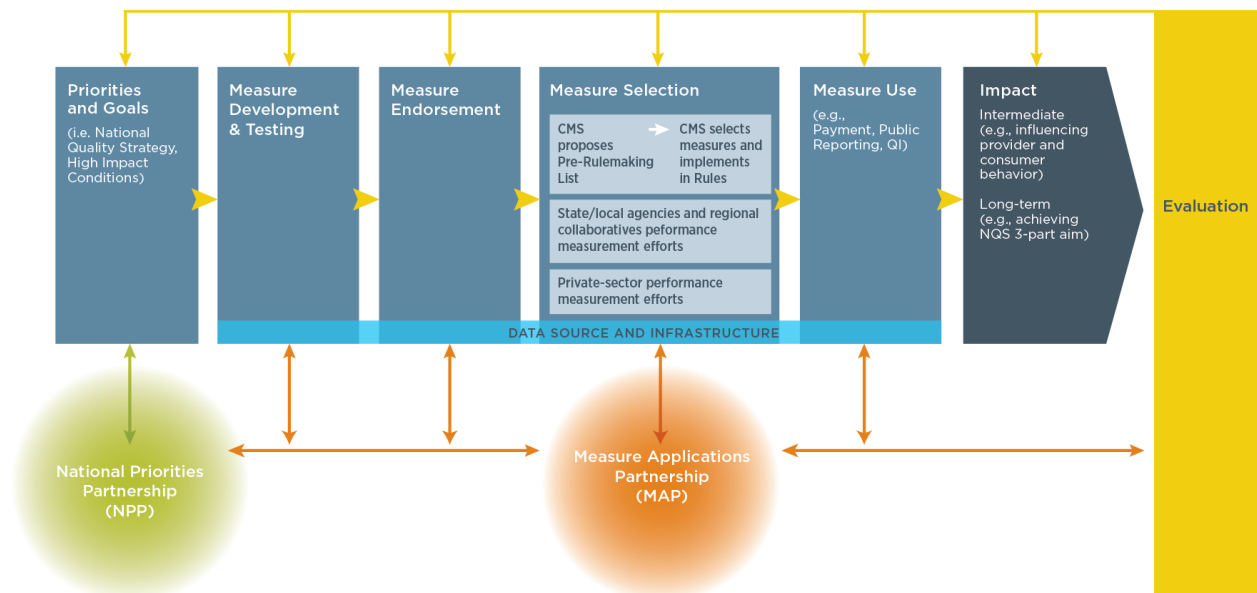
important responsibilities in implementing these strategies, including federal and state agencies, private purchasers, measure developers, groups convened by NQF, accreditation and certification entities, various quality alliances at the national and community levels, as well as the professionals and providers of healthcare.

Foundational to the success of all of these efforts is a robust Quality Enterprise (see Figure B1) that includes:

- **Setting priorities and goals.** The National Priorities Partnership (NPP) is a multi-stakeholder group convened by NQF to provide input to HHS on the NQS, by identifying priorities, goals, and global measures of progress. The priorities and goals established serve as a guiding framework for the Quality Enterprise.
- **Developing and testing measures.** Using the established NQS priorities and goals as a guide, various entities develop and test measures (e.g., PCPI, NCQA, The Joint Commission, medical specialty societies).
- **Endorsing measures.** NQF uses its formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. The CDP is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry.
- **Measure selection and measure use.** Measures are selected for use in a variety of performance measurement initiatives conducted by federal, state, and local agencies; regional collaboratives; and private sector entities. MAP's role within the Quality Enterprise is to consider and recommend measures for public reporting, performance-based payment, and other programs. Through strategic selection, MAP facilitates measure alignment of public- and private-sector uses of performance measures.
- **Impact.** Performance measures are important tools to monitor and encourage progress on closing performance gaps. Determining the intermediate and long-term impact of performance measures will elucidate if measures are having their intended impact and are driving improvement, transparency, and value.
- **Evaluation.** Evaluation and feedback loops for each of the functions of the Quality Enterprise ensure that each of the various activities is driving desired improvements.

MAP seeks to engage in bi-directional exchange (i.e., feedback loops) with key stakeholders involved in each of the functions of the Quality Enterprise.

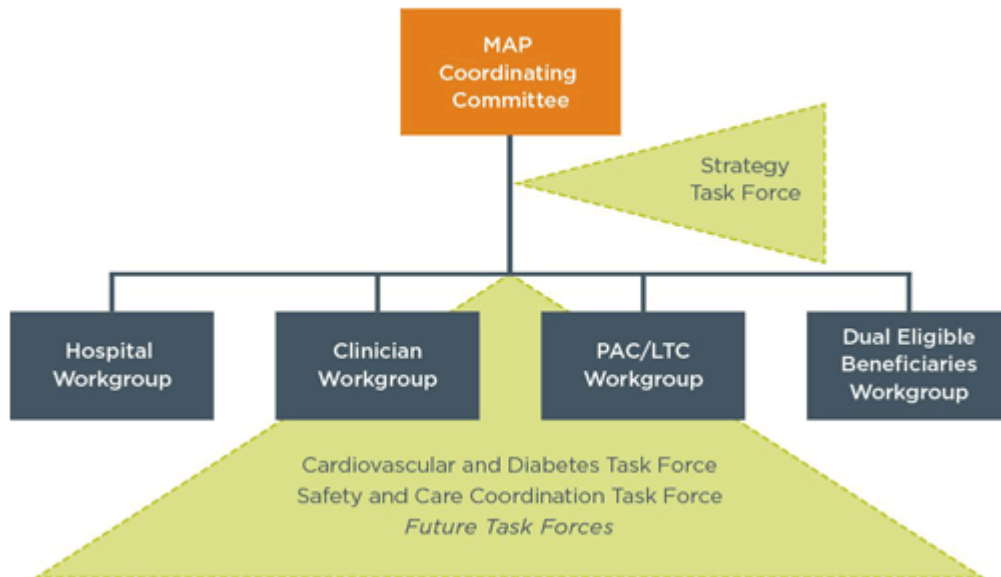
Figure B1. Functions of the Quality Enterprise.



Structure

MAP operates through a two-tiered structure (see Figure B2). The MAP Coordinating Committee provides direction to the MAP workgroups and task forces and final input to HHS. MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations. Time-limited task forces charged with developing "families of measures"—related measures that cross settings and populations—and a multi-year strategic plan, provide further information to the MAP Coordinating Committee and workgroups. Each multi-stakeholder group includes representatives from public- and private-sector organizations particularly affected by the work and individuals with content expertise.

Figure B2. MAP 2012 Structure



The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness, but will not review the Coordinating Committee's input to HHS. The Board selected the Coordinating Committee and workgroups based on Board-adopted selection criteria. Balance among stakeholder groups was paramount. Because MAP's tasks are so complex, including individual subject matter experts in the groups also was imperative.

All MAP activities are conducted in an open and transparent manner. The appointment process includes open nominations and a public comment period. MAP meetings are broadcast, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

MAP decision-making is based on a foundation of established guiding frameworks. The NQS is the primary basis for the overall MAP strategy. Additional frameworks include the high-impact conditions determined by the NQF-convened Measure Prioritization Advisory Committee, the NQF-endorsed® Patient-Focused Episodes of Care framework,³ the HHS Partnership for Patients safety initiative,⁴ the HHS Prevention and Health Promotion Strategy,⁵ the HHS Disparities Strategy,⁶ and the HHS Multiple Chronic Conditions framework.⁷

Additionally, the MAP Coordinating Committee has developed Measure Selection Criteria to help guide MAP decision-making. The MAP Measure Selection Criteria are intended to build on, not duplicate, the NQF endorsement criteria. The Measure Selection Criteria characterize the fitness of a measure set for use in a specific program by, among other things, how the measure set addresses the NQS's priority areas and the high-impact conditions, and by whether the measure set advances the purpose of the specific program without creating undesirable consequences.

Timeline and Deliverables

MAP convenes each winter to fulfill its statutory requirement of providing input to HHS on measures under consideration for use in federal programs. MAP workgroups and Coordinating Committee meet in

December and January to provide program-specific recommendations to HHS by February 1. ([MAP 2012 Pre-Rulemaking Report](#), submitted to HHS February 1, 2012).

Additionally, MAP engages in strategic activities throughout the spring, summer, and fall to inform MAP's pre-rulemaking input. To date MAP has:

- Engaged in **Strategic Planning** to establish MAP's goal and objectives. This process identified strategies and tactics that will enhance MAP's input.
 - [MAP Approach to the Strategic Plan](#), submitted to HHS on June 1, 2012
 - [MAP Strategic Plan](#), submitted to HHS on October 1, 2012
- Identified **Families of Measures**—sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions—to facilitate coordination of measurement efforts.
 - [MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes](#), submitted to HHS on October 1, 2012
- Provided a measurement strategy and best available measures for evaluating the quality of care provided to Medicare/Medicaid **Dual Eligible Beneficiaries**, including high-need groups.
 - [Measuring Healthcare Quality for the Dual Eligible Beneficiary Population](#), submitted to HHS on June 1, 2012)
 - [Further Exploration of Healthcare Quality Measurement for the Dual Eligible Beneficiary Population](#), submitted to HHS on December 21, 2012
- Developed **Coordination Strategies** intended to elucidate opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. Each coordination strategy addresses measures, gaps, and measurement issues; data sources and health information technology implications; alignment across settings and across public- and private-sector programs; special considerations for dual-eligible beneficiaries; and path forward for improving measure application.
 - [Coordination Strategy for Clinician Performance Measurement](#), submitted to HHS on October 1, 2011
 - [Readmissions and Healthcare-Acquired Conditions Performance Measurement Strategy Across Public and Private Payers](#), submitted to HHS on October 1, 2011
 - [MAP Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement](#), submitted to HHS on February 1, 2012
 - [Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals](#), submitted to HHS on June 1, 2012
 - [Performance Measurement Coordination Strategy for Hospice and Palliative Care](#), submitted to HHS on June 1, 2012

¹ U.S. Government Printing Office (GPO). Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014. Washington, DC: GPO; 2010, p.260. Available at <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>. Last accessed January 2013.

² National Quality Strategy: 2012 Annual Progress Report. Available at <http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html>. Last accessed January 2013.

³ NQF, Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care. Washington DC: NQF; 2010. Available at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=25912> Last accessed January 2013.

⁴ Department of Health and Human Services (HHS), Partnership for Patients: Better Care, Lower Costs. Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/programs/partnership. Last accessed January 2013.

⁵ HHS, National Prevention, Health Promotion and Public Health Council (National Prevention Council). Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/councils/nphpphc/index.html. Last accessed January 2013.

⁶ HHS,. National Partnership for Action to End Health Disparities, Washington, DC: HHS; 2011. Available at <http://minorityhealth.hhs.gov/npa/>. Last accessed January 2013.

⁷ HHS, HHS Initiative on Multiple Chronic Conditions, Washington, DC: HHS: 2011. Available at www.hhs.gov/ash/initiatives/mcc/. Last accessed January 2013.

Appendix C: MAP Rosters

Roster for the MAP Coordinating Committee

CO-CHAIRS (VOTING)
George Isham, MD, MS
Elizabeth McGlynn, PhD, MPP

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
AARP	Joyce Dubow, MUP
Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh, MS
AdvaMed	Steven Brotman, MD, JD
AFL-CIO	<i>To be determined</i>
America's Health Insurance Plans	Aparna Higgins, MA
American College of Physicians	David Baker, MD, MPH, FACP
American College of Surgeons	Frank Opelka, MD, FACS
American Hospital Association	Rhonda Anderson, RN, DNSc, FAAN
American Medical Association	Carl Sirio, MD
American Medical Group Association	Sam Lin, MD, PhD, MBA
American Nurses Association	Marla Weston, PhD, RN
Catalyst for Payment Reform	Suzanne Delbanco, PhD
Consumers Union	Lisa McGiffert
Federation of American Hospitals	Chip N. Kahn
LeadingAge (formerly AAHSA)	Cheryl Phillips, MD, AGSF
Maine Health Management Coalition	Elizabeth Mitchell
National Association of Medicaid Directors	Foster Gesten, MD
National Partnership for Women and Families	Christine Bechtel, MA
Pacific Business Group on Health	William Kramer, MBA

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Child Health	Richard Antonelli, MD, MS
Population Health	Bobbie Berkowitz, PhD, RN, CNAA, FAAN
Disparities	Joseph Betancourt, MD, MPH
Rural Health	Ira Moscovice, PhD
Mental Health	Harold Pincus, MD
Post-Acute Care/ Home Health/ Hospice	Carol Raphael, MPA

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Agency for Healthcare Research and Quality (AHRQ)	Nancy Wilson, MD, MPH
Centers for Disease Control and Prevention (CDC)	Gail Janes, PhD, MS
Centers for Medicare & Medicaid Services (CMS)	Patrick Conway, MD, MSc
Health Resources and Services Administration (HRSA)	Ahmed Calvo, MD, MPH
Office of Personnel Management/FEHBP (OPM)	John O'Brien
Office of the National Coordinator for HIT (ONC)	Kevin Larsen, MD

ACCREDITATION/CERTIFICATION LIAISONS (NON-VOTING)	REPRESENTATIVES
American Board of Medical Specialties	Christine Cassel, MD
National Committee for Quality Assurance	Peggy O'Kane, MHS
The Joint Commission	Mark Chassin, MD, FACP, MPP, MPH

Roster for the MAP Clinician Workgroup

CHAIR (VOTING)
Mark McClellan, MD, PhD

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
American Academy of Family Physicians	Bruce Bagley, MD
American Academy of Nurse Practitioners	Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American College of Cardiology	Paul Casale, MD, FACC
American College of Emergency Physicians	Bruce Auerbach, MD
American College of Radiology	David Seidenwurm, MD
American Speech-Language-Hearing Association	Janet Brown, MA, CCC-SLP
Association of American Medical Colleges	Joanne Conroy, MD
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	Richard Salmon, MD, PhD
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD
Minnesota Community Measurement	Beth Averbeck, MD
Pacific Business Group on Health	David Hopkins, PhD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
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Appendix D: Adoption Across Federal Programs of the Evolving Core Set of Measures for Dual Eligible Beneficiaries

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	Physician Quality Reporting System (PQRS)	Hospice Quality Reporting	PQRS MUC: Support, NQF-endorsed measure
1626 Endorsed	Patients Admitted to ICU who Have Care Preferences Documented	Physician Quality Reporting System (PQRS)		PQRS MUC: Support, NQF-endorsed measure
1741 Endorsed	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) [®] Surgical Care Survey	Physician Quality Reporting System (PQRS)		PQRS MUC: Support, NQF-endorsed measure
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Physician Compare; Value-Based Payment Modifier Program	Medicare Shared Savings Program	Refer to guiding principles for clinician programs
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Physician Compare; Value-Based Payment Modifier Program	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS)	Refer to guiding principles for clinician programs
0101 Endorsed Time-Limited	Falls: Screening for Future Fall Risk	Physician Compare; Value-Based Payment Modifier Program	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Quality Reporting System (PQRS)	Refer to guiding principles for clinician programs

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0418 Endorsed	Screening for Clinical Depression	Physician Compare; Value-Based Payment Modifier Program	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA	Refer to guiding principles for clinician programs
0421 Endorsed Time-Limited	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Physician Compare; Value-Based Payment Modifier Program	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS); HRSA	Refer to guiding principles for clinician programs
0729 Endorsed	Optimal Diabetes Care	Physician Compare; Value-Based Payment Modifier Program	Medicare Shared Savings Program; Physician Quality Reporting System (PQRS)	Refer to guiding principles for clinician programs
0166 Endorsed	HCAHPS	Long-term Care Hospital Quality Reporting; PPS-Exempt Cancer Hospital Quality Reporting	Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing	Long-term Care Hospital Quality Reporting: Support direction, not ready for implementation; measure concept is promising but requires modification or further development
0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Long-term Care Hospital Quality Reporting; Physician Quality Reporting System (PQRS)		Long-term Care Hospital Quality Reporting MUC: Support direction, not ready for implementation; measure concept is promising but requires modification or further development

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0648 Endorsed	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	Long-term Care Hospital Quality Reporting; Physician Quality Reporting System (PQRS)	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults	Long-term Care Hospital Quality Reporting MUC: Support direction, not ready for implementation; measure concept is promising but requires modification or further development
0097 Endorsed Time-Limited	Medication Reconciliation	Long-term Care Hospital Quality Reporting; Physician Compare; Value-Based Payment Modifier Program	Medicare Shared Savings Program; Physician Feedback; Physician Quality Reporting System (PQRS)	Long-term Care Hospital Quality Reporting: Support direction, not ready for implementation; measure concept is promising but requires modification or further development
0326 Endorsed	Advance Care Plan	Long-term Care Hospital Quality Reporting	Physician Feedback; Physician Quality Reporting System (PQRS)	Long-term Care Hospital Quality Reporting MUC: Support direction, not ready for implementation; measure concept is promising but requires modification or further development
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	Inpatient Psychiatric Hospital Quality Reporting; Physician Compare; Value-Based Payment Modifier Program	Children's Health Insurance Program Reauthorization Act Quality Reporting; Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS)	IPFQR MUC: Support, addresses an NQS priority not adequately addressed in the program measure set / addresses a high-leverage opportunity for dual eligible beneficiaries / enables measurement across the person-centered episode of care

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	Hospital Value-Based Purchasing; Long-term Care Hospital Quality Reporting	Hospital Inpatient Quality Reporting	Long-term Care Hospital Quality Reporting MUC: Support direction, not ready for implementation; measure concept is promising but requires modification or further development; Hospital VBP MUC: Support, addresses an NQS priority not adequately addressed in the program measure set / addresses a high-leverage opportunity for dual eligible beneficiaries / enables measurement across the person-centered episode of care
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Hospital Inpatient Quality Reporting; Physician Quality Reporting System (PQRS)	Hospital Inpatient Quality Reporting	PQRS MUC: Support, NQF-endorsed measure; IQR MUC/FIN: Support, new specifications are improvement over the existing finalized measure
1641 Endorsed	Hospice and Palliative Care – Treatment Preferences	Hospice Quality Reporting; Physician Quality Reporting System (PQRS)		PQRS MUC: Support, NQF-endorsed measure; Hospice Quality Reporting MUC: Support, addresses an NQS priority not adequately addressed in the program measure set
0258 Endorsed	CAHPS In-Center Hemodialysis Survey	End-Stage Renal Disease Quality Reporting		ESRD MUC: Support, addresses an NQS priority not adequately addressed in the program measure set
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	n/a	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Meaningful Use (EHR Incentive Program) - Eligible Professionals; Physician Quality Reporting System (PQRS)	<i>Measure was not under consideration for pre-rulemaking</i>

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0006 Endorsed	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	n/a	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating; Medicare Shared Savings Program	<i>Measure was not under consideration for pre-rulemaking</i>
0007 Endorsed	NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)	n/a	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part D Plan Rating	<i>Measure was not under consideration for pre-rulemaking</i>
0008 Endorsed	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
0022 Endorsed	Use of High Risk Medications in the Elderly	n/a	Meaningful Use (EHR Incentive Program) - Eligible Professionals; Medicare Part D Plan Rating; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program	<i>Measure was not under consideration for pre-rulemaking</i>
0260 Endorsed	Assessment of Health-related Quality of Life in Dialysis Patients	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
0420 Endorsed	Pain Assessment Prior to Initiation of Patient Therapy	n/a	Physician Feedback; Physician Quality Reporting System (PQRS)	<i>Measure was not under consideration for pre-rulemaking</i>
0430 Endorsed Time-Limited	Change in Daily Activity Function as Measured by the AM-PAC:	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
0517 Endorsed	CAHPS® Home Health Care Survey	n/a	Home Health Quality Reporting	<i>Measure was not under consideration for pre-rulemaking</i>

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
0557 Endorsed	HBIPS-6 Post discharge continuing care plan created	n/a	Inpatient Psychiatric Hospital Quality Reporting	<i>Measure was not under consideration for pre-rulemaking</i>
0558 Endorsed	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	n/a	Inpatient Psychiatric Hospital Quality Reporting	<i>Measure was not under consideration for pre-rulemaking</i>
0691 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
0692 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
0693 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
1632 Endorsed	CARE - Consumer Assessments and Reports of End of Life	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
1768 Endorsed	Plan All-Cause Readmissions	n/a	Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Medicare Part C Plan Rating	<i>Measure was not under consideration for pre-rulemaking</i>
1825 Endorsed	COPD - Management of Poorly Controlled COPD	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
1902 Endorsed	Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy	n/a		<i>Measure was not under consideration for pre-rulemaking</i>

Measure and NQF Status	Measure Title	Federal Programs: Under Consideration	Federal Program: Current Finalized	Pre-Rulemaking Guidance
1904 Endorsed	Clinician/Group's Cultural Competence Based on the CAHPS® Cultural Competence Item Set	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
1909 Endorsed	Medical Home System Survey (MHSS)	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
1919 Endorsed	Cultural Competency Implementation Measure	n/a		<i>Measure was not under consideration for pre-rulemaking</i>
Not Endorsed	SNP 6: Coordination of Medicare and Medicaid Coverage	n/a		<i>Measure was not under consideration for pre-rulemaking</i>

Appendix E: MAP Previously Identified Gaps

This document provides a synthesis of previously identified measure gaps compiled from all prior MAP reports. The gaps are grouped by NQS priority.

Safety

- Composite measure of most significant Serious Reportable Events

Healthcare-Associated Infections

- Ventilator-associated events for acute care, post-acute care, long-term care hospitals and home health settings
- Pediatric population: special considerations for ventilator-associated events and *C. difficile*
- Infection measures reported as rates, rather than ratios (more meaningful to consumers)
- Sepsis (healthcare-acquired and community-acquired) incidence, early detection, monitoring, and failure to rescue related to sepsis
- Post-discharge follow-up on infections in ambulatory settings
- Vancomycin Resistant Enterococci (VRE) measures (e.g., positive blood cultures, appropriate antibiotic use)

Medication and Infusion Safety

- Adverse drug events
 - Injury/mortality related to inappropriate drug management
 - Total number of adverse drug events that occur within all settings (including administration of wrong medication or wrong dosage and drug-allergy or drug-drug interactions)
- Inappropriate medication use
 - Polypharmacy and use of unnecessary medications for all ages, especially high-risk medications
 - Antibiotic use for sinusitis
 - Use of sedatives, hypnotics, atypical-antipsychotics, pain medications (consideration for individuals with dementia, Alzheimer's, or residing in long-term care settings)
- Medication management
 - Patient-reported measures of understanding medications (purpose, dosage, side effects, etc.)
 - Medication documentation, including appropriate prescribing and comprehensive medication review
 - Persistence of medications (patients taking medications) for secondary prevention of cardiovascular conditions
 - Role of community pharmacist or home health provider in medication reconciliation
- Blood incompatibility

Perioperative/Procedural Safety

- Air embolism

- Anesthesia events (inter-operative myocardial infarction, corneal abrasion, broken tooth, etc.)
- Perioperative respiratory events, blood loss, and unnecessary transfusion
- Altered mental status in perioperative period

Venous Thromboembolism

- VTE outcome measures for ambulatory surgical centers and post-acute care/long-term care settings
- Adherence to VTE medications, monitoring of therapeutic levels, medication side effects, and recurrence

Falls and Immobility

- Standard definition of falls across settings to avoid potential confusion related to two different fall rates
- Structural measures of staff availability to ambulate and reposition patients, including home care providers and home health aides

Obstetrical Adverse Events

- Obstetrical adverse event index
- Measures using National Health Safety Network (NHSN) definitions for infections in newborns

Pain Management

- Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring
- Assessment of depression with pain

Patient & Family Engagement

Person-Centered Communication

- Information provided at appropriate times
- Information is aligned with patient preferences
- Patient understanding of information, not just receiving information (considerations for cultural sensitivity, ethnicity, language, religion, multiple chronic conditions, frailty, disability, medical complexity)
- Outreach to non-compliant patients

Shared Decision-Making and Care Planning

- Person-centered care plan, created early in the care process, with identified goals for all people
- Integration of patient/family values in care planning
- Plan agreed to by the patient and provider and given to patient, including advanced care plan
- Plan shared among all providers seeing the patient (integrated); multidisciplinary
- Identified primary provider responsible for the care plan
- Fidelity to care plan and attainment of goals
 - Treatment consistent with advanced care plan
- Social care planning addressing social, practical, and legal needs of patient and caregivers

- Grief and bereavement care planning

Advanced Illness Care

- Symptom management (nausea, shortness of breath, nutrition)
- Comfort at end of life

Patient-Reported Measures

- Functional status
 - Particularly for individuals with multiple chronic conditions
 - Optimal functioning (e.g., improving when possible, maintaining, managing decline)
- Pain and symptom management
- Health-related quality of life
- Patient activation/engagement

Healthy Living

- Life enjoyment
- Community inclusion/participation for people with long-term services and supports needs
- Sense of control/autonomy/self-determination
- Safety risk assessment

Care Coordination

Communication

- Sharing information across settings
 - Address both the sending and receiving of adequate information
 - Sharing medical records (including advance directives) across all providers
 - Documented consent for care coordination
 - Coordination between inpatient psychiatric care and alcohol/substance abuse treatment
- Effective and timely communication (e.g., provider-to-patient/family, provider-to-provider)
 - Survey/composite measure of provider perspective of care coordination
- Comprehensive care coordination survey that looks across episode and settings (includes all ages; recognizes accountability of the multidisciplinary team)

Care Transitions

- Measures of patient transition to next provider/site of care across all settings, beyond hospital transitions (e.g., primary care to specialty care, clinician to community pharmacist, nursing home to home health) as well as transitions to community services
- Timely communication of discharge information to all parties (e.g., caregiver, primary care physician)
- Transition planning
 - Outcome measures for after care
 - Primary care follow-up after discharge measures (e.g., patients keeping follow-up appointments)
 - Access to needed social supports

System and Infrastructure Support

- Interoperability of EHRs to enhance communication
- Measures of "systemness," including accountable care organizations and patient-centered medical homes
- Structures to connect health systems and benefits (e.g., coordinating Medicare and Medicaid benefits, connecting to long-term supports and services)

Avoidable Admissions and Readmissions

- Shared accountability and attribution across the continuum
- Community role; patient's ability to connect to available resources

Affordability

- Ability to obtain follow-up care
- Utilization benchmarking (e.g., outpatient/ED/nursing facility)
- Consideration of total cost of care, including patient out of pocket cost
- Appropriateness for admissions, treatment, over-diagnosis, under-diagnosis, misdiagnosis, imaging, procedures
- Chemotherapy appropriateness, including dosing
- Avoiding unnecessary end-of-life care
- Use of radiographic imaging in the pediatric population

Prevention and Treatment for the Leading Causes of Mortality

Primary and Secondary Prevention

- Lipid control
- Outcomes of smoking cessation interventions
- Lifestyle management (e.g., physical activity/exercise, diet/nutrition)
- Cardiometabolic risk
- Modify Prevention Quality Indicators (PQI) measures to assess accountable care organizations; modify population to include all patients with the disease (if applicable)

Cancer

- Cancer- and stage-specific survival as well as patient-reported measures
- Complications such as febrile neutropenia and surgical site infection
- Transplants: bone marrow and peripheral stem cells
- Staging measures for lung, prostate, and gynecological cancers
- Marker/drug combination measures for marker-specific therapies, performance status of patients undergoing oncologic therapy/pre-therapy assessment
- Disparities measures, such as risk-stratified process and outcome measures, as well as access measures
- Pediatric measures, including hematologic cancers and transitions to adult care

Cardiovascular Conditions

- Appropriateness of coronary artery bypass graft and PCI at the provider and system levels of analysis

- Early identification of heart failure decompensation
- ACE/ARB, beta blocker, statin persistence (patients taking medications) for ischemic heart disease

Depression

- Suicide risk assessment for any type of depression diagnosis
- Assessment and referral for substance use
- Medication adherence and persistence for all behavioral health conditions

Diabetes

- Measures addressing glycemic control for complex patients (e.g., geriatric population, multiple chronic conditions) at the clinician, facility, and system levels of analysis
- Pediatric glycemic control
- Sequelae of diabetes

Musculoskeletal

- Evaluating bone density, and prevention and treatment of osteoporosis in ambulatory settings

Appendix F: MAP Pre-Rulemaking Stepwise Approach

MAP enhanced its approach to pre-rulemaking for 2013. Table 4 lists the programs MAP reviewed during this pre-rulemaking cycle and the corresponding workgroups assigned to conduct the initial review of measures under consideration.

1. *Build on MAP's Prior Recommendations*

MAP's prior strategic input and pre-rulemaking decisions are important to MAP's ongoing deliberations. Each of MAP's prior inputs and how they contributed to the pre-rulemaking process are described below. Table 1 illustrates how MAP's prior work served as an input to MAP's pre-rulemaking deliberations.

Coordination Strategies elucidate opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. Each coordination strategy addresses available measures, gaps, and measurement issues; data sources and health information technology implications; alignment opportunities across settings and across public- and private-sector programs; special considerations for dual-eligible beneficiaries; and approaches for improving measure application. The recommendations provided setting-specific considerations that served as background information to MAP's pre-rulemaking deliberations.

2012 Pre-Rulemaking Report provides program-specific input that included recommendations about measures previously finalized for the programs and about measures on the list of measures under consideration for implementation by HHS. The high-level recommendations in this report served as useful background while measure-specific recommendations were incorporated into measure-by-measure deliberations.

Families of Measures facilitate coordination of measurement efforts. These measure sets are composed of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities (i.e., safety, care coordination families of measures), vulnerable populations (i.e., dual eligible beneficiaries, hospice families) and high-impact conditions (i.e., cardiovascular, diabetes, and cancer families). Setting- and level-of analysis-specific core sets are drawn from the families. These core measure sets served as an initial starting place for evaluation of program measure sets, identifying measures that should be added to the program measure set or measures that should replace previously finalized measures in the program measure set.

Figure F1 illustrates how core measure sets and program measure sets are populated from the families of measures. The boxes represent individual performance measures. In this example, the orange boxes represent measures that are specified for individual clinician or group practice levels of analysis. The dark orange boxes in the clinician program measure sets (i.e., PQRS, Value Based Payment Modifier, Meaningful Use) represent measures recommended for those programs from the clinician core measure set while the light orange boxes represent measures recommended for those programs that are not included in the clinician core measure set, but fit the specific purpose of the program.

Figure F1. Families of Measures Populating a Core Measure Set and Program Measure Sets

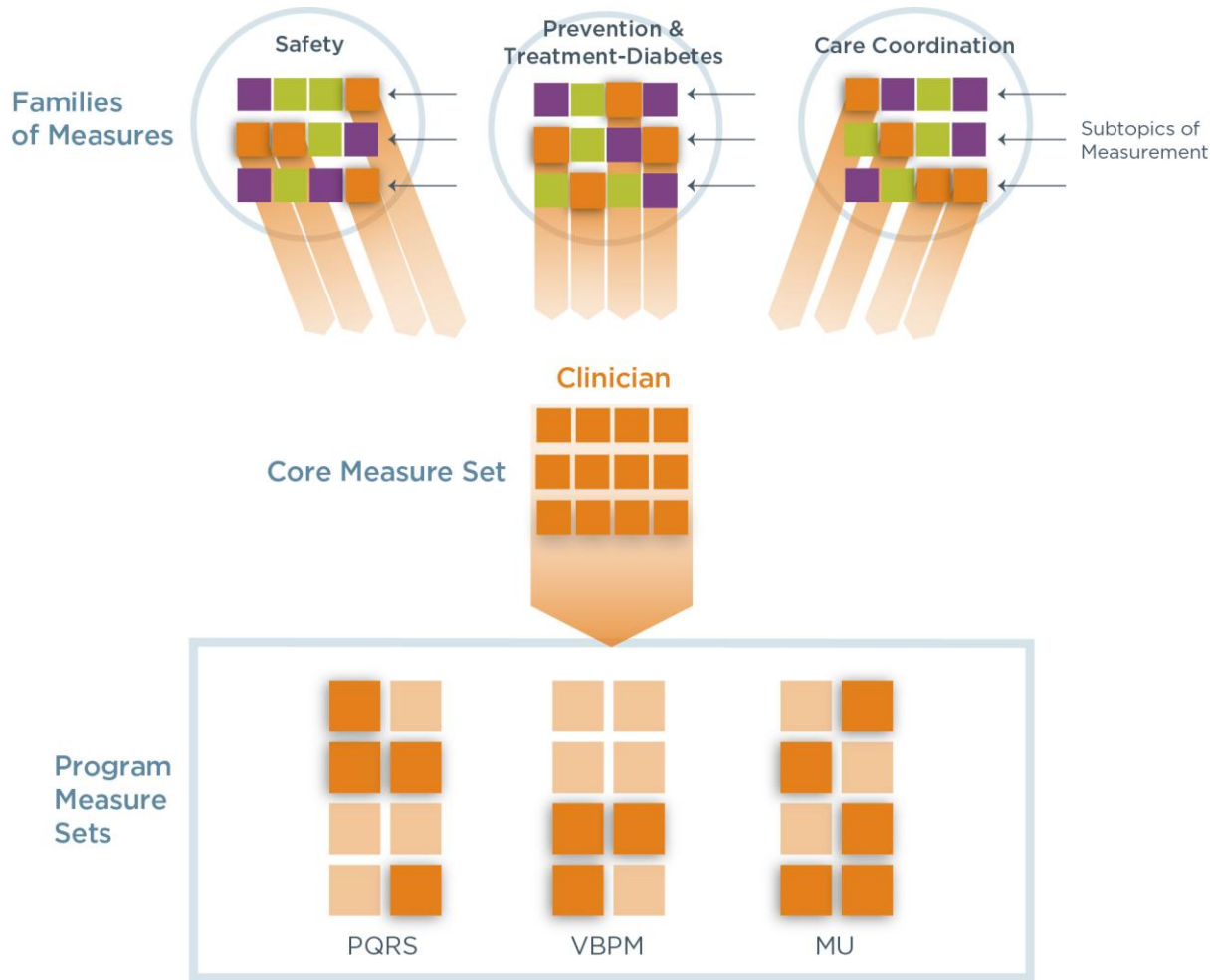
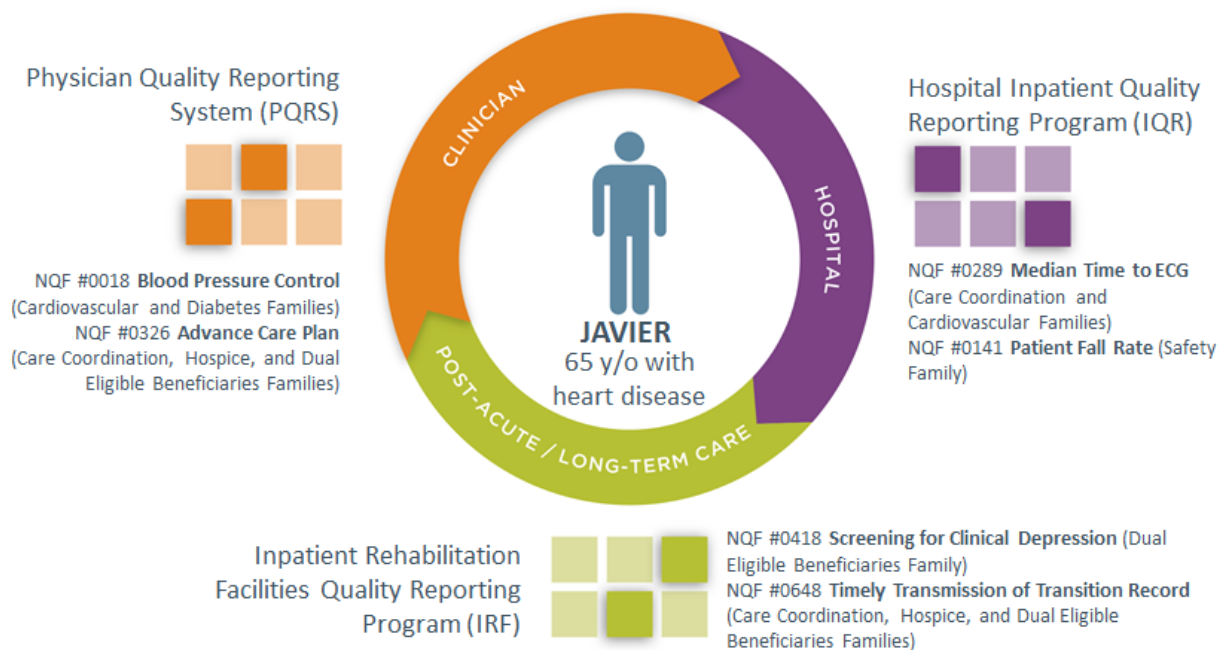


Figure F2 below demonstrates how families of measures and core measure sets relate to patients as they interact with the healthcare system. The dark colored boxes represent measures that are relevant to patients' underlying conditions or aspects of care received as they interact with the system. Additionally, federal performance measurement programs, and illustrative measures from the families and core measures sets, are also depicted, further highlighting the relevancy and importance of encouraging the use of these measure constructs.

Figure F2. Person-Centered Measurement Using Families of Measures, Core Measure Sets, and Setting-Specific Federal Programs



Measure gaps have been identified across all MAP reports. When reviewing program measure sets, MAP re-evaluated the previously identified gaps, noting where gaps persisted.

Table F1 below illustrates how MAP’s prior work served as an input to MAP’s pre-rulemaking deliberations.

Table F1. Using MAP’s Prior Work in Pre-Rulemaking

MAP’s Prior Efforts	Pre-Rulemaking Use
Coordination Strategies (i.e., Safety, Clinician, PAC-LTC, Dual Eligible Beneficiaries Cross-Cutting Input)	<ul style="list-style-type: none"> • Provided setting-specific considerations that served as background information for MAP’s pre-rulemaking deliberations. • Key recommendations from each coordination strategy were compiled in background materials.
Families of Measures NQS priorities (safety, care coordination) Vulnerable populations (dual eligible beneficiaries, hospice) High-impact conditions (cardiovascular, diabetes, cancer)	<ul style="list-style-type: none"> • Represented a starting place for identifying the highest-leverage opportunities for addressing performance gaps within a particular content area. • Setting- and level-of-analysis-specific core sets were compiled, drawn from the families and population cores. Core measures were flagged in the individual measure information. • MAP compared the setting and level-of-analysis cores against the program measure sets.
2012 Pre-Rulemaking Decisions	<ul style="list-style-type: none"> • Provided historical context and represented a starting place for pre-rulemaking discussions.

	<ul style="list-style-type: none"> • Prior MAP decisions were noted in the individual measure information.
Gaps Identified Across All MAP Efforts	<ul style="list-style-type: none"> • Provided historical context of MAP gap identification activities. • Served as a foundation for measure gap prioritization. • A universal list of MAP’s previously identified gaps was compiled and provided in background materials.

2. Use of MAP Measure Selection Criteria and Additional Information to Evaluate Current Finalized Program Measure Sets

The Measure Selection Criteria (MSC) is intended to facilitate structured discussion and decision-making processes. In the second year of pre-rulemaking input, MAP used the MSC in a more purposeful way. Table 2 below identifies inputs available to MAP to evaluate program measure sets against the MSC.

Table F2. Information Available to Evaluate Programs Against the MAP Measure Selection Criteria.

Measure Selection Criterion	Inputs Available to MAP
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	NQF endorsement status was noted for each measure, along with links to additional measure details via NQF’s Quality Positioning System (QPS)
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	<p>Provided for each individual measure</p> <p>MAP discussion determined adequacy of each program measure set</p>
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	<p>Provided for each individual measure</p> <p>MAP discussion determined adequacy of each program measure set</p>
4. Program measure set promotes alignment with specific program attributes as well as alignment across programs	<p>For each program, a 1-page program summary was provided including:</p> <ul style="list-style-type: none"> • Statutory requirements • Program goals provided by CMS • Additional information provided in federal rules • MAP’s prior key recommendations regarding the program <p>For individual measures, the following information was also provided:</p> <ul style="list-style-type: none"> • MAP decision history (e.g., supported/not supported, included in a family of measures) • Measure use in private sector initiatives (where available) • Measure use in public programs (where available)
5. Program measure set includes an appropriate mix of measure types	<p>Type provided for each individual measure</p> <p>MAP discussion determined if the mix of measure types is appropriate for each program</p>
6. Program measure set enables	Provided for each individual measure, based upon the

measurement across the person-centered episode of care	principles in the NQF-endorsed Patient-focused Episode of Care model MAP discussion determined if the program measure set spanned the episode of care
7. Program measure set includes considerations for healthcare disparities	Provided for each individual measure, based upon NQF's Disparities Consensus Development Project MAP discussion determined the adequacy for each program
8. Program measure set promotes parsimony	Parsimony will be evaluated through MAP discussion for each program

Using the available inputs, MAP evaluated each finalized program measure set against the MAP Measure Selection Criteria and identified:

- Gaps—implementation gaps (core measures not in the set) and other gaps (e.g., development, endorsement) along the measure lifecycle
- Potential measures for inclusion (e.g., from core sets, newly endorsed measures)
- Potential measures for removal
- Additional programmatic considerations (e.g., guidance on implementing MAP recommendations, data collection and transmission, attribution methods)

3. Evaluate Individual Measures Under Consideration

The evaluation of each finalized program measure set served as a starting point for reviewing the measures under consideration. Next, MAP determined whether the measures under consideration enhanced the program measure sets. For each measure under consideration, MAP indicated a decision and rationale as well as noted any additional comments or considerations. Table F3 below lists MAP's decision categories and rationale.

Table F3. MAP Decision Categories and Rationale

MAP Decision (Standardized Options)	MAP Rationale (Standardized Options)	MAP Findings (Open Text)
Support	<ul style="list-style-type: none"> • NQF-endorsed measure • Addresses a NQS priority not adequately addressed in the program measure set • Addresses a high-impact condition not adequately addressed in the program measure set (<i>Note: for PAC/LTC high-impact condition will be replaced with PAC/LTC core concept</i>) • Promotes alignment across programs, settings, and public and private sector efforts 	<i>MAP findings will highlight additional considerations raised by the group.</i>

MAP Decision (Standardized Options)	MAP Rationale (Standardized Options)	MAP Findings (Open Text)
	<ul style="list-style-type: none"> • Addresses specific program attributes • Addresses a measure type not adequately represented in the program measure set • Enables measurement across the person-centered episode of care • Addresses healthcare disparities • Promotes parsimony • Addresses a high-leverage opportunity for dual eligible beneficiaries • Core measure not currently included in the program measure set • Addresses a high-volume diagnosis or procedure • New specifications are improvement over the existing finalized measure 	
Support Direction	<ul style="list-style-type: none"> • Not ready for implementation; measure concept is promising but requires modification or further development • Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; data sources do not align with program's data sources • Not ready for implementation; more experience with the measure is needed • Not ready for implementation; concerns regarding feasibility of data collection 	<i>MAP findings will include suggestions for modifications to measures/measure concept, or indicate that the measure is not currently endorsed for the program's setting.</i>
Phased Removal	<ul style="list-style-type: none"> • NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) • NQF endorsement retired (the measure is no longer maintained by the steward) • NQF endorsement placed in reserve status (performance on this measure is topped out) • A 'supported' measure under consideration addresses a similar topic and better addresses the needs of the program promotes alignment • Measure requires modification or further development • Performance on this measure is likely topped out 	<i>MAP findings will indicate the timing of removal.</i>

MAP Decision (Standardized Options)	MAP Rationale (Standardized Options)	MAP Findings (Open Text)
Do Not Support	<ul style="list-style-type: none"> • Measure does not adequately address any current needs of the program • A finalized measure addresses a similar topic and better addresses the needs of the program • A ‘Supported’ measure under consideration addresses as similar topic and better addresses the needs of the program • NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) • NQF endorsement retired (the measure is no longer maintained by the steward) • NQF endorsement placed in reserve status (performance on this measure is topped out) • Measure previously submitted for endorsement and was not endorsed • Measure has not been submitted for NQF endorsement • More experience with the measure is needed 	<p><i>MAP findings will refer to the finalized or ‘Supported’ measure under consideration that is preferred.</i></p>
Insufficient Information	<ul style="list-style-type: none"> • MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure 	

Measure recommendation descriptions:

- **Support** indicates measures for immediate inclusion in the program measure set, or for continued inclusion in the program measure set in the case of measures that have previously been finalized for the program.
- **Support Direction** indicates measures, measure concepts, or measure ideas that should be phased into the program measure set over time, after specific issues are addressed.
- **Phased Removal** indicates measures that should be phased out of the program measure set.
- **Do Not Support** indicates measures or measure concepts that are not recommended for inclusion in the program measure set.
- **Insufficient information** indicates measures, measure concepts, or measure ideas for which MAP does not have sufficient information (e.g., measure description, numerator or denominator specifications, exclusions) to determine what recommendation to make.

4. Identify High-Priority Measure Gaps

MAP continued to identify gaps within each program, and provided measure ideas to spur development. MAP also considered the gaps across settings, prioritizing by importance and feasibility of addressing the gap when possible.

Table F4. Federal Programs Reviewed for Pre-Rulemaking and Corresponding MAP Workgroup

Federal Program	Measures Under Consideration	Workgroup
Ambulatory Surgical Center Quality Reporting	5	Hospital
End Stage Renal Disease Quality Improvement Program	21	PAC/LTC
Home Health Quality Reporting	2	PAC/LTC
Hospice Quality Reporting	7	PAC/LTC
Hospital-Acquired Condition Payment Reduction (ACA 3008)	25	Hospital
Hospital Inpatient Quality Reporting	20	Hospital
Hospital Outpatient Quality Reporting	7	Hospital
Hospital Readmission Reduction Program	6	Hospital
Hospital Value-Based Purchasing	17	Hospital
Inpatient Psychiatric Facility Quality Reporting	5	Hospital
Inpatient Rehabilitation Facility Quality Reporting	10	PAC/LTC
Long-Term Care Hospital Quality Reporting	29	PAC/LTC
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	2	Clinician
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	1	Hospital
Medicare Physician Quality Reporting System (PQRS)	281	Clinician
Medicare Shared Savings Program	0	Clinician, Hospital
Nursing Home Quality Initiative and Nursing Home Compare Measures	5	PAC/LTC
Physician Compare/Physician Feedback/Value-Based Modifier Program	50	Clinician
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	19	Hospital

MAP “WORKING” MEASURE SELECTION CRITERIA



1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

- | | |
|-------------------------|---|
| Subcriterion 2.1 | Safer care |
| Subcriterion 2.2 | Effective care coordination |
| Subcriterion 2.3 | Preventing and treating leading causes of mortality and morbidity |
| Subcriterion 2.4 | Person- and family-centered care |
| Subcriterion 2.5 | Supporting better health in communities |
| Subcriterion 2.6 | Making care more affordable |

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program’s intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1 Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2 Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3 Program measure set is applicable to the program's population(s)

5. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1 Outcome measures are adequately represented in the program measure set

Subcriterion 5.2 Process measures are adequately represented in the program measure set

Subcriterion 5.3 Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

Subcriterion 5.4 Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5 Structural measures and measures of access are represented in the program measure set when appropriate

6. Program measure set enables measurement across the person-centered episode of care¹

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1 Measures within the program measure set are applicable across relevant providers

Subcriterion 6.2 Measures within the program measure set are applicable across relevant settings

Subcriterion 6.3 Program measure set adequately measures patient care across time

¹ National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

7. Program measure set includes considerations for healthcare disparities²

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

² NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2: High-Impact Conditions:

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese (\geq 85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome

MAP “WORKING” MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE



Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree*, *Agree*, *Disagree*, *Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best reflects ‘quality’ health and healthcare. The term “measure set” can refer to a collection of measures--for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a “program measure set,” a “core measure set” for a setting, or a “condition measure set.” The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

FOR CRITERION 1 - NQF ENDORSEMENT:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **‘Importance to measure and report’**—how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;
2. **‘Scientific acceptability of the measurement properties’** – evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
3. **‘Usability’**- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.
4. **‘Feasibility’** – the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

FOR CRITERION 2 - PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

FOR CRITERION 3 - PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

FOR CRITERION 4 - PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- **Populations include:** Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

FOR CRITERION 5 – PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of “appropriate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

- 1. Outcome measures** – Clinical outcome measures reflect the actual results of care.¹ Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients’ understanding of treatment options and care plans, and their feedback on whether care made a difference.²
- 2. Process measures** – Process denotes what is actually done in giving and receiving care.³ NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.⁴ Experience of care measures—Defined as patients’ perspective on their care.⁵
- 3. Cost/resource use/appropriateness measures** –
 - a. Cost measures* – Total cost of care.
 - b. Resource use measures* – Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).⁶
 - c. Appropriateness measures* – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.⁷
- 4. Structure measures** – Reflect the conditions in which providers care for patients.⁸ This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure

1 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

2 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

3 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

4 National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx

5 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

6 National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx

7 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

8 National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

(such as medical staff organizations, methods of peer review, and methods of reimbursement).⁹ In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

FOR CRITERION 6 – PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:

The optimal option is for the program measure set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

FOR CRITERION 7 – PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.¹⁰

Subcriterion 7.1 seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

Subcriterion 7.2 seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

FOR CRITERION 8 – PROGRAM MEASURE SET PROMOTES PARSIMONY:

The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entities, while also measuring the patient's health and healthcare comprehensively.

Subcriterion 8.1 can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entities.

Subcriterion 8.2 can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

9 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

10 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.

Appendix H: Clinician Workgroup’s Guiding Principles for Applying Measures to Clinician Programs

The MAP Clinician Workgroup developed these principles to serve as guidance for applying performance measures to specific clinician measurement programs. The principles are not absolute rules, rather they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

Physician Quality Reporting System (PQRS)

- For endorsed measures, whether currently finalized or under consideration:
 - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement (the endorsement process addresses harmonization of competing measures)
- For measures that are not endorsed:
 - Measures currently finalized for the program:
 - Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
 - Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
 - Include measures under consideration that are fully specified and that:
 - Support alignment (e.g., measures used in MOC programs, registries)
 - Are outcome measures that are not already addressed by outcome measures included in the program
 - Are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
 - Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

Physician Compare

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers (i.e., have face validity) and purchasers
- Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated (e.g., composite measures), with drill-down capability for specific measure results

Value-Based Payment Modifier (VBPM)

- NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures that are not NQF-endorsed should be submitted for endorsement or removed

- Include measures that have been reported in a national program for at least one year (e.g., PQRS), and ideally can be linked with particular cost or resource use measures to capture value
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care (e.g., overuse), and care coordination measures (measures included in the MAP families of measures generally reflect these characteristics).
- Monitor for unintended consequences to vulnerable populations (e.g., through stratification)

Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

- Include endorsed measures, whether currently finalized for the program or under consideration, that have eMeasure specifications available (the endorsement process addresses issues of harmonization and competing measures)
- Over time, as health IT becomes more effective and interoperable, focus on:
 - Measures that reflect efficiency in data collection and reporting through the use of health IT
 - Measures that leverage health IT capabilities (e.g., measures that require data from multiple settings/providers, patient-reported data, or connectivity across platforms to be fully operational)
 - Innovative measures made possible by the use of health IT

General Considerations

- Work toward a core set of measures that all clinicians, regardless of specialty, can report across all programs. The core set should focus on patient experience and engagement, patient-reported outcomes, other outcomes, care coordination, appropriate care, and population health (e.g., health risk assessment, prevention).
- To promote parsimony and alignment, the same measures should serve multiple programs, where possible (e.g., Meaningful Use and PQRS; Medicare Shared Savings and Medicare Advantage).
- Measures should be tested at the appropriate level of analysis (e.g., individual, group, system) before inclusion in public reporting or payment programs. PQRS can serve as a mechanism for testing measures.

Appendix I: Hospital Workgroup’s Guiding Principles for Applying Measures to Hospital Programs

The MAP Hospital Workgroup developed these principles to serve as guidance for applying performance measures to specific hospital measurement programs. The principles are not absolute rules, rather they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

Pay for Reporting

Inpatient Quality Reporting Program

- Gain experience collecting and publically reporting measures, prior to application in pay-for-performance programs, unless compelling evidence suggests a measure should be applied to a pay-for-performance program more rapidly
- Particularly salient points from the MAP Measure Selection Criteria:
 - NQF-endorsed measures are preferred over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
 - Include measures that are meaningful to consumers, purchasers, and providers to fulfill the program’s public reporting purpose
 - To minimize burden and confusion, keep the program measure set parsimonious, focusing on measures that address the NQS priorities and high-impact conditions

Pay for Performance

Hospital Value-Based Purchasing Program

- Include measures that address areas of variation in quality with opportunities for improvement
- Certain measures are more appropriate for the Hospital Value-Based Purchasing program than for payment adjustment programs without an improvement component:
 - Topics where hospitals are earlier in their improvement efforts
 - There is evidence of potential unintended consequences; include balancing measures when unintended consequences are anticipated
 - Benchmark for the topic is yet to be determined—may not be zero
- Particularly salient points from the MAP Measure Selection Criteria:
 - NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures that are not NQF-endorsed should be submitted for endorsement or removed
 - Include outcome measures, ideally linked with cost measures to capture value
 - To avoid diluting the incentive, keep the program measure set parsimonious, focusing on areas of performance that need improvement or are important to reward for high attainment

Readmission Reduction and HAC Payment Adjustment Programs

- Include measures that address high incidence, severity, or cost areas where there is variation in quality with opportunities for improvement
- Consider potential unintended consequences related to overlapping incentives when applying measures to more than one pay-for-performance program (e.g., overuse of antibiotics to avoid any healthcare-acquired infection)
- Particularly salient points from the MAP Measure Selection Criteria:
 - NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures that are not NQF-endorsed should be submitted for endorsement or removed
 - Include measures that address high-impact conditions
 - Include measures of preventable harm, to fulfill the program's purpose
 - Include measures that cross the patient-centered episode of care
- Particularly salient points from MAP's prior Guidance for the Selection of Readmission Measures:
 - Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination
 - Readmission measures should exclude planned readmissions
 - Program implementers should consider stratifying readmission measures by factors such as race, gender, and socioeconomic status to enable fair comparisons

General Considerations

- If a composite is selected for a program, then individual measures that are part of the composite should not be included in the program.
- Prior to application, measures under consideration for a program should be tested for reliability and validity with data from the relevant population.
- Program implementers should be sensitive to hospitals with low patient volumes when applying program structures and measure sets.
- Program implementers should monitor to identify and mitigate potential unintended consequences.