

Measure Applications Partnership
Pre-Rulemaking Report: Public Comment
Draft

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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 Appendices A and B). MAP's careful balance of interests is designed to provide HHS and the field with thoughtful and varied input from stakeholders who are invested in the use of measures. 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.

MAP's recommendations seek to further the three-part aim of the National Quality Strategy (NQS): 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 health 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.

Under statute, HHS is required 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. Now in its third year, this annual pre-rulemaking process affords MAP the opportunity to review the measures under consideration for federal rulemaking and provide upstream input to HHS in a global and strategic manner.

During its review of the measures under consideration, MAP built on its previous pre-rulemaking decisions and looked to the [coordination strategies and families of measures](#) it has created to prioritize the most significant measures and prominent gaps (see Appendix C). In addition, the [MAP Measure Selection Criteria](#) (see Appendix D) enabled MAP to offer specific and actionable pre-rulemaking input that continues to emphasize alignment across programs and the need to fill high-priority gaps in measurement. This 2014 MAP Pre-Rulemaking Report provides recommendations on 234 unique measures under consideration by HHS for 20 clinician, hospital, and post-acute care/long-term care performance measurement programs.

Progress on the MAP Strategic Plan

In recognition of the complexity and importance of MAP's role, MAP completed a strategic planning process in 2012 and produced the [MAP Strategic Plan: 2012-2015](#). The plan offers objectives and actionable steps to make MAP's work more useful to a variety of public- and private-sector stakeholders, representative of a true partnership in pursuit of national improvement priorities.

To meet its stated objectives, MAP identified strategies and tactics designed to ensure that the goals are addressed with increasing sophistication as MAP evolves. The table below lists MAP's tactics to achieve

its goals and objectives, accomplishments in 2013, and the contribution of these efforts to enhancing the current pre-rulemaking cycle.

Table 1. MAP Strategic Plan Tactics, Accomplishments, and Contribution to Pre-Rulemaking

MAP Strategic Plan Tactic	Accomplishments in 2013	Contribution to 2014 Pre-Rulemaking Activities
<p>Approach to Stakeholder Engagement – MAP articulated the need to collaborate across multiple stakeholder perspectives to support informed decision-making and to determine whether MAP recommendations are meeting stakeholder needs.</p>	<p>Improved stakeholder balance on MAP Coordinating Committee and workgroups.</p> <ul style="list-style-type: none"> • 106 nominations submitted for MAP membership in 2014 (versus 55 in 2012), leading to a broader spectrum of participants and increased consumer and purchaser representation. • New stakeholders added to MAP include: supplier/industry organizations; subject matter experts in palliative care, surgical care, care coordination, Medicaid accountable care organizations, and emergency medicine. <p>Increase in the number of organizations providing public comments on the MAP Pre-Rulemaking Report:</p> <ul style="list-style-type: none"> • 93 organizational comments on the 2013 Pre-Rulemaking Report (versus 48 organizational comments on 2012 Pre-Rulemaking Report). 	<p>NQF began offering an early public comment period on HHS' list of measures under consideration for 2014 rulemaking. MAP received 145 comments from 43 organizations. The early public comments were used to inform MAP's review of the measures under consideration.</p>
<p>Identifying Families of Measures and Core Measure Sets – MAP has identified families of measures to promote measure alignment and create core measure sets to encourage the best use of available measures in specific public- and private-sector programs.</p>	<p>To date, MAP has developed seven sets of measures that 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. Consistent adoption of measures from the families of measures for public- and private-sector programs will increase alignment across measurement initiatives.</p>	<p>Families of measures served as an initial starting place for MAP's evaluation of program measure sets, identifying the best available measures that should be added to a program measure set or measures that should replace previously finalized measures in a program measure set.</p>
<p>Addressing Measure Gaps – To ensure that resources are focused on filling the highest priority gaps and to synchronize public- and</p>	<p>MAP generated a comprehensive list of previously identified measure gaps, compiled from all prior MAP reports to help focus pre-rulemaking discussions.</p> <p>When constructing each family of measures,</p>	<p>When reviewing program measure sets, MAP re-evaluated the previously identified gaps, noting where gaps persist and giving a sense</p>

MAP Strategic Plan Tactic	Accomplishments in 2013	Contribution to 2014 Pre-Rulemaking Activities
private-sector gap-filling efforts, MAP identifies and prioritizes gaps along the measure life cycle.	MAP identified measure gaps for the high-leverage improvement opportunities that lack adequate performance measures. Additionally, MAP invited measure developers to meetings to discuss barriers related to measure gaps and potential solutions.	of priorities. MAP identified numerous measures to fill gaps during the current pre-rulemaking cycle, and made recommendations to HHS regarding selection of those measures.
Defining Measure Implementation Phasing Strategies – MAP uses measure implementation phasing strategies to delineate how program measure sets should transition over time from current sets to ideal sets.	For MAP’s 2013 Pre-Rulemaking Report, MAP provided rationale for each decision, indicating implementation-phasing recommendations when appropriate.	For the 2014 pre-rulemaking deliberations, MAP developed more granular rationale for each decision, designed to make MAP’s recommendations clearer and more actionable by HHS as the agency implements changes to program measure sets over time.
Analytic Support for MAP Decision-Making – To provide thorough recommendations on the best performance measures for specific purposes, MAP’s decision-making must be systematically informed by evidence, measurement data, and experience in the field.	<p>NQF established an interdisciplinary team of staff to lead the data management and analytic needs of MAP.</p> <p>NQF staff supporting MAP developed an internal MAP Analytics Plan identifying internal and external opportunities for collecting, analyzing, and summarizing measurement information relevant to MAP decision-making.</p> <p>NQF continued to develop an electronic infrastructure for storing and maintaining measurement information.</p>	MAP provided additional information—such as measure performance results, unintended consequences, impact, and implementation experience—when accessible to support MAP’s pre-rulemaking review of measures.
Refining the MAP Measure Selection Criteria (MSC) – MAP envisioned that the MSC will evolve as MAP gains experience using the criteria. Over time, MAP will revisit the selection criteria to ensure that its goals and objectives are clearly	<p>MAP made careful enhancements to the MSC, including integrating the guiding principles developed by the Clinician and Hospital Workgroups.</p> <p>MAP used the MSC consistently to support decision-making, including the development of families of measures.</p>	MAP used the MSC to support decision-making about individual measures under consideration, what they would add to program measure sets, and their potential impact.

MAP Strategic Plan Tactic	Accomplishments in 2013	Contribution to 2014 Pre-Rulemaking Activities
articulated within the criteria.		
<p>Evaluating MAP's Processes and Impact – MAP envisions periodic evaluations to gauge the effectiveness of MAP's processes and recommendations and determine whether MAP is meeting stakeholder needs.</p>	<p>NQF staff monitor uptake of MAP's recommendations by HHS as proposed and final rules are issued. MAP continues to observe a high level of concordance between MAP recommendations and measures finalized in federal rules.</p>	<p>NQF staff continued to refine short-term monitoring activities and conduct concordance analyses as federal rules were promulgated and measurement information became available.</p> <p>MAP continued to establish formal and informal feedback loops to support informed decision-making. For example, NQF offered a new, structured way for stakeholders to share information on measure use and implementation experience by establishing a feedback form on NQF's online Quality Positioning System (QPS) and by collaborating more closely with NQF member councils.</p>

Progress Toward Aligned Measurement and Filling Measure Gaps

The quest to define and quantify healthcare quality has resulted in the widespread use of performance measures. Alignment of measures across performance measurement programs has been secondary to implementing good measures, which has resulted in lack of comparability among performance improvement efforts and significant data collection burden. Program implementers, including federal agencies, have given increasing attention to alignment of measures across programs, and while progress has been made, MAP recommends continuation of these efforts and extension to state and private-sector programs. MAP members also noted the need for flexibility in measure use. Local program implementers need to customize performance measures at times to meet specific local objectives, and experimentation is important to promote innovation in measurement and ultimately filling measure gaps.

MAP has continuously focused on promoting aligned measure use and filling critical measure gaps in performance measurement programs. MAP highlighted these objectives in the [MAP Strategic Plan](#), and emphasized them in the MAP Measure Selection Criteria (see Appendix D). Aligned performance measurement provides clearer direction and stronger incentives to achieve shared goals, while also

reducing data collection burden. Measure gap-filling helps address the performance gaps that represent the highest-leverage opportunities for improvement. With each pre-rulemaking cycle, MAP examines progress on alignment and gap-filling, and assesses how to best achieve these objectives.

MAP has assessed measure alignment and gaps from various perspectives. Importantly, MAP has determined that measures should address the aims and priorities of the National Quality Strategy (NQS). As seen in Figure 1 below, measures in use address the NQS priority areas to a greater (e.g., effective clinical care) or lesser (e.g., person- and family-centered experience) extent. Not all individual measures contribute equally, as some priorities may be adequately addressed by fewer measures, and some measures impact multiple priorities. However, the number of measures that address each priority area provides an indication of whether that area is receiving sufficient attention.

Figure 1 also shows the proportion of measures under consideration that are focused on each priority area, and the distribution of MAP support and conditional support for those measures. Further, the chart displays a projection of how the relative number of measures for each priority area would change from the current state if all of these MAP recommendations were adopted by the Department of Health and Human Services (HHS).

Figure 1: NQS Priority Area Focus of Measures in HHS Programs

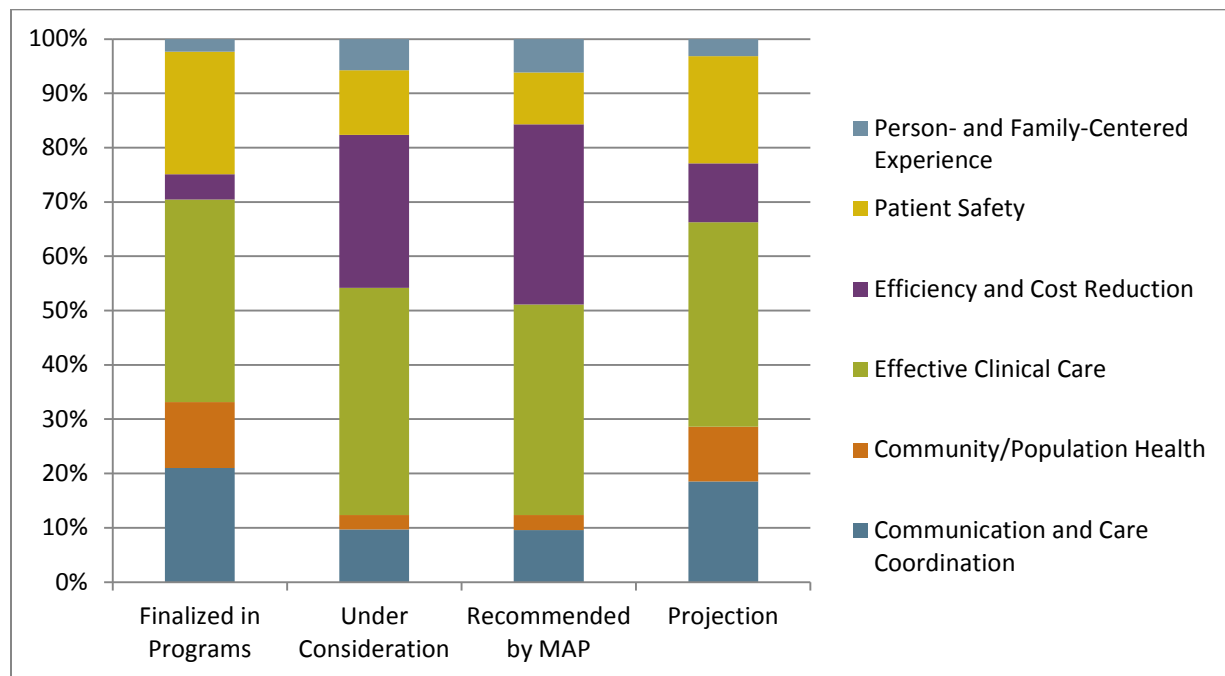
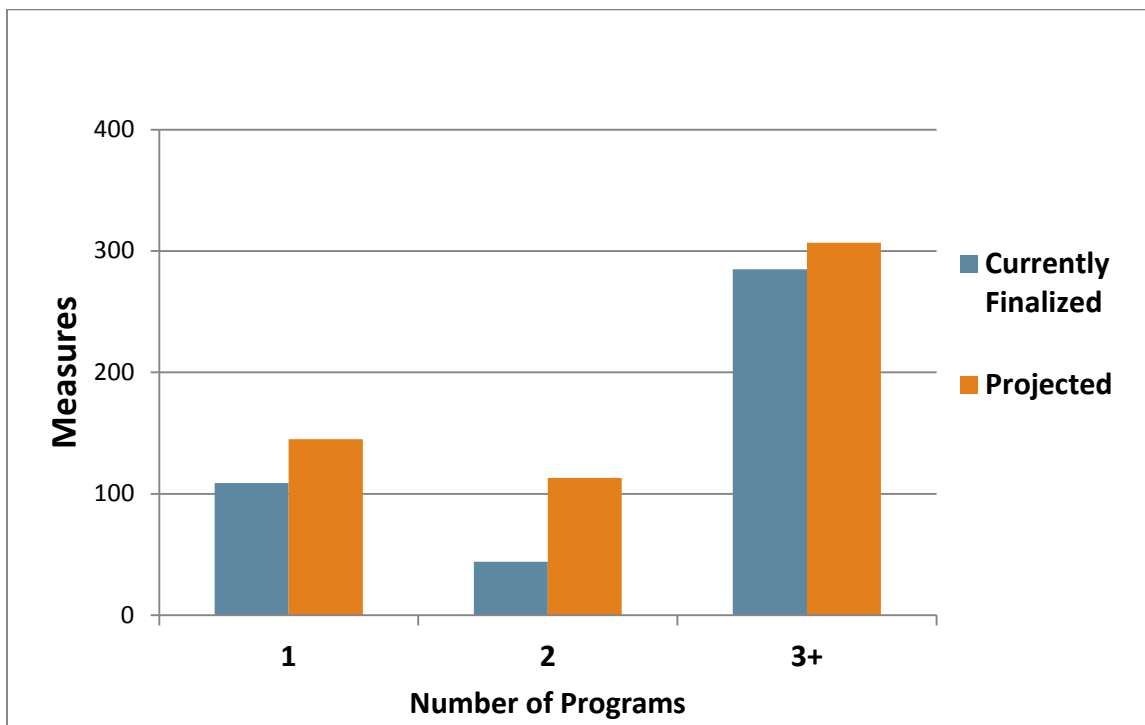


Figure 1 reveals that a significant proportion of measures under consideration map to the Efficiency and Cost Reduction area, corresponding to the NQS priority of making care more affordable. MAP supported most of these measures. A relatively small number of measures under consideration addressed person- and family-centered experience and community/population health, essential priorities that are underrepresented in terms of quantity of current measures. In contrast, the greatest proportion of measures addresses the priority area of effective care practices.

Another way to assess alignment is to determine whether measures are applicable to and implemented in multiple HHS programs. Given the need for measures to be “fit for purpose” for different programs, not all measures are suitable to apply widely. For example, some measures needed for the Hospice Quality Reporting program are specific for the population affected. Nevertheless, demonstrating that an increasing number of measures are being appropriately applied in more than one HHS program can signal stronger alignment. MAP factors into its decisions whether measures under consideration are already being used in other HHS programs

As shown in Figure 2, a majority of measures are being used in more than one HHS program that MAP reviews. Projections also indicate that if the measures that MAP supported or conditionally supported ultimately become finalized, the proportion of measures used in multiple programs would increase. MAP members voiced interest in following whether supported measures are implemented over time and tracking how this affects the distribution of measures used across HHS programs.

Figure 2: Measure Use in Multiple HHS Programs



A related aspect of alignment is the degree to which the same measures are used across a variety of public- and private-sector initiatives. Alignment across sectors has been challenging, as a [study](#) of state and regional measure sets completed for the [Buying Value](#) initiative in 2013 demonstrated. While the study found a preference for standardized measures among state agencies and regional initiatives, it also found very little alignment among the measures: 1) 80 percent of the measures were not used by more than one of the 48 measure sets analyzed; 2) approximately 25 percent of the shared measures were modified in some way; 3) states/regions frequently used non-standardized, “homegrown” measures, which made up 39 percent of the 509 distinct measures in the 48 measure sets. In response to these findings, Buying Value has launched an effort to increase alignment by: 1) providing technical assistance to states and regions that emphasize the importance of comparability among measure sets;

2) developing a consensus strategy to improve alignment while respecting the different needs of all parties and supporting measure innovation; and 3) broadly disseminating the consensus strategy. Buying Value will be coordinating this work with MAP staff, and NQF is providing program and administrative support for the effort.

Similar to alignment, MAP has observed mixed results in filling measure gaps. MAP recommended implementation of a variety of measures last year that addressed critical gap areas. For example, MAP supported the CAHPS In-Center Hemodialysis Survey measure (NQF #0258) for the ESRD Quality Incentive Program and the Medicare Spending Per Beneficiary measure (not endorsed) for the Hospital Inpatient Quality Reporting (IQR) and Value-Based Purchasing (VBP) programs. HHS now plans to implement these measures that address gaps in measuring patients' experience of care and affordability, respectively. But many gaps remain (see Appendix E for a synthesis of the gaps that MAP has previously identified). MAP members noted that they would also like to see a more systematic assessment of ongoing progress towards gap-filling going forward.

In the current round of pre-rulemaking, MAP workgroups supported additional measures that address patient experience of care, care coordination, and cost of care, among other gap areas. The drive to expeditiously fill measure gaps played a role in MAP's decision to support some measures that are currently not NQF-endorsed. For example, MAP supported: 1) a non-endorsed measure for the Inpatient Psychiatric Facility Quality Reporting program measuring how often facilities routinely assess patient experience of care; 2) a non-endorsed measure for Ventilator-Associated Events in Long-Term Care Hospital (LTCH) Quality Reporting, noting that it helps address an NQS priority not adequately covered in the set; and 3) several non-endorsed measures for the Physician Quality Reporting System (PQRS) related to mental/behavioral health, a topic that MAP previously noted as a gap area.

MAP continues to take strides toward promoting alignment and gap-filling through development of [Families of Measures](#) related to the NQS priority areas. Measure families identify the best available measures that should be applied across settings, levels of analysis, and populations. MAP also notes critical measure gap areas during creation of measure families. New families of measures for person- and family-centered care, population health, and affordability are slated for development in 2014. If maintained and applied broadly, measure families can help achieve increased alignment and keep attention focused on high-priority measure gaps.

MAP Pre-rulemaking Recommendations

MAP Pre-rulemaking Approach

MAP enhanced its 2013-2014 pre-rulemaking process by utilizing the following step-wise approach (see Appendix C):

1. Build on MAP's Prior Recommendations

MAP deliberations during this pre-rulemaking cycle were informed by MAP's prior strategic input and pre-rulemaking decisions to date, including:

- [Coordination Strategies](#) elucidated opportunities for public and private stakeholders to accelerate improvement and alignment of measurement initiatives. The recommendations in

the MAP performance measurement coordination strategies served as setting-specific background for MAP pre-rulemaking.

- [2012](#) and [2013 Pre-Rulemaking Reports](#) provided program-specific input that included MAP's recommendations about measures previously finalized for federal performance measurement programs and measures on HHS' list of measures under consideration.
- [Families of Measures](#) served as an initial starting place for evaluation of program measure sets, assisting with identification of measures that should be added to program measure sets or measures that should replace previously finalized measures in program measure sets.
- **Measure Gaps** were identified across all MAP reports and recent MAP activities (see Appendix C). When reviewing program measure sets, MAP reevaluated the previously identified gaps, noting where gaps persist. Identification of priority measures gaps is part of the discussion of each program.

2. Evaluate Currently Finalized Program Measure Sets Using MAP Measure Selection Criteria

MAP used its Measure Selection Criteria to evaluate each finalized program measure set (see Appendix D). During the past two years of providing pre-rulemaking input, HHS has asked MAP to review a large number of measures under consideration, under challenging time constraints, for various performance measurement programs. During this pre-rulemaking cycle, MAP began reviewing currently finalized measure sets before receiving the new measures under consideration to make the winter pre-rulemaking meetings more efficient. Information relevant to assessing the adequacy of the finalized program measure sets was provided to MAP members. This assessment led to the identification of measure gaps, potential measures for inclusion, potential measures for removal, and other issues regarding program structure.

In reviewing currently finalized program measure sets, MAP provided rationales for one of the following recommendations for each finalized measure:

- **Retain** indicates measures that should remain in the program measure set.
- **Remove** indicates measures that should be removed from a program measure set, according to a justifiable timeline.

3. Evaluate Measures Under Consideration

Building off its program measure set evaluations, MAP determined whether the measures on HHS' list of measures under consideration would enhance the program measure sets. For each measure under consideration, MAP provided rationales for one of the following recommendations:

- **Support** indicates measures under consideration that should be added to program measure sets during the current rulemaking cycle.
- **Do Not Support** indicates measures or measure concepts that are not recommended for inclusion in program measure sets.
- **Conditionally Support** indicates measures or measure concepts that should be phased into program measure sets over time, after specific conditions are met.

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

During its pre-rulemaking process, MAP reviews one program that assesses care at the system level, the Medicare Shared Savings Program (MSSP). This section covers the key issues raised during the pre-rulemaking process for MSSP, and reviews MAP's recommendations for the program.

Key Issues

In addition to reviewing MSSP as part of its pre-rulemaking process, MAP provides input to HHS on other system-level programs outside the pre-rulemaking cycle, including the [Medicaid Adult Core Measure Set](#) and the [Quality Rating System for Qualified Health Plans in federal Health Insurance Marketplaces](#). One of MAP's goals is to promote alignment across all programs and levels of analysis. MAP generally supports measures for MSSP that are used in other system-level programs (e.g., Medicare Advantage 5-Star Quality Rating System) and measures of population health. Ideally, the same measure could be used across all system-level programs. Additionally, MAP recommends that system-level program measure sets align with measures used for setting-specific performance measurement programs, as harmonized measures can enhance focus on care delivery goals and reduce data collection burden.

Medicare Shared Savings Program Measure Set

MAP's previous assessment of the MSSP measure set found it to be comprehensive, addressing cross-cutting measurement priorities such as patient experience as well as high-impact conditions and key quality outcomes. Additionally, observing that the measure set places heavy emphasis on ambulatory care, MAP recommended that it could be enhanced with the addition of acute and post-acute care measures, and measures relevant to patients with multiple chronic conditions. Although the set has many positive attributes, MAP advises movement towards more outcome measures, or composites of related process measures, in the near future.

MAP reviewed 15 measures under consideration and supported the inclusion of five measures (see Appendix A, Table A1). MAP supported NQF #0576 Follow-up after Hospitalization for Mental Illness, as MAP had previously recommended including this measure to align with the Medicare Advantage 5-Star Quality Rating System. MAP reviewed and supported five measures that are collected through the Clinician-Group CAHPS (CG-CAHPS) survey—Courteous & Helpful Office Staff, Supplemental Item Care Coordination, Between Visit Communication, Educating Patient about Medication Adherence, and Supplemental Item Stewardship of Patient Resources. Medicare ACOs are already required to administer the CG-CAHPS survey, and MAP supports including the individual performance of measures derived from CG-CAHPS in the ACO quality score linked to payment, provided that the individual performance measure is valid and reliable. MAP supported another CAHPS survey, Patient Experience with Surgical Care Based on the Surgical Care Survey CAHPS (S-CAHPS), as it is an NQF-endorsed patient-reported outcome measure that addresses the gap in acute care measures in the program set. MAP discussed the potential survey burden imposed on patients, as multiple Medicare programs require CAHPS surveys. MAP recommends that HHS review the sampling methodology for all CAHPS surveys to ensure that patients are not receiving multiple requests to complete similar surveys.

Additionally, MAP conditionally supported three measures. MAP noted that the full composite Optimal Asthma Care–Control Component should be used in the program once it receives NQF endorsement. This outcome measure supports coordination of care for a prevalent, high-burden, and costly chronic condition, as well as alignment because MAP conditionally supported this measure for use in other clinician programs. The two other measures—SF-36 and Patient Activation Measure—are patient reported outcomes measures (PROMS) or tools to collect information directly from patients addressing an important gap area identified by MAP. However, data generated from these PROMs would need to be aggregated and tested as a PRO-based performance measures and then submitted for NQF endorsement. This would include usability and feasibility testing taking into consideration implementation issues including burden to both the provider and patient. Additionally, the group encouraged other nonproprietary tools should be considered such as the [VR-12](#) and [PROMIS](#).

MAP did not support the remaining measures under consideration as they address specific conditions, recommending instead that ACOs continue to gain experience with the finalized measure set before expanding to additional condition-specific measures. Accordingly, MAP did not support two osteoporosis measures that MAP had previously recommended for inclusion to promote alignment with the Medicare Advantage 5-Star program. MAP supports future inclusion of these measures in MSSP once ACOs are able to overcome implementation issues with the currently finalized measure set.

MAP notes that the MSSP measure set could be enhanced with other patient-reported outcome measures in the areas of depression remission, functional status, smoking, and medically complex patients (e.g., chronically ill or those with multiple chronic conditions), as well as a measure of health risks with follow-up interventions. MAP previously discussed cost as a measure gap and the value of including additional cost measures as MSSP is designed to generate cost savings. Ultimately, MAP was split on the inclusion of additional cost measures. Members in support of additional cost measures noted that consumers need cost information to supplement quality data for this program; however, the current MSSP cost calculation only includes Medicare services, thus a complete picture of total Medicare and private payer costs is not possible at this time. MAP members who did not support additional cost measures did not want to increase the reporting burden for ACOs and suggested that the existing ACO cost calculations be made publicly available for consumers. MAP encourages additional work to determine the best methods for increasing transparency of ACO costs across public and private payers.

Clinician Performance Measurement Programs

MAP reviewed measures in finalized program measure sets and measures under consideration for four clinician programs. The Physician Quality Reporting System (PQRS) and the Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) are reporting programs that provide performance information for Physician Compare and the Value-Based Payment Modifier (VBPM). Accordingly, all finalized measures and measures under consideration for PQRS and MSSP are also under consideration for Physician Compare and VBPM. As these programs are inextricably linked, MAP integrates its review of all four programs, considering the following:

- If measures should be used for clinician reporting (i.e., should be included in PQRS);
- If measures are e-specified or leverage HIT capabilities (i.e., should be included in Meaningful Use);
- If measures should be publicly reported (i.e., should be included in Physician Compare); and
- If measures should be used for payment incentives and penalties (i.e., should be included in VBPM)

This section covers the key issues and reviews MAP's recommendations for clinician performance measurement programs.

Key Issues

In reviewing the clinician performance measurement programs, MAP utilized its Guiding Principles for Applying Measures to Clinician Programs (see Appendix F) in addition to the MAP Measure Selection Criteria. The MAP Clinician Workgroup considered if its Guiding Principles should be revised based on the review of measures; however, the workgroup determined that the guiding principles still reflect MAP's recommendations, and that the full set of principles should be widely publicized to help promote an efficient pre-rulemaking process and to obtain ongoing feedback to ensure that the principles are working effectively.

Recognizing that the pre-rulemaking cycle does not allow sufficient time for reviewing a large number of measures under consideration and all currently finalized measures, MAP began its review of finalized measures (see Appendix A, Table A3) prior to the winter pre-rulemaking cycle. MAP identified 43 measures for removal from PQRS; many of these measures have been submitted for NQF endorsement and were not endorsed. Additionally, MAP identified 66 finalized PQRS measures that should be included in Physician Compare and VBPM; these measures are primarily NQF-endorsed outcome measures, composite measures, and process measures that address cross-cutting topics.

The majority of measures under consideration for clinician programs are measure concepts, being specified, or being tested (see Appendix A, Table A4). While MAP prefers the use of NQF-endorsed measures—ensuring that measures are reliable, valid, and feasible—MAP supported or conditionally supported 63 non-endorsed measures for inclusion in PQRS, recognizing that the program lacks measures relevant to many clinician specialties. MAP did not support the use of most (52) of these measures in Physician Compare and VBPM, as MAP strongly prefers that experience be gained with measures through PQRS and that measures be submitted for and receive NQF-endorsement prior to implementation in public reporting and payment programs.

MAP also reviewed 46 condition-specific episode grouper measure concepts. Generally, MAP conditionally supported these measures, recognizing that cost measures are critical to the implementation of the VBPM. After the episode grouper measure concepts are fully specified and tested, they should be submitted for and receive NQF endorsement, and then be paired with relevant clinical outcome measures. In reviewing the episode grouper measures, MAP requested that the measure developer further explore and clarify how costs for patients with multiple chronic conditions are attributed to these measures, as patients' costs would potentially be incorporated into multiple episode grouper measures. Similarly, MAP raised questions about how the episode grouper measures are attributed to clinicians, noting that multiple clinicians, including primary care clinicians and specialists, contribute to the costs associated with a particular condition. Finally, MAP requested clarification about the spectrum of a condition that an episode grouper might cover, recognizing that the severity of the condition may impact the cost; for example, stage-1 breast cancer may be less costly than stage-5 breast cancer. MAP requests that all of these issues be considered in the continued development and endorsement of these measures.

MAP noted measure gaps for the clinical programs similar to past years, emphasizing the need for measures that lead to improved outcomes and the overall health and wellbeing of patients across the

care continuum. MAP also recommended that related process measures be rolled up into composites to illustrate a more comprehensive picture of quality. Accordingly, efforts to develop measures for clinician specialties that lack measures should focus on outcomes and composites.

Pre-Rulemaking Input on Measures for Clinician Group Reporting

The PQRS Group Practice Reporting Option web interface (GPRO) requires clinician groups to report on a set of 18 finalized measures, rather than selecting a subset of measures. In spring 2013, MAP provided [input](#) on measures applicable to clinician group reporting, recommending 15 measures for inclusion in Physician Compare and VBPM. This input was developed recognizing that implementation of Physician Compare and VBPM will begin with clinician groups, before expanding to all clinicians. Having provided prior input on the measure set, MAP considered how the measure set could be enhanced (see Appendix A, Table A2).

Recognizing that this reporting option is often selected by large multi-specialty group practices, MAP recommends that future expansion of the measure set focus on measures that highlight a group's ability to provide coordinated seamless care. CMS seeks alignment of MSSP and GPRO; accordingly, MAP supported NQF #0576 Follow-Up After Hospitalization for Mental Illness for inclusion in GPRO. MAP also noted that existing measures address the medication management gap—NQF #0022 Use of High Risk Medications in the Elderly and NQF #0553 Care for Older Adults-Medication Review—however, MAP would ultimately prefer a composite measure that addresses the concepts in both measures.

Similar to MSSP, MAP noted that the GRPO measure set could be enhanced with additional composite measures, such as optimal vascular care and optimal asthma care, and outcome measures related to pain and depression. In addition to alignment with MSSP, MAP recommends that the GPRO measure set align with other system-level reporting programs, such as Medicare Advantage 5-Star and the Medicaid Adult Core Measure Set.

Pre-Rulemaking Input on Measures for Individual Clinician Reporting

Individual clinicians and clinician groups reporting through EHRs or claims (e.g., not reporting through the GPRO web interface) are required to report nine measures that address three National Quality Strategy domains. A goal across all clinician programs is to encourage clinician participation, particularly as PQRS transitions from an incentive program to a penalty program in 2015. MAP seeks to encourage clinician participation by identifying measures that are clinically relevant for all clinician specialties. To accomplish this, MAP supports incorporating measures used in Maintenance of Certification (MOC) programs into the federal programs. Additionally, MAP notes that implementation of the Quality Clinical Data Registries reporting option¹ will assist in ensuring that all clinicians will be able to participate in the federal programs.

Core Measures for Clinician Reporting

To further support clinician participation, MAP discussed the development of a core measure set for individual clinician reporting. MAP notes that a core would address critical improvement gaps, align payment incentives across clinician types, and reduce reporting burden. MAP considered two options for implementing a core set: (1) identifying a subset of measures that all clinicians would be required to report or (2) identifying multiple core sets, for each specialty or groups of related specialties. Ideally, MAP would prefer to identify a core that all clinicians could report but recognized this would be a

challenging task given the wide variation in clinical practice. Accordingly, MAP recommends the following approach for developing a core measure set for individual clinician reporting:

First, identify logical segments of clinicians that would report common core sets. Options include segmenting clinicians by those who see patients regularly versus those who do not, by care setting, by types of encounters (e.g., those who have episodic interactions with patients versus those who have longitudinal relationships with patients), or by patient population served (e.g. those who serve a high volume of vulnerable patients).

Next, identify a few (e.g., 2-3) measures that all clinicians in a segment would report. This will support comparisons across larger cohorts of clinicians. Regardless of the segment of clinicians, the measures in a core set should focus on measure topics that drive broad improvements in healthcare delivery. MAP noted that core measures should promote shared accountability, address cost, and assess care longitudinally; specifically, core measure topics should include patient-reported outcomes (e.g., health related quality of life, shared decision-making, experience with care), care coordination and communication across providers and settings, medication management, cultural competency, population health, and health disparities.

In defining core measure sets for each clinician segment, alignment with performance measurement and improvement activities in other settings and levels of analysis must be considered. This alignment will ensure that the clinician core sets are also supporting overall system improvement. Additionally, a patient-focused approach is needed when developing cores, considering how the core sets address quality across the care continuum. The MAP families of measures, which promote alignment across settings and across episodes of care, can serve as a starting place for identifying core sets for each clinician segment. MAP offers to work with HHS to define the logical segments of clinicians and applicable core measures.

Application of Hospital-based Measures to Clinician Reporting

Currently, the clinician measurement programs do not include measures that are applicable to many hospital-based physicians. During 2014 rulemaking, HHS identified two options for applying existing hospital measures to the clinician performance measurement programs: (1) re-specify existing hospital-level measures for application to clinicians and (2) apply a hospital's performance rates to clinicians practicing in that hospital. MAP considered these options, reviewing finalized measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and Hospital Outpatient Quality Reporting Program, and discussing their application to clinician programs.

Generally, MAP supports both options for using hospital-level measures to assess clinician performance, depending on individual clinician or hospital system role in improving performance on the measure. Both options support aligned measurement across the hospital and clinician levels of analysis, supporting aligned incentives. Additionally, both options reduce the collective data collection burden for hospitals and clinicians. MAP discussed which measures should apply to each option:

Re-specifying hospital-level measures. MAP noted that individual clinician performance is important to consumers, so a subset of hospital-level measures should be re-specified for individual clinicians. MAP noted that the hospital-level measures that are best suited for this option are in areas of care where consumers are able to select their providers, where there is significant variation in clinician performance, and where care is largely attributed to providers.

For example, for planned surgeries (e.g., hip replacement, knee replacement), consumers are able to choose a clinician, so hospital measures for these procedures should be re-specified for clinician reporting. MAP cautioned that HHS would need to develop methods for aggregating clinicians' data from multiple hospitals. Additional testing will be needed for any re-specified measures to ensure psychometric soundness. For example, some variation in provider performance may be caused by the time of day or workflow in the hospital.

Applying hospital performance rates. MAP noted that this option promotes shared accountability, as it would incentivize both the clinician and hospital to improve performance on the same measures. This option may be best suited for hospitalists and other clinicians who are dedicated to one hospital system. Areas of care where consumers are unable to select their clinicians (e.g., critical events, ED care) and areas that focus on the systems of a hospital (e.g., throughput measures) are best suited for this option.

MAP would like the opportunity to provide input to HHS on measures that could be applicable to each option. Further, MAP notes that applying measures from post-acute care and long-term care programs to clinical programs in a similar manner would expand the measures available for clinicians who serve patients in those settings.

Hospital Performance Measurement Programs

MAP reviewed measures in finalized program measure sets and measures under consideration for nine hospital programs that have varying purposes and constructions. This section covers the key issues revealed by MAP deliberations and reviews MAP's recommendations for each hospital program.

Key Issues

During its pre-rulemaking review of hospital programs, MAP discussed a number of challenging issues. In particular, MAP considered the balance between rapid implementation of measures that address outcomes critical to consumers and concerns about measures' validity, reliability, feasibility, and potential unintended consequences. The importance of this balance was particularly evident in MAP's decisions regarding stroke outcome measures, healthcare-acquired condition measures, and implementation of an all-cause readmission measure in a payment program.

Stroke Outcome Measures

In reviewing finalized program measure sets, MAP made recommendations on the retention of stroke readmission and mortality measures in the Inpatient Quality Reporting (IQR) program. In addition, MAP made recommendations on the use of the same stroke readmission measure within the Hospital Readmissions Reduction Program (HRRP).

MAP PRIOR ACTIONS AND HHS RESPONSES ON STROKE OUTCOME MEASURES

During the Hospital Workgroup's October web meeting to review the finalized IQR measure set, the group began to discuss two measures related to stroke outcomes for possible removal: 1) Stroke: 30-day all-cause risk-standardized mortality measure, and 2) Hospital 30-day all-cause risk-standardized readmission rate following an acute ischemic stroke hospitalization. MAP did not support these measures in its 2013 pre-rulemaking recommendations because they are not NQF-endorsed, but identified stroke mortality and readmissions to be measure gaps in the IQR program. These measures were not endorsed in part because the steering committee recognized stroke severity to be the main determinant of outcomes and the NIH Stroke Scale to assess severity was not included in the risk

adjustment model. CMS subsequently finalized the measures for use in the IQR program, citing the importance of the topics and a lack of other feasible or practical measures.

Stroke is a high-impact condition, and improving outcomes for stroke patients is important to all stakeholders. In particular, consumers and purchasers need publicly reported information on stroke outcomes to make informed decisions on where to seek care. Facilities with specialized stroke centers have been shown to perform better on process measures of stroke care, but outcome measures have not yet been implemented nationally. Providers have expressed concerns about the scientific acceptability of the two outcome measures in IQR. One of their primary concerns is that some facilities see more severe patients and use of these measures may unfairly penalize stroke centers and others that serve higher-acuity patients. Moreover, publicly reporting inaccurate data about performance could have the unintended consequence of misdirecting patients.

CMS believes that the stroke outcome measures are sound, and they have reiterated their strong commitment to improving them over time. CMS has noted that the measures are currently designed to account for severity, and it is not feasible to incorporate the NIH Stroke Scale into the risk adjustment model for a claims-based measure. However, the measures have been compared to results obtained from abstracting medical records and found to be highly correlated. CMS has also suggested that implementation of ICD-10 will allow for more granular coding for stroke location, a factor closely tied to severity and outcomes. Further, CMS and ONC are working to develop an eMeasure that could be included in Meaningful Use Stage 3 and has a marker of severity collected as part of certification. Finally, CMS has commissioned a study from the measure development team to explore whether stroke centers are unfairly penalized by the use of these measures. Preliminary results show that distribution of performance is similar between stroke centers and other types of facilities, with high volume driving outlier results at both ends of the curve for all types of providers.

MAP 2014 PRE-RULEMAKING INPUT ON STROKE OUTCOME MEASURES

MAP continued discussion of the stroke measures during its pre-rulemaking process and ultimately agreed that the stroke readmission and mortality measures should be retained in the IQR program. Some members remain concerned about the measures and the study results, questioning whether the data reflects inadequate clinical guidelines for treating stroke, the definition of a stroke center, risk adjustment of the measures, or some combination of factors.

After careful consideration, MAP concluded that the need for data on stroke outcomes outweighs these concerns. MAP recognized that consumers need data on stroke outcomes to see possible variation among hospitals and that including these measures in IQR will drive quality improvement efforts on a very significant condition. MAP recognized the limitations of claims-based measures and encouraged other approaches to stroke outcome measurement, such as using data from registries. However, development of other measures could take years, and an IQR measure based on registry data would require that all participating hospitals use the same registry.

MAP did not support the stroke readmission measure for the HRRP program, noting the need for more experience with the measure before it is incorporated into a payment program. MAP reiterated the need to ensure measures in HRRP are scientifically sound as the program penalties can have severe consequences for hospitals. Experience may result in changes being made to improve the functionality of the measure.

Hospital-Acquired Condition Measures

In its 2012 Pre-Rulemaking Report, MAP recommended removing several hospital-acquired condition (HAC) rates from the IQR program that populates Hospital Compare and replacing them with NQF-endorsed measures. Subsequently, HHS removed the rates from the program. To date, not all conditions previously covered by an HAC rate have been replaced with an endorsed measure, leading to an absence of publicly-reported information on some HACs. In its 2014 pre-rulemaking activities, MAP sought measures under consideration and other endorsed measures to fill current gaps in HACs on Hospital Compare.

BACKGROUND ON HOSPITAL-ACQUIRED CONDITION MEASURES

Each previously published HAC rate was a calculation of how often a particular preventable event occurred at a given hospital. The rates were calculated for fee-for-service Medicare beneficiaries who were discharged from a hospital paid through the Inpatient Prospective Payment System (IPPS). The rate for each was calculated by dividing the number of HAC events by the number of eligible Medicare discharges and multiplying the resulting figure by 1,000. The HAC rates were not risk-adjusted to account for differences in hospital patients' characteristics. In addition, no tests of statistical significance or comparisons to national benchmarks were performed on the data.

MAP PRIOR ACTIONS AND HHS RESPONSES ON HOSPITAL-ACQUIRED CONDITION MEASURES

In its 2012 Pre-Rulemaking Report, MAP recommended that HHS remove all eight HAC rates from the IQR program and replace them with NQF-endorsed measures. In making this recommendation, MAP also noted concerns about the reliability of using secondary diagnosis codes from administrative claims to report HAC-related complications. Subsequently, HHS removed these measures from the program, citing MAP's recommendation and a desire to reduce redundancy between the IQR and HAC Reduction programs.

In addition to the patient safety measures in IQR, the recently launched HAC Reduction Program also includes a variety of safety measures. CMS confirmed that the agency plans to report the safety measures from the HAC Reduction Program on Hospital Compare; specifically, the PSI-90 composite and the eight individual rates within the composite. This will improve the availability of patient safety data.

MAP 2014 PRE-RULEMAKING INPUT ON HOSPITAL-ACQUIRED CONDITIONS

Without the original HAC rates in IQR, Hospital Compare displays less data on a number of patient safety issues. Specifically, there were once rates for four safety concerns that are not currently addressed by measures finalized for IQR or the HAC Reduction Program. After reviewing program measure sets, MAP determined that measure gaps existed for air embolism, blood incompatibility, foreign body left during procedure, and manifestations of poor glycemic control.

During the current pre-rulemaking cycle, MAP supported two endorsed measures and conditionally supported two non-endorsed measures to fill these gaps. These measures are NQF #0349 PSI 16 Transfusion Reaction, NQF #0363 PSI 5 Foreign Body Left During Procedure, Adverse Drug Events–Hyperglycemia, and Adverse Drug Events–Hypoglycemia. Because no measures were available to address air embolism, this condition was called out as a remaining gap area. Table 2 shows how finalized and supported measures address the conditions previously addressed by the HAC rates.

Table 2. Finalized and MAP-Supported HAC Measures by Program

Condition Addressed by HAC Rates	Addressed in Federal Program		
	Inpatient Quality Reporting (public reporting)	Value Based Purchasing (payment incentive)	HAC Reduction Program (public reporting and payment incentive)
Air Embolism			
Blood Incompatibility			MAP supported measure on this issue (PSI-16)
Catheter-Associated Urinary Tract Infection	Finalized measure addresses this issue	Finalized measure addresses this issue	Finalized measure addresses this issue
Falls and Trauma	Finalized measure addresses this issue	Finalized measure addresses this issue	Finalized measure addresses this issue
Foreign Body Left During Procedure	MAP supported measure on this issue (PSI-5)		
Manifestations of Poor Glycemic Control	MAP conditionally supported measures on this issue (ADE Hyper/Hypo Glycemia)		
Pressure Ulcers Stages III and IV	Finalized measure addresses this issue	Finalized measure addresses this issue	Finalized measure addresses this issue
Vascular-Catheter Associated Infection	Finalized measure addresses this issue	Finalized measure addresses this issue	Finalized measure addresses this issue

All-Cause Hospital Readmissions Measure

MAP was asked to provide input on the potential implementation of NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure in the Hospital Readmissions Reduction Program (HRRP), a pay for performance program.

BACKGROUND ON THE ALL-CAUSE HOSPITAL READMISSION MEASURE

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmissions for any eligible condition within 30 days of discharge for patients ages 18 and older. The measure generates a single summary readmission rate that is risk-adjusted through hierarchical logistic regression. The measure was tested in Medicare fee-for-service and commercial populations and is designed to include five clinical cohorts: medicine, surgery/gynecology, cardiorespiratory, cardiovascular, and neurology.

During the NQF endorsement review of the measure, concerns were raised about the need to risk adjust for socioeconomic status and about the usability of the measure to improve performance. In light of these concerns, the NQF Board of Directors asked MAP to consider the complex issue of admission/readmission measure use as part of a broader Care Coordination Family of Measures applicable to all types of providers and to outline principles and issues for implementing admission/readmission measures.

MAP PRIOR ACTIONS AND HHS RESPONSES ON READMISSION MEASURES

During MAP's work to identify a Care Coordination Family of Measures, MAP developed a [Guidance Document for the Selection of Avoidable Admission and Readmission Measures](#) to establish important implementation principles. The principles state:

- Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination.
- All-cause and condition-specific measures of avoidable admissions and readmissions are both important.
- Monitoring by program implementers is necessary to understand and mitigate potential unintended consequences of measurement.
- Risk adjustment is necessary for fair comparisons of readmission rates.
- Readmission measures should exclude planned readmissions.

During its 2012 and 2013 pre-rulemaking work, MAP supported the implementation of NQF #1789 in IQR, noting that consumers and purchasers need all-cause readmission information to guide decision-making. Members not in favor of the measure's use cited potential unintended consequences and the need for appropriate risk adjustment and exclusions. HHS subsequently finalized NQF #1789 for the IQR program.

MAP 2014 PRE-RULEMAKING INPUT ON THE ALL-CAUSE HOSPITAL READMISSION MEASURE

During its review of the All-Cause Readmission Measure for HRRP, MAP recognized the important role HRRP has had in changing provider behavior and motivating increased care coordination to prevent readmissions. There is a need to improve readmission rates across all diagnoses, not just the conditions currently addressed in the HRRP measure set. MAP shares the general perception that readmission rates are too high but noted that the appropriate level to target is unknown. In addition, the penalties associated with the HRRP can have significant effects on hospitals and this warrants increased scrutiny of the measures considered for use in the program set.

MAP reiterated the importance of readmission information to all stakeholders, particularly the availability of all-cause readmission data to support decision-making by patients, purchasers, and payers. MAP also noted that this measure has only recently been implemented in the IQR program and more experience with its use is needed before the measure is implemented in HRRP. Therefore, MAP conditionally supported NQF #1789 for the HRRP measure set, noting two conditions that should be resolved before the measure is implemented.

The first condition is that HHS should address the potential for a single readmission to be counted twice if both all-cause and condition-specific readmission measures are included in the program. Including both types of readmission measures would essentially penalize hospitals twice for the same event. MAP recommends that CMS consider programmatic approaches to alleviate this concern, such as creating separately calculated domains within the program for all-cause and condition-specific measures or using only the all-cause measure for this program. MAP recognizes that statutory requirements may prevent the short-term removal of some condition-specific measures.

The second condition is that HHS should calculate and report results of the measure for peer groups of similar facilities. Despite critical access hospitals being excluded from the HRRP, MAP remained concerned about the implications of implementing this measure for rural and safety net providers. MAP noted that implementing MedPAC's recommendation to compare hospitals to peer groups for purposes of HRRP incentives could help minimize concerns about unfairly penalizing hospitals that

disproportionately care for economically disadvantaged populations. MAP reiterated that issues of socioeconomic status and disparities in care should not be conflated and that all patients deserve high-quality care. In addition, NQF #1789 is included in the Dual Eligible Beneficiaries Family of Measures and addresses a crucial issue for vulnerable populations.

Overview of Recommendations for Hospital Programs

MAP reviewed program measure sets and measures under consideration for nine hospital and facility programs: Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (HVBP), Meaningful Use for Hospitals and Critical Access Hospitals, Hospital Readmissions Reduction Program (HRRP), 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 reflect the MAP Measure Selection Criteria and build on prior NQF work.

Hospital Inpatient Quality Reporting

MAP reviewed 11 measures under consideration for the IQR program, a pay-for-reporting program for acute care hospitals (see Appendix A; Table A5). While the MAP Measure Selection Criteria note a strong preference for NQF-endorsed measures, MAP supported or conditionally supported a number of measures that were not endorsed as they address critical program objectives and previously identified gaps. MAP encouraged further development of these important concepts where applicable and reiterated that the measures should be submitted for NQF endorsement. MAP also discussed the need to balance potential advancement and innovation that can be achieved through the application of eMeasures with the implementation challenges hospitals face in extracting data from electronic health records to support measurement.

MAP supported a number of measures under consideration to help fill previously identified gaps. Two measures under consideration, Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge and PC-02 Cesarean Section are NQF-endorsed and help fill the previously identified gap of maternal/child care. MAP cautioned that C-section rates can be misleading without appropriate context and recommended CMS work with others to ensure that consumers understand publicly reported results and why the measure is important.

MAP supported two measures under consideration that help address the previously identified gap of affordability and overall cost: 1) Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure, and 2) Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia. MAP noted the need for condition-specific cost information, while recognizing the attribution challenges inherent in measuring episodes of care that involve post-discharge care. Additionally, MAP reiterated the need for the cost measures to be submitted for NQF endorsement.

Two measures under consideration could serve as replacements for one of the HAC rates previously removed from the IQR program. These measures are Adverse Drug Events—Hypoglycemia and Adverse Drug Events—Hyperglycemia. MAP conditionally supported these measures. MAP expressed concern about including measures that only have electronic specifications, as many hospitals still face significant barriers to reporting eMeasures and using them to drive quality improvement. Finally, MAP noted that the NQF endorsement process should ensure that eMeasures are feasible to implement.

MAP also provided input on another measure addressing adverse drug events and medication safety, Appropriate Monitoring of patients receiving an Opioid via an IV Patient Controlled Analgesia Device. While this measure is no longer under consideration by HHS for use in a program, MAP reiterated the

importance of opioid monitoring as an important gap area. In particular, high-risk patients should be continually monitored and sedation outcomes should be tracked. MAP also expressed concern that this measure is limited to patient-controlled analgesia (PCA) and could result in the negative unintended consequence of avoidance of PCA in favor of older, more dangerous therapies. MAP encourages the development of a measure that addresses opioid safety more broadly.

MAP conditionally supported two condition-specific readmission measures for coronary artery bypass graft surgery and vascular procedures, pending NQF endorsement. MAP reiterated the need for condition-specific readmission measures to provide actionable information for quality improvement but had concerns about risk adjustment for socioeconomic status. Finally, MAP conditionally supported two measures addressing mortality: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following Coronary Artery Bypass Graft (CABG) surgery and Hospital 30-day Risk-standardized Acute Myocardial Infarction (AMI) Mortality eMeasure. MAP noted the AMI eMeasure is a promising concept but expressed concerns that some hospitals may have difficulties implementing it because of current limitations of EHR systems.

MAP reiterated the importance of rapidly filling the gaps that have been identified in the IQR program. Specifically, members called for new measures to address pediatrics, maternal/child health, cancer, behavioral health, affordability/cost, care transitions, patient education, and palliative and end-of-life care. MAP is also interested in additional safety measures for medication reconciliation, a hospital's culture of patient safety, pressure ulcers, and adverse drug events. MAP advises HHS to focus on filling gaps where measures already exist, such as the adoption of current measures used in the PCHQR, IPFQR, or the Hospice Quality Reporting program rather than gaps with significant needs for measure development.

To keep the IQR measure set parsimonious, MAP identified six finalized measures within the program for phased removal (see Appendix A; Table A6). MAP favored removing measures that are no longer NQF-endorsed or endorsed in reserve status, indicating that performance is very high and there is not significant opportunity to improve. MAP acknowledged the potential burden of retaining topped-out measures but cautioned that the removal of such measures could create gaps in the program or take focus away from important topics. MAP advised careful monitoring to prevent a decline in performance after measures are removed.

Hospital Value-Based Purchasing

MAP reviewed 14 measures under consideration for the HVBP program, a pay-for-performance program. In this program, hospitals receive a payment associated with the higher of two scores: one based on their performance relative to other hospitals and the other reflecting their improvement over time (see Appendix A; Table A7). MAP reinforced its previous recommendations that 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.

MAP supported four measures under consideration addressing stroke care. Stroke is a high-impact condition and there is a need to promote care processes closely tied to better outcomes. MAP did not support the other measures under consideration because performance on those measures is already very high and there is little opportunity for further improvement. This recommendation is congruent with MAP's previous recommendation that the HVBP program measure set should be parsimonious to avoid diluting the payment incentive.

MAP reiterated its desire to see additional outcome measures in the HVBP measure set. Noting that measures in the HVBP program must be drawn from the IQR measure set, MAP identified current IQR

measures that should be prioritized for inclusion in the HVBP program as potential ways to fill gaps in the program (see Appendix A; Table A8). MAP recommended the prioritization of:

- NQF #0469 Elective delivery prior to 39 completed weeks of gestation
- NQF #0351 PSI-4 Death among surgical inpatients with serious treatable complications
- NQF #1550 Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty
- NQF #1893 COPD 30-day mortality rate
- AMI Payment per Episode of Care

Additionally, MAP supported CMS's previously stated intention to propose NQF #1716 NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure and NQF #1717 NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure for the HVBP program.

Finally, MAP noted additional gap areas, including acute renal failure acquired in the hospital, a hospital's culture of patient safety, and emergency department throughput.

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals

MAP conditionally supported all six measures under consideration for the Meaningful Use for Hospitals and Critical Access Hospitals program, a pay-for-reporting program (see Appendix A; Table A9). Five of the measures under consideration were either under consideration or finalized for the IQR program. Members and public commenters cautioned that the requirements of the Hospital Meaningful Use program are complex and hospitals have had difficulty understanding and implementing them. While MAP supports alignment across programs and HHS' attempts to minimize reporting burden, it may be appropriate to have different measures for the IQR and Meaningful Use programs. MAP reiterated the need for accurate measure specifications and adequate measure testing. MAP recommended that measures be submitted for NQF endorsement and that the endorsement process should address concerns about the feasibility of the measures.

MAP noted the need to continue development of electronic specifications for NQF #0500 Severe Sepsis and Septic Shock: Management Bundle. While some MAP members challenged the feasibility and evidence behind the measure, others emphasized the very serious nature of sepsis and the high costs associated with it. MAP deferred to the recent endorsement review of this measure and conditionally supported it for the Meaningful Use program.

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 based on a national average. MAP reviewed three measures under consideration for this program (see Appendix A; Table A10). Two measures under consideration address specific conditions, and one addresses all-cause readmissions. MAP considered the balance between all-cause measures and condition-specific measures of readmissions and reiterated the importance of both because they provide different types of information to stakeholders. MAP recognized that HRRP has played a large role in driving recent improvements and that including measures of additional conditions could help focus attention on reducing readmissions for patients with those diseases. However, MAP raised concerns that some readmission events could be double counted if both condition-specific and all-cause measures are included.

MAP conditionally supported one condition-specific measure, Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery, noting the need for the program to address additional diagnoses and that condition-specific measures provide hospitals with actionable data. The measure should be submitted for NQF endorsement. MAP did not support the inclusion of Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization, wanting more experience with the measure before it is used for payment purposes. As discussed above, MAP voiced concerns about the validity, reliability, and risk adjustment of the measure.

MAP conditionally supported including NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure in the HRRP program set, noting the need to balance improvement with the risk of unintended consequences for safety net hospitals that may be more likely to experience payment reduction. MAP urged CMS to develop a methodology for how all-cause and condition-specific measures would be used together in the HRRP program and across programs to avoid duplication as well as to consider comparing hospitals to peer groups rather than national averages.

Regarding gaps in the HRRP program measure set, MAP noted that the current measures focus heavily on cardiovascular care and there is a need to address additional conditions in the program. In particular, MAP recommends measures addressing behavioral/mental health and cancer care.

Hospital-Acquired Condition Payment Reduction Program

MAP reviewed four measures under consideration (see Appendix A; Table A11) for the HAC Reduction program, a pay-for-performance program that reduces Medicare payments for the quartile of hospitals that have the highest rates of HACs. The HAC Reduction Program consists of two domains of measures: Domain 1 includes Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) measures; Domain 2 includes measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN). Hospitals will receive a score for each measure within the two domains. Domain scores will also be calculated, with Domain 1 weighted at 35 percent and Domain 2 weighted at 65 percent to determine a total score under the program.

The four measures under consideration for the HAC Reduction Program are AHRQ PSI measures. MAP supported the inclusion of two NQF-endorsed measures, NQF #0349 Transfusion Reaction (PSI 16) and NQF #0533 Postoperative Respiratory Failure Rate (PSI 11). MAP emphasized that these HACs are devastating to patients and are very costly. MAP did not support the inclusion of two measures, PSI 10: Postoperative Physiologic and Metabolic Derangement Rate and PSI 9: Perioperative Hemorrhage or Hematoma Rate because of concerns that the measure specifications are vague and the measures may not be valid or reliable. MAP noted the significant penalties incurred in the HAC Reduction Program and cautioned that measures for this program should be held to a higher standard.

MAP noted a number of gaps for the HAC Payment Reduction Program. MAP suggested considering PSI-5 to address foreign bodies retained after surgery. Additionally, MAP supported the development of measures to address wrong site/wrong side surgery and sepsis beyond post-operative infections.

PPS-Exempt Cancer Hospital Quality Reporting

MAP reviewed six measures under consideration for the PCHQR program, a quality reporting program for specialty hospitals exempt from the prospective payment system (PPS) (see Appendix A; Table A12).

Two of the measures under consideration are process measures addressing cancer treatment. MAP supported one of these measures, NQF #1822 External Beam Radiotherapy for Bone Metastases, noting the importance of this therapy in controlling pain for patients with advanced cancer. MAP

conditionally supported a measure addressing the initiation of osteoclast inhibitors for patients with multiple myeloma or bone metastases associated with breast cancer, prostate cancer, or lung cancer. MAP requested that this measure be submitted for NQF endorsement to review its concordance with current evidence and consider the potential consequences of measuring use of one class of medication.

MAP conditionally supported one measure under consideration related to pain screening, NQF #1628 Patients with Advanced Cancer Screened for Pain at Outpatient Visits. Recognizing pain assessment is a critical component of patient-centered care, MAP noted that this measure involves frequently repeated patient screenings that could prove burdensome to both patients and providers. A sampling methodology may be more feasible than collecting data on all patients at all visits. MAP also noted that this measure may be redundant with NQF #0383 and NQF #0384, two measures related to pain that are already finalized for the program. MAP encourages CMS to be parsimonious when selecting measures for the program.

MAP supported NQF #0450 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12) for the PCHQR program. This is an NQF-endorsed measure that is included in the MAP Safety Family of Measures and addresses an important patient safety concern. MAP conditionally supported Potentially Avoidable Admissions and Emergency Department Visits Among Patients Receiving Outpatient Chemotherapy, noting that the measure should be submitted for NQF endorsement.

MAP conditionally supported the measure Overuse of Imaging for Staging Breast Cancer at Low Risk of Metastasis, noting that preventing overuse is important to addressing waste in the system, improving patient safety, and providing an opportunity for shared decision-making. The measure should be submitted and receive NQF endorsement. MAP discussed the importance of promoting patient-centered care with this program. The evidence base for cancer care evolves quickly, and patients should have the opportunity to discuss treatment options and their care plans with their providers.

Previously, MAP had noted palliative care measurement gaps in hospital performance measurement programs, particularly in the PCHQR program. MAP identified NQF-endorsed measures that were not on HHS' list of measures under consideration for the program but could help fill these gaps (see Appendix A; Table A13). Two measures, NQF #1634 and NQF #1637, could help address pain screening and assessment. Additionally, they are in two MAP families of measures, therefore promoting alignment across settings and programs. Two additional measures, NQF #0326 Advanced Care Plan and NQF #1641 Treatment Preferences, are currently in the Hospice and Palliative Care Family of Measures and address the previously identified gap of supportive services for patients. MAP recommended that HHS consider all four of these measures for inclusion in the PCHQR program and that they also be considered for the IQR program at a later date, when EHRs have been more widely implemented. MAP also noted that palliative care is a special concern for dual eligible beneficiaries and other vulnerable populations.

Inpatient Psychiatric Facility Quality Reporting

MAP reviewed ten measures under consideration for the IPFQR program, a pay-for-reporting program (see Appendix A; Table A14). The majority of the measures under consideration address screening, and MAP found that the measures did not adequately meet the needs of the program. While MAP agreed that the requirement to conduct screening for risk of violence, risk of suicide, and alcohol, tobacco, and substance abuse within a day was an improvement over other measures with a three-day screening window, members expressed concern that the measures set a low bar. As alternatives to the measures under consideration, MAP encouraged the inclusion of measures from The Joint Commission's tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and they are in the final stages of the NQF endorsement process.

MAP conditionally supported two measures addressing influenza vaccination for the IPFQR program, noting the importance of vaccination for healthcare personnel, patients, and public health in general. MAP cautioned that CDC and CMS need to collaborate on adjusting the measure specifications for reporting and implementation before they can be included in the reporting program.

As a first step to address the previously identified gap in measures for person-centered psychiatric care, MAP supported the Inpatient Psychiatric Facility Routinely Assesses Patient Experience of Care measure for inclusion in this program. MAP encouraged the rapid replacement of this measure with a robust survey of patient experience and a measure based on patient-reported information, such as a CAHPS tool.

MAP did not support one measure under consideration addressing IPF use of an electronic health record meeting Meaningful Use Criteria. Psychiatric hospitals were excluded from the Meaningful Use EHR Incentive program and imposing these criteria may not be realistic. Because of the nature of this measure, MAP expressed concern about using quality reporting programs to collect data on system infrastructure and suggested that the American Hospital Association's survey of hospitals may be a better data source.

Finally, MAP reviewed measure gaps in the IPFQR program measure set. MAP recognized that outcome measures take time to develop but reiterated the need for this type of measure in the IPFQR program. Gaps identified for this program include patient and family engagement including patient experience, patient-reported outcomes, medical errors, fear of violence at home, death by suicide within 30 days of admission, and timely access to psychiatric facilities for patients that present to emergency departments.

Hospital Outpatient Quality Reporting

MAP reviewed four measures under consideration for the OQR program, a pay-for-reporting program (see Appendix A; Table A15).

MAP did not support three of the measures under consideration for the OQR program. While MAP generally favors the inclusion of readmission measures as part of a broader approach to measuring performance and improving care, MAP did not have enough information on the 30-Day Readmissions measure under consideration to support its use. MAP did not support two measures under consideration related to psychotherapy: No Individual Psychotherapy and Group Therapy. MAP members wanted evidence on the relative value of individual versus group therapy and recommended that these measures be submitted for NQF endorsement to better understand their merit before they are implemented in the OQR program. MAP recognized the need for individualized psychotherapy services, particularly for vulnerable populations, and these measures conceptually have face validity. However, the measures appear to be more related to previously identified billing issues than to quality of care or patient outcomes.

MAP conditionally supported the High-Acuity Care Visits after Outpatient Colonoscopy Procedure measure for the OQR program, noting the need to provide outcome information to inform consumer decisions and drive quality improvement. This measure addresses an important quality and safety issue with incidence of these events ranging from 10 to 22 per 1,000 after risk adjustment. MAP recognized the need for the measure to be further developed and gain NQF endorsement. MAP expects the endorsement process to resolve questions of the reliability and validity of the measure as well as with the accuracy of the algorithm for attributing claims data in light of possible effects of the Medicare three-day payment window policy.

MAP identified shared decision-making and patient experience reporting beyond CAHPS as gaps in the OQR program measure set. In addition, MAP identified wrong site or wrong person surgery, a potential adverse event in outpatient facilities, as a measure gap.

Ambulatory Surgical Center Quality Reporting

MAP reviewed one measure under consideration for the ASCQR program, a pay-for-reporting program (see Appendix A; Table A16). MAP conditionally supported the same colonoscopy measure for the ASCQR program as for the OQR program, reiterating concerns about the need for further development and NQF endorsement of the measure.

While questions about the feasibility of the finalized measures related to cataract surgery and endoscopy/polyp surveillance were raised, MAP ultimately supported retaining these measures in the program, noting the important role they play in promoting shared accountability.

MAP identified a number of priority measure gap areas for the ASCQR program, including shared decision-making and infections. Infection data could be collected through post-surgical infection surveys and data from hospital admissions and emergency department visits.

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

This section presents key issues related to performance measurement in PAC/LTC settings that MAP identified during pre-rulemaking activities, and an overview of MAP's pre-rulemaking recommendations for the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program, Long-Term Care Hospital (LTCH) Quality Reporting Program, End Stage Renal Disease Quality Incentive Program (ESRD-QIP), and Home Health (HH) Quality Reporting Program.

This year, MAP was not asked to provide input on measures under consideration for the Nursing Home (NH) Quality Initiative and NH Compare programs, or for the Hospice Quality Reporting (HQR) Program. MAP typically reviews the finalized program measure set when there are no measures under consideration; however, the Nursing Home quality measure set has not changed since MAP's 2013 review. Additionally, HHS has updated the Hospice Quality Reporting Program measure set to reflect MAP's 2013 recommendations. Accordingly, MAP did not review these programs as part of this pre-rulemaking cycle.

Key Issues

MAP reiterated several key issues related to the selection of measures for PAC/LTC programs during this pre-rulemaking cycle, including the importance of measure alignment, care coordination, and shared accountability across settings.

MAP emphasized the need to align performance measurement across PAC/LTC settings as well as with other settings. When recommending measures for inclusion in the programs, MAP considered harmonization of measures to promote patient-centered care across the healthcare continuum. Recognizing the heterogeneity of populations served in each setting, MAP recommended that measures be specified and applicable to specific populations. For example, MAP noted that falls are more important in long-term care and typically associated with other conditions such as dementia and delirium. However, to encourage harmonization across settings, MAP recommended inclusion of a falls measure in the IRF Quality Reporting Program once the measure has been tested and re-specified for IRFs.

MAP has repeatedly recommended that care transition measures, including setting-specific admission and readmission measures that address the unique needs of the heterogeneous PAC/LTC population, are needed to promote coordination and shared accountability across the care continuum. Last year, MAP supported the direction of admission/readmission measures that were not NQF-endorsed but were under consideration for the PAC/LTC programs, noting that the measures should be appropriately risk-adjusted to account for various population characteristics. Through HHS rulemaking in 2013, four of those measures were implemented in several PAC/LTC programs: two measures of 30-day all cause post discharge readmission for IRFs and LTCHs, and two measures of rehospitalization during first 30 days and emergency department use without readmission for HH. MAP noted the importance of identifying attribution issues and unintended consequences when further refining these measures.

Highlighting the importance of providing preventive care for patients seen in PAC/LTC settings, MAP encouraged care coordination, better communication, and shared accountability among acute care providers and PAC/LTC facilities to ensure the timely receipt of appropriate services. MAP acknowledges the challenges associated with providing preventive care for vulnerable populations such as dual eligible beneficiaries and patients with multiple chronic conditions, as it is often unclear which provider is responsible for monitoring their complex care needs. For example, ESRD patients spend more time in dialysis facilities and visit their primary care clinicians less frequently; regardless, it is crucial that ESRD patients receive timely vaccinations.

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 review of measures 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 3. PAC/LTC Highest-Leverage Measurement 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 13 measurement opportunities: seven for hospice and palliative care, three specific to hospice care, and three specific to palliative care. The 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, MAP emphasized the importance of filling the critical measure gaps (i.e., the core concepts not addressed in the programs) across PAC/LTC programs and expressed strong desire to revisit the PAC/LTC coordination strategy outside of the pre-rulemaking process with a focus on identifying opportunities to make progress on filling key measure gaps. The PAC/LTC core measure concepts that MAP found would greatly enhance the current measure sets include: goal attainment; medication management, medication reconciliation, and adverse drug events; functional and cognitive status; patient and family experience of care and engagement in care; shared decision-making; and transitions in care.

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

Inpatient Rehabilitation Facility Quality Reporting Program

MAP reviewed the five measures currently finalized for the IRF Quality Reporting Program measure set and eight measures under consideration for the program (see Appendix A, Table A17). MAP reiterated its previous recommendation that the program measure set is too limited and could be enhanced by addressing core measure concepts not currently addressed in the set. Recognizing that there has been progress in the area of patient safety with HHS' adoption of vaccination and readmission measures for the FY 2016 and 2017 IRF PPS annual payment increase factor, MAP noted that the program measure set still has gaps in high-priority measurement areas for IRFs. Accordingly, MAP supported one NQF-endorsed measure under consideration that addresses *C. difficile*, a high incidence healthcare-acquired condition in IRFs that can affect patients' ability to participate in rehabilitation programs.

MAP conditionally supported the remaining measures under consideration, noting that they all address PAC/LTC core measure concepts but need further modification or development. MAP conditionally supported a measure of falls with injury, stating that the measure needs modification to clarify the scale of the injury, consider where falls occur in the facility, and distinguish between assisted falls and unassisted falls. MAP also conditionally supported two measures addressing methicillin-resistant *Staphylococcus aureus* (MRSA) and pain, stating that management of these conditions would enable patients to participate fully in their treatment. Similarly, MAP conditionally supported four functional status outcome measures, noting that the measures are important indicators for this setting but are still in development.

Long-Term Care Hospital Quality Reporting Program

MAP reviewed the nine measures currently finalized for the LTCH Quality Reporting Program measure set and three measures under consideration for the program (see Appendix A, Table A18). MAP conditionally supported two measures that address the core concept of functional and cognitive assessment. MAP agreed that functional status is a critical area of measurement, and that functional status assessment should cover a broad range of mobility issues, such as position changes, locomotion, poor mobility, picking up objects, and chair-to-bed transfers. MAP expressed concern that Functional Outcome Measure: change in mobility among patients requiring ventilator support is limited to patients

requiring ventilator support, which is a relatively small percentage of patients in LTCH facilities. Increased attention should be given to pain, agitation, and delirium among the ventilated population, as these factors are the biggest impediments to mobility.

MAP also supported a measure addressing Ventilator-Associated Events, which addresses complications that have developed from ventilator use, as well as infections as a subset of those complications. MAP agreed although this measure is not NQF-endorsed, it provides useful information for healthcare facilities to help them monitor ventilator use and identify improvements for preventing complications.

End Stage Renal Disease Quality Incentive Program

MAP reviewed the 15 measures currently finalized for the ESRD Quality Incentive Program measure set and 21 measures under consideration for the program (see Appendix A, Table A19). MAP previously recommended that the measure set expand beyond dialysis procedures to include non-clinical aspects of care such as care coordination, medication reconciliation, functional status, patient engagement, pain, falls, and measures covering comorbid conditions such as depression.

MAP supported seven measures under consideration, addressing several cross-cutting areas previously noted as gaps and other important measurement topics for the ESRD population. These measures address areas ranging from counseling on physical activity, depression, pain, and health behaviors (substance use treatment) to safety issues such as vaccinations of healthcare personnel and testing for Hepatitis C, which is a prevalent comorbid condition in the ESRD population. MAP also noted that depression is a common condition among dialysis patients and has been correlated with mortality, and that pain is important to assess for quality of life because it can signal other problems.

MAP conditionally supported nine measures, deeming them conceptually important but in need of further development. These included vaccination measures and clinical quality measures that address the ESRD program's statutory requirements, including dialysis adequacy and bone mineral metabolism.

MAP did not support five measures, including NQF #0260 Assessment of Health-related Quality of Life, noting that dialysis facilities annually collect and report this data to CMS through the Kidney Disease Quality of Life (KDQOL) survey. MAP preferred other measures that address quality of life, such as pain and depression. Additionally, the measures MAP supported go beyond assessment by including follow-up interventions. Similarly, MAP did not support including the comorbidity report, as facilities are required to update and annually report the comorbidity data to CMS, and it was unclear how this information could be used as a performance measure. Finally, MAP did not support additional vaccination measures under consideration because the measure specifications are not aligned with the Center for Disease Control and Prevention's (CDC) recommendations.

Home Health Quality Reporting Program

MAP reviewed the 82 measures finalized for the Home Health Quality Reporting Program measure set and four measures under consideration for the program (see Appendix A, Table A20). Two measures under consideration addressed the PAC/LTC core concept of avoidable admissions, and MAP reinforced the important role measures of readmissions play in promoting shared accountability across the care continuum. These measures, Rehospitalization during the First 30 Days of Home Health and Emergency Department Use without Hospital Readmission during the First 30 Days of Home Health, were adopted for the HHQR program in the CY 2014 Rule, but HHS asked MAP to provide input on revisions to the risk adjustment methodology for the measures. The measures were revised to include a hierarchical risk

adjustment model to better align them with NQF #1789, Hospital-Wide All-Cause Unplanned Readmission Measure (HWR). MAP supported the revised measures, noting that applying a hierarchical risk adjustment model would be an improvement, but raised concerns that the measures still do not adjust for all factors that could influence a patient’s likelihood of readmission to the hospital or emergency department.

MAP also reviewed two new measures under consideration. One measure under consideration, Depression Screening Conducted and Follow-Up Plan Documented, addresses the PAC/LTC core concept of mental health. MAP supported this measure noting that it includes an element of follow up, better promoting person- and family-centered care. MAP believed this measure would be preferable to the depression screening measure currently in the HHQR set and recommended that this improved measure replace the current measure. Finally, MAP supported one measure under consideration that addresses the PAC/LTC core concept of pressure ulcers and raised concern over risk adjustment issues for this measure.

Hospice Quality Reporting Program

There were no measures under consideration for the Hospice Quality Reporting Program this year, so MAP used the opportunity to consider alignment of the HQR program with hospital programs by identifying finalized hospice measures that could be incorporated into hospital programs. Accordingly, the MAP PAC/LTC Workgroup provided input to the MAP Hospital Workgroup (see the Hospital section above). During this discussion, MAP expressed concern that NQF #0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment had been finalized for removal from the HRQ program measure set and stated support for further measure development in this area, recognizing that hospice patients may not be able to respond within 48 hours.

Assessing Impact

The Affordable Care Act requires HHS to assess the impact of quality and efficiency measures used in federal healthcare programs, and to provide the findings in a report to Congress every three years. The first such report, the [National Impact Assessment of Medicare Quality Measures](#), was released in March 2012. CMS convened a Technical Expert Panel (TEP) to advise the agency on subsequent reports.

In addition, HHS requested that MAP provide input on the potential impact of quality measures under consideration that MAP recommends for future use in federal programs. MAP has been collaborating with HHS to refine an approach for these assessments based on the data and resources available. More sophisticated analysis and assessment of potential measure impact presents an opportunity for MAP to provide better guidance to HHS on the selection of measures having the highest potential to achieve programmatic goals, and ultimately improve health outcomes. A comparison of the roles of the CMS TEP and MAP is summarized in Table 4 below.

Table 4: Complementary Roles of CMS Technical Expert Panel and MAP in Assessing Impact

	CMS TEP Role	MAP Role
Perspective	Retrospective evaluation	Prospective evaluation
Composition	Primarily academic and technical experts	Broad multi-stakeholder group with diverse backgrounds

	CMS TEP Role	MAP Role
Primary Anticipated Output	Detailed analyses of impact, which may be at the individual measure level	Broad assessment of the potential impact of adding new measures under consideration to measure sets
Cross-Effort Representation	George Isham – TEP co-chair; Karen Adams and Allen Leavens – TEP members; CMS staff	George Isham – Coordinating Committee co-chair; Karen Adams and Allen Leavens – NQF staff; CMS staff
Funding	CMS contract with HSAG	No separate funding beyond CMS funding of MAP pre-rulemaking activities

Progress to Date

MAP has accepted a straightforward definition of “impact” as: “The extent to which a program measure set addresses the aims of and accelerates progress on the priorities of the National Quality Strategy.” The current approach that MAP uses to evaluate potential measure impact involves determining which new measures under consideration help program measure sets better meet the MAP Measure Selection Criteria. In particular, MAP places strong emphasis on increasing alignment and filling important measure gaps to support the NQS. The CMS TEP and subcontractors are using the [RE-AIM](#) (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework for their detailed retrospective impact assessments. Use of RE-AIM promotes a broad assessment of impact by focusing attention on the multiple dimensions of an intervention that influence whether outcomes are successful. MAP members advocated for access to results of the retrospective measure impact analyses as soon as feasible.

MAP determined that a logic model could be helpful in thinking about how to advance the assessment of measure impact. After evaluating a draft model, MAP members agreed that determining potential measure impact is a highly complex challenge, and that many factors beyond measurement can influence outcomes. Therefore, MAP recognized that implicit assumptions are made when attempting to evaluate a direct link between measure selection and impact. However, MAP members did make the following recommendations:

- Seek and utilize additional quantitative and qualitative information on measures, and explore pathways to doing more sophisticated predictive analytics.
- Ensure that both potential positive and negative impacts are evaluated.
- Consider a stronger focus on measures addressing upstream health determinants.
- Look beyond general impact to variations in impact for different populations that may signal disparities, which might potentially include stratified assessments.
- Take a consumer-oriented approach to provide an additional lens for assessing potential impact, with consideration for outcomes that matter most to consumers – such as quality of life and pain management.
- Work toward explicit hypotheses and/or estimates of the range of impact for supported measures under consideration that can be evaluated against outcomes at a later time.

Next Steps

MAP members suggested incorporating information on measure impact assessment into an ongoing summary of measures supported by MAP that can be tracked over time. Lessons learned from prior experience may thereby more directly inform future MAP decisions. The measure impact assessment logic model will be refined based on MAP's input, and MAP will continue to pursue opportunities to enhance assessment of potential measure impact that are consistent with its recommendations.

Conclusion

MAP's 2014 pre-rulemaking recommendations provide guidance to HHS on the use of 234 measures in 20 federal programs. Now concluding its third cycle of pre-rulemaking input, MAP has continually enhanced the specificity and actionability of its recommendations. The tactics identified in MAP's strategic plan, including identifying Families of Measures and high-priority measure gaps, have been effective in informing MAP's decision-making. However, there is much to be done to achieve MAP's strategic goals, and MAP's balance of stakeholders and collaboration with HHS provide a unique opportunity for achieving more consistent, meaningful, and efficient measurement over time.

In 2014, MAP will continue its efforts in developing additional Families of Measures focused on affordability, population health, and person- and family-centered care. In addition, MAP will continue its work in addressing quality measurement issues on behalf of vulnerable beneficiaries. Specifically, MAP will convene a Medicaid Task Force to provide guidance to HHS on updates to the Core Set of Measures for Medicaid-Eligible Adults, and the Dual Eligible Beneficiaries Workgroup will explore topics relevant to that population.

APPENDIX A: Program Summaries and Measure Tables

MAP Input on System Programs

Medicare Shared Savings Program

Program Type:

Pay for Reporting and Pay for Performance.²

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).³

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.⁴

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).⁵

MAP Pre-Rulemaking 2014 Input:

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

TABLE A1. MAP INPUT ON MEDICARE SHARED SAVINGS PROGRAM MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0005 Endorsed	CG CAHPS: Courteous & Helpful Office Staff	Support Promotes person- and family-centered care	
0005 Endorsed	CG CAHPS: Supplemental Item Care Coordination	Support Promotes person- and family-centered care	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0005 Endorsed	CG CAHPS Supplemental and new Items : Between Visit Communication	Support Promotes person- and family-centered care	
0005 Endorsed	CG CAHPS Supplemental Item : Educating Patient about Medication Adherence	Support Promotes person- and family-centered care	
0005 Endorsed	CG CAHPS: Supplemental Item Stewardship of Patient Resources	Support Promotes person- and family-centered care	
0046 Endorsed	Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older	Do Not Support Measure does not adequately address any current needs of the program	MAP previously supported this measure; however, at this time the measure set should only be expanded for cross-cutting measures. This measure should be considered for inclusion in future years as ACOs have more experience with the currently finalized measure set.
0053 Endorsed	Osteoporosis Management in Women Who Had a Fracture	Do Not Support Measure does not adequately address any current needs of the program	MAP previously supported this measure; however, at this time the measure set should only be expanded for cross-cutting measures. This measure should be considered for inclusion in future years as ACOs have more experience with the currently finalized measure set.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0543 Endorsed	Adherence to Statin Therapy for Individuals with Coronary Artery Disease	Do Not Support Measure does not adequately address any current needs of the program	
0555 Endorsed	Lack of Monthly INR Monitoring for Individuals on Warfarin	Do Not Support Measure does not adequately address any current needs of the program	
0556 Endorsed	INR for Individuals Taking Warfarin and Interacting Anti-Infective Medications	Do Not Support Measure does not adequately address any current needs of the program	
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	Support Promotes person- and family-centered care	
1741 Endorsed	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) [®] Surgical Care Survey	Support Promotes person- and family-centered care	
XDFLE Not Endorsed	Optimal Asthma Care-Control Component	Support Promotes alignment across programs, settings, and public and private sector efforts	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
Not Endorsed	Patient Activation Measure	<p>Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Data generated from this patient reported outcome measure or tool should be aggregated and tested as a PRO-based performance measure. Additionally, other PROMS/tools in this area should be explored.</p>
Not Endorsed	SF-36 (included in the HOS)	<p>Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Data generated from this patient reported outcome measure or tool should be aggregated and tested as a PRO-based performance measure. Additionally, other PROMS/tools in this area should be explored.</p>

MAP Input on Clinician Programs

Physician Quality Reporting System (PQRS)

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.⁶ 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.^{7,8}

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 therapist⁹

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.¹⁰

Statutory Requirements for Measures:

The number and type of measures required vary by reporting option (e.g. individual reporting, group web reporting option, EHR reporting).

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Program Type:

Incentive program

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.¹¹

- 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 start 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. Payment adjustments do not apply to Medicaid.¹²

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 assistants furnishing services in a federally qualified health center or rural health clinic.¹³

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 and 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.¹⁴ Preference should be given to quality measures endorsed by NQF.¹⁵

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 1:¹⁶

- 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):¹⁷

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

Physician Compare

Program Type:

Public Reporting¹⁸

Incentive Structure:

None

Care Settings Included:

Multiple. Eligible professionals include:¹⁹

- Physicians—medicine, osteopathy, podiatric medicine, optometry, oral surgery, dental medicine, 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 website was launched on December 30, 2010. Performance information will be reported on the website in 2013 or early 2014.

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:²⁰

- 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

Value-Based Payment Modifier/Physician Feedback Program

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 and methodologies 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.²¹

VALUE-BASED PAYMENT MODIFIER

The VBPM begins in 2015 for groups of 100 or more eligible professionals and will expand to groups of 10 or more eligible professionals in 2016. VBPM will be applicable to all physicians and groups of physicians on or after January 1, 2017. The VBPM payment adjustment varies over time and must be implemented in a budget neutral manner. Payment adjustment amount is built on satisfactory reporting through PQRS.²²

In 2015 and 2016, the VBPM will not be applied to groups of physicians that are participating in the Medicare Shared Savings Program, testing of the Pioneer ACO model, or the Comprehensive Primary Care Initiative.²³ Additionally, future rulemaking cycles will determine a VBPM for individuals, smaller groups, and hospital-based physicians.²⁴

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 therapist²⁵

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).²⁶

Statutory Requirements for Measures:

The program must include a composite of appropriate quality measures and a composite of appropriate cost measures.²⁷ 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 the PQRS.

MAP Pre-Rulemaking 2014 Input:

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

TABLE A2. MAP INPUT ADDITIONAL MEASURES FOR PQRS GPRO-WEB

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0022 Endorsed	Use of High Risk Medications in the Elderly	PQRS GPRO: Support Addresses a measure type not adequately represented in the program measure set; Promotes alignment across programs, settings, and public and private sector efforts	Explore combining with NQF# 0553.
0053 Endorsed	Care for Older Adults – Medication Review	PQRS GPRO: Support Addresses a measure type not adequately represented in the program measure set; Promotes alignment across programs, settings, and public and private sector efforts	Explore combining with NQF# 0022.
0576 Endorsed	Follow-up After Hospitalization for Mental Illness	PQRS GPRO: Support Addresses a measure type not adequately represented in the program measure set; Promotes alignment across programs, settings, and public and private sector efforts	

TABLE A3. MAP INPUT ON FINALIZED PQRS MEASURES

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0005 Endorsed	CAHPS Clinician / Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses National Quality Strategy aim or priority not adequately addressed in program measure set</p> <p>Promotes person- and family-centered care</p>	<p>Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting.</p> <p>Measure is a patient experience measure that applies to many types of providers.</p>
0006 Endorsed	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	This measure is intended for a system level of analysis; rates cannot be attributed to individual clinicians.
0031 Not Endorsed	Breast Cancer Screening	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; should be updated to reflect current guidelines</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0032 Endorsed	Cervical Cancer Screening	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be updated to reflect current guidelines	
0034 Endorsed	Colorectal Cancer Screening	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Addresses program goals/requirements	
0384 Endorsed	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0385 Endorsed	Oncology: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0387 Endorsed	Oncology: Hormonal therapy for stage IC through IIIC, ER/PR positive breast cancer	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0389 Endorsed	Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients	Physician Compare: Support VBPM: Support NQF endorsed measure Provides consideration for healthcare disparities Included in a MAP family of measures Addresses program goals/objectives	
0561 Not Endorsed	Melanoma Coordination of Care	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0377 Endorsed	Myelodysplastic Syndrome (MDS) and Acute Leukemias – Baseline Cytogenetic Testing Performed on Bone Marrow	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0378 Endorsed	MDS: Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0379 Endorsed	Chronic Lymphocytic Leukemia (CLL) – Baseline Flow Cytometry	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0380 Endorsed	Multiple Myeloma – Treatment with Bisphosphonates	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0382</p> <p>Endorsed</p>	<p>Oncology: Radiation Dose Limits to Normal Tissues</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a condition not adequately represented in the program measure set</p> <p>Addresses program goals/objectives</p> <p>Included in a MAP family of measures</p>	
<p>0383</p> <p>Endorsed</p>	<p>Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0386 Endorsed	Oncology: Cancer Stage Documented	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measures</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Included in a MAP family</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/objectives</p>	
0390 Endorsed	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
0391 Endorsed	Breast Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0392 Endorsed	Colorectal Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0455 Endorsed	Recording of Clinical Stage Prior to Surgery for Lung Cancer or Esophageal Cancer Resection	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0457 Endorsed	Recording of Performance Status prior to Lung or Esophageal Cancer Resection	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0508 Endorsed	Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Performance of the measure may be topped out

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0650 Endorsed	Melanoma Continuity of Care – Recall System	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0658 Endorsed Time-Limited	Endoscopy/Polyp Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Addresses program goals/objectives	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0659 Endorsed Time-Limited	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Included in a MAP family Addresses program goals/objectives	
1853 Endorsed	Radical Prostatectomy Pathology Reporting	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
1854 Endorsed	Barrett’s Esophagus	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Colonoscopy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Colonoscopy)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAFH Not Endorsed	251 Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBBAA Not Endorsed	263 Preoperative Diagnosis of Breast Cancer	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBBAB Not Endorsed	264 Sentinel Lymph Node Biopsy for Invasive Breast Cancer	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBLLC Not Endorsed	Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLLD Not Endorsed	Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLLL Not Endorsed	Radiation Dose Optimization: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCEEC Not Endorsed	Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCEED Not Endorsed	Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCMDL Not Endorsed	Screening Colonoscopy Adenoma Detection Rate Measure	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0643 Endorsed	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Outcome measures are preferred
XCCHH Not Endorsed	Closing the referral loop: receipt of specialist report	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Measure addresses transfer of information between providers

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0645 Not Endorsed	Biopsy Follow-up	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
XCMLH Not Endorsed	Acute Composite: Acute Composite (1 of 3): Bacterial pneumonia Acute Composite (2of 3): UTI Acute Composite (3 of 3): Dehydration	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	This measure should be tested for use at the individual clinician level of analysis
XCMMB 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	This measure should be tested for use at the individual clinician level of analysis

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0018</p> <p>Endorsed</p>	<p>Controlling High Blood Pressure</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Included in a MAP family of measures</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Addresses program goals/requirements</p>	<p>Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting.</p> <p>Critically important outcome and population health measure</p>
<p>0067</p> <p>Endorsed</p>	<p>Chronic Stable Coronary Artery Disease: Antiplatelet Therapy</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Preference for other outcome measures that address coronary artery disease</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Included in a MAP family of measures Address program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting
0070 Endorsed	Chronic Stable Coronary Artery Disease: Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other outcome measures that address coronary artery disease
0074 Endorsed	Chronic Stable Coronary Artery Disease: Lipid Control	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other outcome measures that address coronary artery disease

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0075</p> <p>Endorsed</p>	<p>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control <100 mg/dL</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Address a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Included in a MAP family of measures</p> <p>Addresses program goals/requirements</p>	<p>Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0081</p> <p>Endorsed</p>	<p>Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Promotes person- and family-centered care</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Included in a MAP family of measures</p> <p>Addresses program goals/requirements</p>	<p>Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0083 Endorsed	Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes person- and family-centered care Promotes alignment across programs, settings, and public and private sector efforts Included in a MAP family of measures Addresses program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting
XCCHC Not Endorsed	Hypertension: Improvement in Blood Pressure	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; measure concept is promising but requires modification or further development	Measure goes beyond existing NQF endorsed measures (e.g. blood pressure control) to assess change over time
XCCHF Not Endorsed	Preventive Care and Screening: Screening for High Blood Pressure and Follow up Documented	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support A finalized measure addresses a similar topic and better addresses the needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCCHG Not Endorsed	Functional status assessment for complex chronic conditions	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Functional status is a priority gap; however, outcome measures are preferred
0057 Endorsed	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other outcome measures
0063 Endorsed	Comprehensive Diabetes Care: LDL-C Screening	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other outcome measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0066 Endorsed	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes person- and family-centered care Promotes alignment across programs, settings, and public and private sector efforts Included in a MAP family of measures Addresses program goals/requirements	
0076 Endorsed	Optimal Vascular Care	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Addresses program goals/requirements	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0079 Endorsed	Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0090 Endorsed	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures that assess care for cardiovascular conditions
0092 Endorsed	Emergency Medicine: Aspirin at Arrival for Acute Myocardial Infarction (AMI)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures that assess care for cardiovascular conditions
0093 Endorsed	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Syncope	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures that assess care for cardiovascular conditions

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0543 Endorsed	Adherence to Statin Therapy for Individuals with Coronary Artery Disease	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Workgroup expressed implementation concerns regarding the ability to obtain pharmacy data</p> <p>Measure is duplicative of measure NQF# 0074 and is not consistent with newly released guidelines</p>
1525 Endorsed	Chronic Anticoagulation Therapy	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Promotes person- and family-centered care</p> <p>Included in a MAP family of measures</p> <p>Addresses program goals/requirements</p>	
XBADD Not Endorsed	242 Coronary Artery Disease (CAD): Symptom Management	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBCEL</p> <p>Not Endorsed</p>	<p>228 GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) Testing</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Duplicative of measure NQF# 0079.</p>
<p>XBLHB</p> <p>Not Endorsed</p>	<p>295 Hypertension: Appropriate Use of Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>
<p>XBLHC</p> <p>Not Endorsed</p>	<p>296 Hypertension: Complete Lipid Profile</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBLHD</p> <p>Not Endorsed</p>	<p>297 Hypertension: Urine Protein Test</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>
<p>XBLHE</p> <p>Not Endorsed</p>	<p>298 Hypertension: Annual Serum Creatinine Test</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBLHG</p> <p>Not Endorsed</p>	<p>302 Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>
<p>XBLHH</p> <p>Not Endorsed</p>	<p>300 Hypertension: Blood Pressure Control</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBLHL</p> <p>Not Endorsed</p>	<p>301 Hypertension: Low Density Lipoprotein (LDL-C) Control</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Other NQF-endorsed measures address hypertension; however, this measure is used in the ABIM MOC program, promoting alignment with the private sector</p> <p>MAP recommends that if possible the same measure be used across the private and public sector programs</p>
<p>XCEBC</p> <p>Not Endorsed</p>	<p>299 Hypertension: Diabetes Mellitus Screening Test</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>XCEDG</p> <p>Not Endorsed</p>	<p>Preventive Cardiology Composite</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XCMLG</p> <p>Not Endorsed</p>	<p>ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Remove from PQRS unless the only reportable measure for specialty professionals, and if so, phased removal. It is not evidence-based, nor patient-centered, and is too complicated to measure reliably. Other NQF-endorsed measures in program address atrial fibrillation that has been previously supported by MAP.</p>
<p>0004</p> <p>Endorsed</p>	<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Included in a MAP family of measures</p> <p>Address program goals/requirements</p>	<p>Measure does not account for readiness of patient to engage in care</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Provides consideration for healthcare disparities and cultural competency Included in a MAP family of measures Address program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting. Measure will provide a greater understanding of the existence of any health disparities in this population.
0055 Endorsed	Comprehensive Diabetes Care: Eye Exam	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for composites that assess care for diabetes and measures that may reveal health disparities
0056 Endorsed	Diabetes: Foot exam	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for composites that assess care for diabetes and measures that may reveal health disparities

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0059 Endorsed	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for A1c good control
0062 Endorsed	Comprehensive Diabetes Care: Medical Attention for Nephropathy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for composites that assess care for diabetes and measures that may reveal health disparities
0064 Endorsed	Comprehensive Diabetes Care: LDL-C Control <100 mg/dL	Physician Compare: Support VBPM: Support NQF endorsed measure Address a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Address program goals/requirements Included in a MAP family of measures	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome-oriented measures that assess care for diabetes
0089 Endorsed	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for composites that assess care for diabetes and measures that may reveal health disparities.
0259 Not Endorsed	Hemodialysis Vascular Access Decision-making by surgeon to Maximize Placement of Autogenous Arterial Venous Fistula	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0321 Endorsed	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0323 Endorsed	Adult Kidney Disease: Hemodialysis Adequacy: Solute	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	
0416 Endorsed Time-Limited	Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support A finalized measure addresses a similar topic and better addresses the needs of the program	The measure set includes other outcome measures addressing this condition
0417 Endorsed Time-Limited	Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support A finalized measure addresses a similar topic and better addresses the needs of the program	Preference for outcome-oriented measures that assess care for diabetes

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0583 Endorsed	Dyslipidemia new med 12-week lipid test	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	Preference for other measures that assesses dyslipidemia
0729 Endorsed	Optimal Diabetes Care	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector programs</p> <p>Addresses program goals/requirements</p> <p>Promotes parsimony</p> <p>Included in a MAP family of measures</p>	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1667 Endorsed	(Pediatric) ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Measure will provide a greater understanding of the existence of any health disparities in this population (e.g., access to care, insurance status, etc.)
N/A 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	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Measure does not include situations where patient may decline for palliative care concerns
N/A 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	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	There is a concern on the possibility of unfairly penalizing providers who get a higher percentage of ESRD patients after acute kidney injury (AKI) than others who get a higher percentage of ESRD patients due to CKD Potential small numbers issue

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XABLM</p> <p>Not Endorsed</p>	<p>121 Adult Kidney Disease: Laboratory Testing (Lipid Profile)</p>	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Likely to be redundant as many patients with CKD will have HTN, diabetes or CAD, and other measures address lipid testing in these patients</p>
<p>1633</p> <p>Not Endorsed</p>	<p>122 Adult Kidney Disease (CKD): Blood Pressure Management</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Should explore if existing NQF-endorsed measures addressing blood pressure management can be expanded to include the ESRD population. Need a more robust measure that assess BP management for DM, ESRD, CHF, etc.</p>
<p>XACCH</p> <p>Not Endorsed</p>	<p>123 Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Should explore if existing NQF-endorsed measures addressing A1c control can be expanded to include the ESRD population</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XACHC Not Endorsed	173 Preventive Care and Screening: Unhealthy Alcohol Use Screening	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other, more inclusive, screening measures for unhealthy alcohol use
XBACM Not Endorsed	248 Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBHMF Not Endorsed	316 Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support A finalized measure addresses a similar topic and better addresses the needs of the program	Preference for other LDL screening measures
XCBED Not Endorsed	247 Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	12 month timeframe is insufficient for alcohol abuse and counseling

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XCFCM</p> <p>Not Endorsed</p>	<p>Pediatric Kidney Disease: Adequacy of Volume Management</p>	<p>Physician Compare: Do Not Support</p> <p>VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>0002</p> <p>Endorsed</p>	<p>Appropriate Testing for Children With Pharyngitis</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p> <p>Included in a MAP family</p>	
<p>0086</p> <p>Endorsed</p>	<p>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</p>	<p>Physician Compare: Do Not Support</p> <p>VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0564</p> <p>Endorsed Time-Limited</p>	<p>Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	
<p>0565</p> <p>Endorsed Time-Limited</p>	<p>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1335 Endorsed	Children Who Have Dental Decay or Cavities	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Addresses program goals/requirements	
1419 Endorsed Time-Limited	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0087 Endorsed	Age-Related Macular Degeneration: Dilated Macular Examination	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0563 Endorsed Time-Limited	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0566 Endorsed Time-Limited	Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0653 Endorsed Time-Limited	Acute Otitis Externa: Topical therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0654 Endorsed Time-Limited	Acute Otitis Externa: Systemic antimicrobial therapy – Avoidance of inappropriate use	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across program, settings, and public and private sector efforts Addresses program goals/requirements	This measure should be expanded to include NQF# 655, 656, and 657

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1536 Endorsed	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, and settings Addresses program goals/requirements	
XBAAG Not Endorsed	304 Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBALA Not Endorsed	261 Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBALE Not Endorsed	269 Inflammatory Bowel Disease (IBD): Type, Anatomic Location and Activity All Documented	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBALF Not Endorsed	270 Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBALG Not Endorsed	271 Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury – Bone Loss Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBALH Not Endorsed	272 Inflammatory Bowel Disease (IBD): Preventive Care: Influenza Immunization	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Prefer use of broader vaccination measures rather than condition-specific vaccination measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBALL Not Endorsed	273 Inflammatory Bowel Disease (IBD): Preventive Care: Pneumococcal Immunization	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Prefer use of broader vaccination measures rather than condition-specific vaccination measures
XBALM Not Endorsed	274 Inflammatory Bowel Disease (IBD): Screening for Latent TB Before Initiating Anti-TNF Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAMA Not Endorsed	275 Inflammatory Bowel Disease (IBD): Hepatitis B Assessment Before Initiating Anti-TNF Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0403 Not Endorsed	HIV / AIDS: Medical Visit	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0033</p> <p>Endorsed</p>	<p>Chlamydia screening in women</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	
<p>0038</p> <p>Endorsed</p>	<p>Childhood Immunization Status</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a population not represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0041 Endorsed	Influenza Immunization	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Provides consideration for healthcare disparities and cultural competency Addresses program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting
0043 Endorsed	Pneumonia vaccination status for older adults	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across programs, settings, and public and private sector efforts Provides consideration for healthcare disparities and cultural competency Included in a MAP family Addresses program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0393 Endorsed	Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0395 Endorsed	Paired Measure: Hepatitis C Ribonucleic Acid (RNA) Testing Before Initiating Treatment (paired with 0396)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0396 Endorsed	Paired Measure: HCV Genotype Testing Prior to Treatment (paired with 0395)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0398 Endorsed	Hepatitis C: HCV RNA Testing at No Greater Than Week 12 of Treatment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0399 Endorsed	Paired Measure: Hepatitis C: Hepatitis A Vaccination (paired with 0400)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Potential issue with retaining measure since its paired with N0400, which has lost endorsement and not recommended to be retained
0404 Endorsed	HIV/AIDS: CD4 Cell Count or Percentage Performed	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0405 Endorsed	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0409 Endorsed	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>2079</p> <p>Endorsed</p>	<p>HIV medical visit frequency</p>	<p>MU-EP: Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Prefer outcome measures for use in Physician Compare and VBPM</p>
<p>2080</p> <p>Endorsed</p>	<p>Gap in HIV medical visits</p>	<p>MU-EP: Support Physician Compare: Do Not Support VBPM: Do Not Support: NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Prefer outcome measures for use in Physician Compare and VBPM</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>2082</p> <p>Endorsed</p>	<p>HIV viral load suppression</p>	<p>MU-EP: Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Prefer outcome measures for use in Physician Compare and VBPM</p>
<p>2083</p> <p>Endorsed</p>	<p>Prescription of HIV Antiretroviral Therapy</p>	<p>MU-EP: Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Prefer outcome measures for use in Physician Compare and VBPM</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0045 Endorsed	Osteoporosis: Communication with the Physician Managing On-going Care Post Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes person- and family-centered care Addresses program goals/requirements	
0046 Endorsed	Osteoporosis: Screening or Therapy for Women Aged 65 Years and Older	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0048 Endorsed	Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes person- and family-centered care Promotes alignment across program, settings, and public and private sector efforts Addresses program goals/requirements	Encourages communication and care coordination

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0049 Endorsed	Osteoporosis: Pharmacologic Therapy for Men and Women Aged 50 Years and Older	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0050 Endorsed	Osteoarthritis: Function and Pain Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0051 Endorsed	Osteoarthritis (OA): Assessment for use of anti-inflammatory or analgesic over-the-counter (OTC) medications	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0053 Endorsed	Osteoporosis Management in Women Who Had a Fracture	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0054 Endorsed	Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Physician Compare: Support VBPM: Support NQF endorsed measure Promotes alignment across program, settings, and public and private sector efforts Addresses program goals/requirements	
0313 Endorsed	Back Pain: Advice Against Bed Rest	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0314 Endorsed	Back Pain: Advice for Normal Activities	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0319 Endorsed	Back Pain: Physical Exam	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Low-bar process measure as it assesses if a physical exam is conducted for patients experiencing back pain

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0322 Endorsed	Back Pain: Initial Visit	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0422 Endorsed	Functional status change for patients with knee impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite
0423 Endorsed	Functional status change for patients with hip impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Promotes alignment across program, settings, and public and private sector efforts Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0424 Endorsed	Functional status change for patients with foot/ankle impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite
0425 Endorsed	Functional status change for patients with lumbar spine impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite
0426 Endorsed	Functional status change for patients with shoulder impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0427 Endorsed	Functional status change for patients with elbow, wrist or hand impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite
0428 Endorsed	Functional status change for patients with general orthopedic impairments	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	Consider whether functional status assessment measures could be combined into a composite
XACHF Not Endorsed	176 Rheumatoid Arthritis (RA): Tuberculosis Screening	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XACHG Not Endorsed	177 Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XACHH Not Endorsed	178 Rheumatoid Arthritis (RA): Functional Status Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XACHL Not Endorsed	179 Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XACHM Not Endorsed	180 Rheumatoid Arthritis (RA): Glucocorticoid Management	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XACLB Not Endorsed	182 Functional Outcome Assessment in Chiropractic Care	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCCHB Not Endorsed	Functional Status assessment for knee replacement	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support An endorsed measure addresses a similar topic and better addresses the needs of the program	NQF-endorsed measure 0422 captures functional status change for knee impairments
XCCHC Not Endorsed	Functional Status assessment for hip replacement	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support An endorsed measure addresses a similar topic and better addresses the needs of the program	NQF-endorsed measure 0423 captures functional status change for hip impairments
XCMFB Not Endorsed	Tuberculosis Prevention for Psoriasis and Psoriatic Arthritis Patients on a Biological Immune Response Modifier	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Workgroup has previously suggested expanding the measure to all patients on a biological immune response modifier

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0240 Endorsed	Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Measure may be topped out, if so it should be removed from the PQRS program
0241 Endorsed	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0243 Endorsed	Stroke and Stroke Rehabilitation: Screening for Dysphagia	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0244 Endorsed	Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0325 Endorsed	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference should be given to outcome measures that address adherence to medications as opposed to measures that just assess if a medication was prescribed. The measure set already includes outcome measures addressing this condition.
0437 Endorsed	STK 04: Thrombolytic Therapy	Physician Compare: Support VBPM: Support NQF endorsed measure Included in a MAP family Promotes alignment across programs, settings, and public and private sector programs Addresses program goals/requirements	
XBAEA Not Endorsed	280 Dementia: Staging of Dementia	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	XBAEA, XBAEB, and XBAEC should be explored for combining into a composite

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBAEB Not Endorsed	281 Dementia: Cognitive Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	XBAEA, XBAEB, and XBAEC should be explored for combining into a composite
XBAEC Not Endorsed	282 Dementia: Functional Status Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	XBAEA, XBAEB, and XBAEC should be explored for combining into a composite
XBAED Not Endorsed	283 Dementia: Neuropsychiatric Symptom Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	XBAED and XBAEE should be explored for combining into a composite
XBAEE Not Endorsed	284 Dementia: Management of Neuropsychiatric Symptoms	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	XBAED and XBAEE should be explored for combining into a composite

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBAEF</p> <p>Not Endorsed</p>	<p>285 Dementia: Screening for Depressive Symptoms</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>XBAEG</p> <p>Not Endorsed</p>	<p>286 Dementia: Counseling Regarding Safety Concerns</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>XBAEG and XBAEH should be explored for combining into a composite</p>
<p>XBAEH</p> <p>Not Endorsed</p>	<p>287 Dementia: Counseling Regarding Risks of Driving</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>XBAEG and XBAEH should be explored for combining into a composite</p>
<p>XBAEM</p> <p>Not Endorsed</p>	<p>288 Dementia: Caregiver Education and Support</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBDLA Not Endorsed	266 Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBDLB Not Endorsed	267 Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	MAP has previously recommended this measure be removed from the program
XBDLH Not Endorsed	268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLAH Not Endorsed	289 Parkinson's Disease: Annual Parkinson's Disease Diagnosis Review	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBLAL Not Endorsed	290 Parkinson's Disease: Psychiatric Disorders or Disturbances Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLAM Not Endorsed	291 Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLBA Not Endorsed	292 Parkinson's Disease: Querying about Sleep Disturbances	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBLBB Not Endorsed	293 Parkinson's Disease: Rehabilitative Therapy Options	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	MAP has previously recommended this measure be removed from the program

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XBLBD</p> <p>Not Endorsed</p>	<p>294 Parkinson’s Disease: Medical and Surgical Treatment Options Reviewed</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>0024</p> <p>Endorsed</p>	<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a population not represented in the program measure set</p> <p>Included in a MAP family of measures</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Physician Compare: Support VBPM: Support NQF endorsed measure Included in a MAP family of measures Provides consideration for healthcare disparities and cultural competency Addresses program goals/requirements	
N/A Not Endorsed	Bariatric Lap Band Procedure 2: Unplanned reoperation within the 30 day postoperative period (2 of 3 Measures Group: Bariatric lap Band Procedure)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
N/A 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
N/A Not Endorsed	Bariatric Sleeve Gastrectomy 3: Unplanned reoperation within the 30 day postoperative period (3 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Bariatric Sleeve Gastrectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
N/A Not Endorsed	Bariatric Sleeve Gastrectomy 5: Surgical site infection (SSI) (5 of 6 Measures Group: Bariatric Sleeve Gastrectomy)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
XCLCM 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
XCLDB 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCLDC 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
XCLDD 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)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	All bariatric lap band measures should be explored for combining into a composite measure
D0608 Not Endorsed	Pregnant women that had HBsAg testing.	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	Preference for "ACOG/NCQA/AMA-PCPI: Maternity Care: Prenatal Care Screening" measure
0651 Endorsed Time-Limited	Ultrasound determination of pregnancy location for pregnant patients with abdominal pain	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0652 Endorsed Time-Limited	Rh immunoglobulin (Rhogam) for Rh negative pregnant women at risk of fetal blood exposure.	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
N/A Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Prenatal Care Screening	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCHML Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at >=37 and < 39 weeks (overuse)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCLAB Not Endorsed	ACOG/NCQA/ AMA-PCPI: Maternity Care: Post-Partum Follow-Up and Care Coordination	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0104 Endorsed	Major Depressive Disorder (MDD): Suicide Risk Assessment	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for other outcome measures that assess care for depression and/or process measures more proximal to outcome that include an engagement and follow-up component
0105 Endorsed	Antidepressant Medication Management	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures related to antidepressant medication management
0108 Endorsed	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Process measure, preference for outcome measure that focuses less on frequency of visits.
0110 Endorsed	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support An endorsed measure addresses a similar topic and better addresses the needs of the program	Workgroup has previously suggested outcome measures addressing depression (e.g., NQF 0710 Depression Remission, 0712 Depression Utilization, PHQ-9 Tool).

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0418</p> <p>Endorsed</p>	<p>Screening for Clinical Depression</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	<p>Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting</p>
<p>0710</p> <p>Endorsed</p>	<p>Depression Remission at Twelve Months</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Included in a MAP family of measures</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0712</p> <p>Endorsed</p>	<p>Depression Utilization of the PHQ-9 Tool</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Included in a MAP family of measures</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	
<p>1365</p> <p>Endorsed</p>	<p>Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Preference for outcome measures</p>
<p>1401</p> <p>Endorsed</p>	<p>Maternal Depression Screening</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a population not represented in the program measure set</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0103 Endorsed	Major Depressive Disorder (MDD): Diagnostic Evaluation	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	Preference for other outcome measures that assess care for depression and/or process measures more proximal to outcome that include an engagement and follow-up component
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	NQF endorsed measure that was previously supported by Workgroup for inclusion in Physician Compare and VBPM for clinician group reporting
XCFAM Not Endorsed	Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0001 Not Endorsed	Asthma: Assessment of Asthma Control	<p>PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program</p>	Recommend replacing this measure with the Minnesota Community Measurement measure of Optimal Asthma Care that includes a PRO addressing patient-achieved asthma control
0036 Endorsed	Use of appropriate medications for people with asthma	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	Measure previously was not supported by the workgroup for inclusion in Physician Compare and VBPM
0047 Endorsed	Asthma: Pharmacologic Therapy for Persistent Asthma	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	Measure previously was not supported by Workgroup for inclusion in Physician Compare and VBPM
0069 Endorsed	Appropriate treatment for children with upper respiratory infection (URI)	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0232 Not Endorsed	Vital Signs for Community-Acquired Bacterial Pneumonia	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0058 Endorsed	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not represented in the program measure set Included in a MAP family of measures Addresses program goals/requirements	
0091 Endorsed	COPD: spirometry evaluation	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	The measure was not previously supported by the workgroup for inclusion in Physician Compare and VBPM. This measure and NQF# 0577 are duplicative, one measure should be considered for removal.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0096 Endorsed	Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measure that contains a follow-up or care management component for Physician Compare and VBPM
0102 Endorsed	COPD: inhaled bronchodilator therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	The measure was not previously supported by the workgroup for inclusion in Physician Compare and VBPM
0147 Endorsed	Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0577 Endorsed	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	The measure was not previously supported by the workgroup for inclusion in Physician Compare and VBPM. This measure and NQF# 0091 are duplicative, one measure should be considered for removal.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBAHG Not Endorsed	276 Sleep Apnea: Assessment of Sleep Symptoms	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAHH Not Endorsed	277 Sleep Apnea: Severity Assessment at Initial Diagnosis	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAHL Not Endorsed	278 Sleep Apnea: Positive Airway Pressure Therapy Prescribed	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAHM Not Endorsed	279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBCEM Not Endorsed	231 Asthma: Tobacco Use Screening - Ambulatory Care Setting	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures that address patient engagement and management in tobacco cessation programs for Physician Compare and VBPM
XBCFA Not Endorsed	232 Asthma: Tobacco Use Intervention - Ambulatory Care Setting	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Preference for outcome measures that address patient engagement and management in tobacco cessation programs for Physician Compare and VBPM
XCEBF Not Endorsed	AAO- HNS/AMA- PCPI:Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCEBG Not Endorsed	AAO- HNS/AMA- PCPI:Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis (Appropriate Use)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Explore combining XCEBG and XCEBL into a composite

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCEBL Not Endorsed	AAO- HNS/AMA- PCPI: Adult Sinusitis: Computerized Tomography for Acute Sinusitis (overuse)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Explore combining XCEBG and XCEBL into a composite
XCEBM Not Endorsed	AAO- HNS/AMA- PCPI: Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0022 Endorsed	Use of High Risk Medications in the Elderly	Physician Compare: Support VBPM: Support NQF endorsed measure Included in a MAP family of measures Promotes alignment across programs, settings, and public and private sector efforts Addresses program goals/requirements	Measure previously supported by Workgroup for inclusion in Physician Compare and VBPM.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0101</p> <p>Endorsed Time-Limited</p>	<p>Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	<p>The measure was previously supported for inclusion in Physician Compare and VBPM</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0419</p> <p>Endorsed</p>	<p>Documentation of Current Medications in the Medical Record</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0097</p> <p>Endorsed</p>	<p>Medication Reconciliation</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</p> <p>Promotes person- and family-centered care</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	<p>Measure previously supported by the Clinician workgroup for inclusion in Physician Compare and VBPM</p>
<p>0098</p> <p>Not Endorsed</p>	<p>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>0099</p> <p>Not Endorsed</p>	<p>Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0100 Not Endorsed	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type and condition not represented in the program measure set Included in a MAP family of measures Address program goals/requirements	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0326</p> <p>Endorsed</p>	<p>Advance Care Plan</p>	<p>Physician Compare: Support</p> <p>VBPM: Support</p> <p>NQF endorsed measure</p> <p>Included in a MAP family of measures</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</p> <p>Address program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0420</p> <p>Endorsed</p>	<p>Pain Assessment and Follow-Up</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type and condition not represented in the program measure set</p> <p>Included in a MAP family of measures</p> <p>Provides consideration for healthcare disparities and cultural competency</p> <p>Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries</p> <p>Address program goals/requirements</p>	
<p>0464</p> <p>Endorsed Time-Limited</p>	<p>Anesthesiology and Critical Care: Prevention of Catheter-Related Bloodstream Infections (CRBSI) – Central Venous Catheter (CVC) Insertion Protocol</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0486 Endorsed	Adoption of Medication e-Prescribing	Physician Compare: Support VBPM: Support NQF endorsed measure Addresses a measure type not represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts Included in a MAP family of measures Addresses program goals/requirements	Although a structure measure, measure is included in several MAP families, is reportable through various options, and promotes alignment between federal and private sector programs Measure documents important structure for efficiency and patient safety. This information would be useful to purchasers and consumers
0555 Endorsed	Lack of Monthly INR Monitoring for Individuals on Warfarin	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	The workgroup has previously not supported this measure for inclusion in the Physician Compare and VBPM preferring outcomes measures
XACLA Not Endorsed	181 Elder Maltreatment Screen and Follow-Up Plan	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBACA Not Endorsed	245 Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBACB Not Endorsed	246 Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCECF Not Endorsed	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Low-bar process measure as it only assesses documentation of use of a device
0114 Endorsed	Risk-Adjusted Post-operative Renal Failure	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0115 Endorsed	Risk-Adjusted Surgical Re-exploration	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0116 Endorsed	Anti-Platelet Medication at Discharge	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0117 Endorsed	Beta Blockade at Discharge	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0118 Endorsed	Anti-Lipid Treatment Discharge	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0129 Endorsed	Risk-Adjusted Prolonged Intubation (Ventilation)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0130 Endorsed	Risk-Adjusted Deep Sternal Wound Infection Rate	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0131 Endorsed	Risk-Adjusted Stroke/Cerebrovascular Accident	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0134 Endorsed	Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0236 Endorsed	Pre-op beta blocker in patient with isolated CABG (2)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	A composite of CABG measures is preferred
0458 Endorsed	Pulmonary Function Tests Before Major Anatomic Lung Resection (Pneumonectomy, Lobectomy, or Formal Segmentectomy)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0637 Endorsed Time-Limited	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
1534 Endorsed	In-hospital mortality following elective EVAR of AAAs	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	This is a rare procedure and may have small number issues

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1540 Endorsed	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Endarterectomy	Physician Compare: Support VBPM: Support: NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	The measure captures important information for patient decision-making
1543 Endorsed	Postoperative Stroke or Death in Asymptomatic Patients undergoing Carotid Artery Stenting (CAS)	Physician Compare: Support VBPM: Support: NQF endorsed measure Addresses a measure type not adequately represented in the program measure set Addresses program goals/requirements	The measure captures important information for patient decision-making
XBAHC Not Endorsed	257 Statin Therapy at Discharge after Lower Extremity Bypass (LEB)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBAHD Not Endorsed	258 Rate of Open Elective Repair of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day 7)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAHE Not Endorsed	259 Rate of Elective Endovascular Aortic Repair (EVAR) of Small or Moderate Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day 2)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAHF Not Endorsed	260 Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day 2)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCLMA Not Endorsed	HRS-3 Implantable Cardioverter-Defibrillator (ICD) Complications Rate.	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCMDA 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	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0239 Endorsed Time-Limited	Venous Thromboembolism (VTE) Prophylaxis	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0268 Endorsed Time-Limited	Perioperative Care: Selection of Prophylactic Antibiotic: First OR Second Generation Cephalosporin	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0269 Endorsed Time-Limited	Timing of Prophylactic Antibiotics - Administering Physician	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0270 Endorsed Time-Limited	Perioperative Care: Timing of Prophylactic Parenteral Antibiotics – Ordering Physician	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0271 Endorsed Time-Limited	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
0454 Endorsed Time-Limited	Anesthesiology and Critical Care: Perioperative Temperature Management	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
N/A Not Endorsed	Appendectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Appendectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related appendectomy measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>N/A</p> <p>Not endorsed</p>	<p>Condition-specific per capita cost measures for COPD, diabetes, HF, and CAD</p>	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	<p>Further development should explore how to address individuals with multiple chronic conditions.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>N/A</p> <p>Not endorsed</p>	<p>Total Per Capita Cost Measure</p>	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	<p>Measure was submitted for endorsement and was not endorsed. Further development should address risk adjustment and attribution issues</p>
<p>N/A</p> <p>Not Endorsed</p>	<p>Appendectomy 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Appendectomy)</p>	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Could be included in Physician Compare and VBPM if it is made into a composite with other related appendectomy measures</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Appendectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Appendectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related appendectomy measures
N/A Not Endorsed	AV Fistula 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 Measures Group: AV Fistula)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related AV Fistula measures
N/A Not Endorsed	AV Fistula 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 Measures Group: AV Fistula)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related AV Fistula measures
N/A Not Endorsed	AV Fistula 5: Surgical site infection (SSI) (5 of 5 Measures Group: AV Fistula)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related AV Fistula measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Cholecystectomy 1: Iatrogenic injury to adjacent organ/structure (1 of 4: Measures Group Cholecystectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related cholecystectomy measures
N/A Not Endorsed	Cholecystectomy 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 4: Measures Group Cholecystectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related cholecystectomy measures
N/A Not Endorsed	Cholecystectomy 4: Surgical site infection (SSI) (4 of 4: Measures Group Cholecystectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related cholecystectomy measures
N/A Not Endorsed	Colectomy 1: Anastomotic Leak Intervention (1 of 6: Measures Group Colectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related colectomy measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Colectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 6: Measures Group Colectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related colectomy measures
N/A Not Endorsed	Colectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 6: Measures Group Colectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related colectomy measures
N/A Not Endorsed	Colectomy 6: Surgical site infection (SSI) (6 of 6: Measures Group Colectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related colectomy measures
N/A Not Endorsed	Hemorrhoidectomy 3: Unplanned reoperation within the 30 day postoperative period (3 of 4: Measures Group Hemorrhoidectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related hemorrhoidectomy measures.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Hemorrhoidectomy 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 4: Measures Group Hemorrhoidectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related hemorrhoidectomy measures
N/A Not Endorsed	Inguinal Hernia 2: Unplanned reoperation within the 30 day postoperative period (2 of 3) Measures Group Inguinal Hernia	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related inguinal hernia measures.
N/A Not Endorsed	Inguinal Hernia 3: Unplanned hospital readmission within 30 days of principal procedure (3 of 3) Measures Group Inguinal Hernia	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related inguinal hernia measures
N/A Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 2: Unplanned reoperation within the 30 day postoperative period (2 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related mastectomy measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related mastectomy measures
N/A Not Endorsed	Mastectomy +/- Lymphadenectomy or SLNB 4: Surgical site infection (SSI) (4 of 4: Measures Group Mastectomy +/- Lymphadenectomy or SLNB)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related mastectomy measures
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related partial mastectomy measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related partial mastectomy measures
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related partial mastectomy measures
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related lesion excision measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A 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)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related lesion excision measures
N/A Not Endorsed	Skin / Soft Tissue Lesion Excision 4: Surgical site infection (SSI) / wound dehiscence (4 of 4: Measures Group Skin / Soft Tissue Lesion Excision)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related lesion excision measures
N/A Not Endorsed	Thyroidectomy 4: Unplanned reoperation within the 30 day postoperative period (4 of 5: Measures Group Thyroidectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related thyroidectomy measures
N/A Not Endorsed	Thyroidectomy 5: Unplanned hospital readmission within 30 days of principal procedure (5 of 5: Measures Group Thyroidectomy)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related thyroidectomy measures.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
N/A Not Endorsed	Varicose veins 3: Surgical site infection (SSI) (3 of 3 : Measures Group Varicose Veins)	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	Could be included in Physician Compare and VBPM if it is made into a composite with other related varicose vein measures
XCECH Not Endorsed	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
XCECM Not Endorsed	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
XCHLM Not Endorsed	Ventral Hernia 5: Surgical site infection (SSI) (1 of 5 : Measures Group Ventral Hernia)	<p>Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	Could be included in Physician Compare and VBPM if it is made into a composite with other related ventral hernia measures

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCHMA Not Endorsed	Ventral Hernia 4: Unplanned hospital readmission within 30 days of principal procedure (4 of 5 : Measures Group Ventral Hernia)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related ventral hernia measures
XCMBG 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-specif	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XCMDM Not Endorsed	Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCMFM Not Endorsed	Ventral Hernia 3: Unplanned reoperation within the 30 day postoperative period (3 of 5 : Measures Group Ventral Hernia)	Physician Compare: Conditional Support VBPM: Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	Could be included in Physician Compare and VBPM if it is made into a composite with other related ventral hernia measures
0052 Endorsed	Use of Imaging Studies for Low Back Pain	Physician Compare: Support VBPM: Support NQF endorsed measure Included in a MAP family Promotes alignment across programs, settings, and public and private sector efforts Address program goals/requirements	
0562 Endorsed	Overutilization of Imaging Studies in Melanoma	Physician Compare: Support VBPM: Support: NQF endorsed measure Address program goals/requirements	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0670</p> <p>Endorsed</p>	<p>Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Included in a MAP family</p> <p>Addresses program goals/requirements</p>	
<p>0671</p> <p>Endorsed</p>	<p>Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)</p>	<p>Physician Compare: Support VBPM: Support: NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Included in a MAP family</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0672</p> <p>Endorsed</p>	<p>Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients</p>	<p>Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Included in a MAP family</p> <p>Addresses program goals/requirements</p>	
<p>0507</p> <p>Endorsed</p>	<p>Stenosis measurement in carotid imaging studies</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>0509</p> <p>Endorsed</p>	<p>Reminder System for Mammograms</p>	<p>Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0510 Endorsed	Exposure time reported for procedures using fluoroscopy	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
N/A 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	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	
XBAMM Not Endorsed	262 Image Confirmation of Successful Excision of Image-Localized Breast Lesion	Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0511 Not Endorsed	Correlation With Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	PQRS: Remove Physician Compare: Do Not Support VBPM: Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

Table A4. MAP Input on PQRS Measures Under Consideration

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1741 Endorsed	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) [®] Surgical Care Survey	PQRS: Support MU-EP: Support Physician Compare: Support VBPM: Support NQF endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set	
XDFDB Not Endorsed	Head and Neck Cancer: Weight Loss Prevention	PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support Measure does not adequately address any current needs of the program	Other interventions that prevent weight loss, such as care management and shared decision making, are better than achieving a 10% target which may not signal greater issues.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFGL</p> <p>Not Endorsed</p>	<p>Repeat Colonoscopy due to poor bowel preparation</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFGM</p> <p>Not Endorsed</p>	<p>Appropriate age for colorectal cancer screening colonoscopy</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>The age limits of this measure should align with the age limits of colorectal cancer screening measures in the program. This measure should cover ages above the screening measure.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEDC</p> <p>Not Endorsed</p>	<p>Draft: Breast Cancer Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDD</p> <p>Not Endorsed</p>	<p>Draft: Breast Cancer Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEDE</p> <p>Not Endorsed</p>	<p>Draft: Lung Cancer Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDF</p> <p>Not Endorsed</p>	<p>Draft: Lung Cancer Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEDG</p> <p>Not Endorsed</p>	<p>Draft: Prostate Cancer Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDH</p> <p>Not Endorsed</p>	<p>Draft: Prostate Cancer Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEDL</p> <p>Not Endorsed</p>	<p>Draft: Colon Cancer Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDM</p> <p>Not Endorsed</p>	<p>Draft: Colon Cancer Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>0662</p> <p>Endorsed Time-Limited</p>	<p>Median Time to Pain Management for Long Bone Fracture</p>	<p>PQRS: Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>NQF-endorsed measure Promotes alignment across programs, settings, and public and private sector efforts</p> <p>Addresses program goals/requirements</p>	
<p>1399</p> <p>Endorsed</p>	<p>Developmental Screening in the First Three Years of Life</p>	<p>PQRS: Support MU-EP: Support Physician Compare: Support VBPM: Support</p> <p>NQF-endorsed measure</p> <p>Promotes person- and family-centered care</p> <p>Provides considerations for healthcare disparities and cultural competency</p> <p>Addresses program goals/requirements</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDAEB</p> <p>Not Endorsed</p>	<p>Annual Wellness Assessment: Assessment of Health Risks</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Measures, XDAEC, XDBGH, and XDBHA are preferred; however all three measures could be combined into a composite.</p>
<p>XDAEC</p> <p>Not Endorsed</p>	<p>Annual Wellness Assessment: Management of Health Risks</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>A composite of XDAEB, XDAEC, XDBGH, and XDBHA is preferred.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDBGH</p> <p>Not Endorsed</p>	<p>Annual Wellness Assessment: Reduction of Health Risks</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>A composite of XDAEB, XDAEC, XDBGH, and XDBHA is preferred.</p>
<p>XDBHA</p> <p>Not Endorsed</p>	<p>Annual Wellness Assessment: Goal-Setting to Reduce Identified Risks</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>A composite of XDAEB, XDAEC, XDBGH, and XDBHA is preferred. Additionally, this measure should be expanded to address all the risks assessed in XDAEB.</p>
<p>XDBBM</p> <p>Not Endorsed</p>	<p>All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions</p>	<p>PQRS: Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Measure development should explore risk adjustment in addition to testing at the individual clinician level of analysis.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDCLD</p> <p>Not Endorsed</p>	<p>DRAFT: Closing the Referral Loop - Critical Information Communicated with Request for Referral</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Further development should explore the quality of information being sent.</p>
<p>XDDAC</p> <p>Not Endorsed</p>	<p>DRAFT: Closing the Referral Loop - Specialist Report Sent to Primary Care Physician</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Further development should explore the quality of the information being sent, in addition to accounting for patients who see a specialist and do not have a primary care physician.</p>
<p>XDCMD</p> <p>Not Endorsed</p>	<p>Oral Health: Children aged 6-9 years who receive sealants in the first permanent molar</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	<p>Preference for NQF# 1419.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDCME</p> <p>Not Endorsed</p>	<p>Oral Health: Children who receive a comprehensive or periodic oral evaluation in two consecutive years</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Measure should align with an endorsed measure NQF # 1308.</p>
<p>Not Endorsed</p>	<p>Patient Activation Measure</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>The tool should be tested as a performance measure. Additionally, other tools/measures in this area should be explored.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
Not Endorsed	SF-36 (included in the HOS)	PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support Not ready for implementation; measure concept is promising but requires modification or further development	The tool should be tested as a performance measure. Additionally, other tools/measures in this area should be explored.
XDBBG Not Endorsed	All-Cause Unplanned Admissions for Patients with Heart Failure	PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support Not ready for implementation; measure concept is promising but requires modification or further development	Measure development should explore risk adjustment in addition to testing at the individual clinician level of analysis.
XDELB Not Endorsed	DRAFT: Functional Status Assessment and Goal Achievement for Patients with Congestive Heart Failure	PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support Not ready for implementation; measure concept is promising but requires modification or further development	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XAHDH</p> <p>Not Endorsed</p>	<p>Adherence to Antiplatelet Treatment after Stent Implantation</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	
<p>XDELF</p> <p>Not Endorsed</p>	<p>DRAFT: ADE Prevention and Monitoring: Minimum INR Monitoring for Patients with Atrial Fibrillation on Warfarin</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Measure is limited to patients with atrial fibrillation; it should be expanded to include all patients on warfarin. Additionally, this measure and measure XDELE should be merged into a single measure.</p>
<p>XDELE</p> <p>Not Endorsed</p>	<p>DRAFT: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>Measure is limited to patients with atrial fibrillation; it should be expanded to include all patients on warfarin. Additionally, this measure and measure XDELF should be merged into a single measure.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEME</p> <p>Not Endorsed</p>	<p>Post-procedural Optimal medical therapy Composite (percutaneous coronary intervention)</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should incorporate follow-up and adherence. This measure should be harmonized with an existing endorsed measure NQF# 0964.</p>
<p>XCLLL</p> <p>Not Endorsed</p>	<p>HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDECF</p> <p>Not Endorsed</p>	<p>Draft: Hypertension Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDDMH</p> <p>Not Endorsed</p>	<p>Draft: Acute Myocardial Infarction Condition Phase Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDDMG</p> <p>Not Endorsed</p>	<p>Draft: Ischemic Heart Disease Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDDML</p> <p>Not Endorsed</p>	<p>Draft: Coronary Artery Bypass Graft Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDDMM</p> <p>Not Endorsed</p>	<p>Draft: Heart Catheterization Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support: Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAA</p> <p>Not Endorsed</p>	<p>Draft: Percutaneous Coronary Intervention Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDECA</p> <p>Not Endorsed</p>	<p>Draft: Heart Block Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBL</p> <p>Not Endorsed</p>	<p>Draft: Heart Failure Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDA</p> <p>Not Endorsed</p>	<p>Draft: Ischemic Cerebral Artery Disease Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBM</p> <p>Not Endorsed</p>	<p>Draft: Cardiac Arrhythmia Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEDB</p> <p>Not Endorsed</p>	<p>Draft: Carotid Artery Stenosis Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDECB</p> <p>Not Endorsed</p>	<p>Draft: Cardioversion Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDECG</p> <p>Not Endorsed</p>	<p>Draft: Shock/Hypotension Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDECC</p> <p>Not Endorsed</p>	<p>Draft: Pacemaker/AICD Implantation Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>2158</p>	<p>Payment-Standardized Medicare Spending Per Beneficiary (MSPB)</p>	<p>PQRS: Conditional Support</p> <p>Physician Compare: Conditional Support</p> <p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	<p>Measure is currently endorsed for the hospital level of analysis; additional development and testing is needed to apply this measure to the clinician level of analysis.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0545 Endorsed	Adherence to Chronic Medications for Individuals with Diabetes Mellitus	<p>PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	Prefer outcome measures for diabetes.
XDBBL Not Endorsed	All-Cause Unplanned Admissions for Patients with Diabetes	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	Measure development should explore risk adjustment in addition to testing at the individual clinician level of analysis.
XDECL Not Endorsed	Draft: Diabetes Condition Episode for CMS Episode Grouper	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDECH</p> <p>Not Endorsed</p>	<p>Draft:</p> <p>Nephropathy/Renal Failure Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDFAG</p> <p>Not Endorsed</p>	<p>Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule requiring unplanned vitrectomy)</p>	<p>PQRS: Support</p> <p>Physician Compare: Conditional Support</p> <p>VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFAM</p> <p>Not Endorsed</p>	<p>Cataract Surgery: Difference Between Planned and Final Refraction</p>	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFAH</p> <p>Not Endorsed</p>	<p>Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate</p>	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFAL</p> <p>Not Endorsed</p>	<p>Adult Primary Rhegmatogenous Retinal Detachment Reoperation Rate</p>	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDEBC</p> <p>Not Endorsed</p>	<p>Draft: Cataract Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBD</p> <p>Not Endorsed</p>	<p>Draft: Cataract Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEBE</p> <p>Not Endorsed</p>	<p>Draft: Glaucoma Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBF</p> <p>Not Endorsed</p>	<p>Draft: Glaucoma Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEBG</p> <p>Not Endorsed</p>	<p>Draft: Retinal Disease Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBH</p> <p>Not Endorsed</p>	<p>Draft: Retinal Disease Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>1407</p> <p>Endorsed</p>	<p>Immunizations for Adolescents</p>	<p>PQRS: Support MU-EP: Support Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measurement area not adequately represented in the program measure set</p>	
<p>1959</p> <p>Endorsed</p>	<p>Human Papillomavirus Vaccine for Female Adolescents</p>	<p>PQRS: Support MU-EP: Support Physician Compare: Support VBPM: Support</p> <p>NQF endorsed measure</p> <p>Addresses a measurement area not adequately represented in the program measure set</p>	<p>The measure should be expanded to include males in the denominator population.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFBC</p> <p>Not Endorsed</p>	<p>Screening for Hepatitis C Virus (HCV) for Patients at High Risk</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore combining XDFBC, XDFBD, and XDFBE into a composite measure.</p>
<p>XDFBD</p> <p>Not Endorsed</p>	<p>Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore combining XDFBC, XDFBD, and XDFBE into a composite measure.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFBE</p> <p>Not Endorsed</p>	<p>Referral to Treatment for Patients Identified with Hepatitis C Virus (HCV) Infection</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore combining XDFBC, XDFBD, and XDFBE into a composite measure.</p>
<p>XDFBF</p> <p>Not Endorsed</p>	<p>Discontinuation of Antiviral Therapy for Inadequate Viral Response</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Workgroup expressed concerns that this may be a low-bar measure; further development and testing should explore if there is variation in care.</p>
<p>XDFBG</p> <p>Not Endorsed</p>	<p>Discussion and Shared Decision Making Surrounding Treatment Options</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>Ideally, the measure should be assessed from the patients perspective.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFBH</p> <p>Not Endorsed</p>	<p>Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	
<p>XDFCM</p> <p>Not Endorsed</p>	<p>Minimum antimicrobial therapy for Staph A. - For adult patients with Staphylococcus aureus bacteremia, the minimum duration of antimicrobial therapy is 14 days.</p>	<p>PQRS: Insufficient Information Physician Compare: Insufficient Information VBPM: Insufficient Information</p> <p>MAP requests more information on the evidence supporting this measure</p>	
<p>XDFDA</p> <p>Not Endorsed</p>	<p>Appropriate in vitro susceptibility testing - The agent(s) used for definitive therapy in invasive staphylococcal disease should be confirmed by in vitro susceptibility testing as interpreted by the CLSI to be active against the clinical isolate</p>	<p>PQRS: Insufficient Information Physician Compare: Insufficient Information VBPM: Insufficient Information</p> <p>MAP requests more information on the evidence supporting this measure</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFHL</p> <p>Not Endorsed</p>	<p>Appropriate Treatment of MSSA - For MSSA bacteremia, a β-lactam antibiotic is the drug of choice in the hospitalized patient in the absence of a documented allergy or drug intolerance.</p>	<p>PQRS: Insufficient Information Physician Compare: Insufficient Information VBPM: Insufficient Information</p> <p>MAP requests more information on the evidence supporting this measure</p>	
<p>XDECD</p> <p>Not Endorsed</p>	<p>Draft: Pneumonia Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDAFC</p> <p>Not Endorsed</p>	<p>Functional Status Assessment and Goal Setting in Patients with Rheumatoid Arthritis</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should align with, and possibly replace, a measure in the finalized set XACHH. This measure goes beyond assessment and includes goals setting.</p>
<p>XDFHD</p> <p>Not Endorsed</p>	<p>Assessment and Classification of Disease Activity</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should align with, and possibly replace, a measure in the finalized set XACHG.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFHE</p> <p>Not Endorsed</p>	<p>Tuberculosis Screening Prior to First Course Biologic Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should align with, and possibly replace, a measure in the finalized set XACHF.</p>
<p>XDFEF</p> <p>Not Endorsed</p>	<p>Osteoporotic Fracture Risk</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFEH</p> <p>Not Endorsed</p>	<p>Bone Mineral Density (BMD) & Fracture Risk</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A finalized measure addresses a similar topic and better addresses the needs of the program</p>	
<p>XDEGH</p> <p>Not Endorsed</p>	<p>Appropriate Use of DXA Scans in Women Under 65 Who Do Not Meet the Risk Factor Profile</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFEG</p> <p>Not Endorsed</p>	<p>Prednisone Use with Anabolic Agent</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should be expanded to address all prednisone use.</p>
<p>XDFHF</p> <p>Not Endorsed</p>	<p>History of Fragility Fracture with Prednisone Use</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should be expanded to address all prednisone use.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDELC</p> <p>Not Endorsed</p>	<p>DRAFT: Functional Status Assessment and Improvement for Patients who Received a Total Knee Replacement</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should align with, and possibly replace, NQF 0422.</p>
<p>XDELD</p> <p>Not Endorsed</p>	<p>DRAFT: Functional Status Assessment and Improvement for Patients who Received a Total Hip Replacement</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should align with, and possibly replace, NQF 0423.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAB</p> <p>Not Endorsed</p>	<p>Draft: Hip Osteoarthritis Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEAC</p> <p>Not Endorsed</p>	<p>Draft: Hip Replacement/Revision Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAD</p> <p>Not Endorsed</p>	<p>Draft: Hip/Femur Fracture Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEAE</p> <p>Not Endorsed</p>	<p>Draft: Hip/Femur Fracture Repair Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAF</p> <p>Not Endorsed</p>	<p>Draft: Knee Osteoarthritis Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEAG</p> <p>Not Endorsed</p>	<p>Draft: Knee Replacement/Revision Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAH</p> <p>Not Endorsed</p>	<p>Draft: Shoulder Osteoarthritis Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEEB</p> <p>Not Endorsed</p>	<p>Draft: Back Pain Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAL</p> <p>Not Endorsed</p>	<p>Draft: Shoulder Replacement/Repair Treatment Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDFLL</p> <p>Not Endorsed</p>	<p>National Institutes of Health Stroke Scale (NIHSS) for ED patients</p>	<p>PQRS: Conditional Support</p> <p>Physician Compare: Do Not Support</p> <p>VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XCLAL</p> <p>Not Endorsed</p>	<p>ALS Patient Care Preferences</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Care planning for patients with ALS should occur more than once annually, further development should explore more frequent care planning or shorter intervals of measurement.</p>
<p>XDEEA</p> <p>Not Endorsed</p>	<p>Draft: Dementia Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1507 Endorsed	Risky Behavior Assessment or Counseling by Age 18 Years	<p>PQRS: Support Physician Compare: Support VBPM: Support</p> <p>NQF-endorsed measure</p> <p>Addresses a measurement area not adequately represented in the program measure set</p>	
1879 Endorsed	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	<p>PQRS: Support Physician Compare: Support VBPM: Support</p> <p>NQF-endorsed measure</p> <p>Addresses a measurement area not adequately represented in the program measure set</p>	Explore combining NQF# 1879 and 1880 into a composite.
1880 Not Endorsed	Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	Explore combining NQF# 1879 and 1880 into a composite. Additionally the measure should be incorporated in Physician Compare and VBPM once it receives NQF-endorsement.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>1884</p> <p>Not Endorsed</p>	<p>Depression Response at Six Months- Progress Towards Remission</p>	<p>PQRS: Support MU-EP: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>The measure should be incorporated in Physician Compare and VBPM once it receives NQF-endorsement.</p>
<p>1885</p> <p>Not Endorsed</p>	<p>Depression Response at Twelve Months- Progress Towards Remission</p>	<p>PQRS: Support MU-EP: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>The measure should be incorporated in Physician Compare and VBPM once it receives NQF-endorsement.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEMG</p> <p>Not Endorsed</p>	<p>ACORN Adolescent (Youth) Outcome Questionnaire</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This is a survey tool, additional testing is needed to determine how to use the results as a performance measure.</p>
<p>XDEMF</p> <p>Not Endorsed</p>	<p>ACORN Adult Outcome Questionnaire</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This is a survey tool, additional testing is needed to determine how to use the results as a performance measure.</p>
<p>XDFGC</p> <p>Not Endorsed</p>	<p>IPF Drug Use Screening completed within one day of admission</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFGD</p> <p>Not Endorsed</p>	<p>IPF Alcohol Use Screening completed within one day of admission</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore if a one-day turnaround time is appropriate.</p>
<p>XDFGE</p> <p>Not Endorsed</p>	<p>Inpatient Psychiatric Facility Routinely Assesses Patient Experience of Care</p>	<p>PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	<p>This measure only determines if experience of care was assessed in some manner. A standardized tool should be used across all inpatient psychiatric facilities.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEHE</p> <p>Not Endorsed</p>	<p>DRAFT: Tobacco Use and Help with Quitting Among Adolescents</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDEHF</p> <p>Not Endorsed</p>	<p>DRAFT: Substance Use Screening and Intervention Composite</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDBGL</p> <p>Not Endorsed</p>	<p>Functional Status Assessments and Goal Setting for Patients with Asthma</p>	<p>PQRS: Do Not Support MU-EP: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>A 'Supported' measure under consideration addresses as similar topic and better addresses the needs of the program</p>	<p>Preference for XDGBM.</p>
<p>XDBGM</p> <p>Not Endorsed</p>	<p>Functional Status Assessments and Goal Setting for Patients with Chronic Obstructive Pulmonary Disease</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFLE</p> <p>Not Endorsed</p>	<p>Optimal Asthma Care-Control Component</p>	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEAM</p> <p>Not Endorsed</p>	<p>Draft: Asthma Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDEBA</p> <p>Not Endorsed</p>	<p>Draft: Bronchiectasis Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDEBB</p> <p>Not Endorsed</p>	<p>Draft: Chronic Bronchitis/Emphysema Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>XDECE</p> <p>Not Endorsed</p>	<p>Draft: Respiratory Failure Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XAHDG</p> <p>Not Endorsed</p>	<p>Bleeding Outcomes Related to Oral Anticoagulants</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should be expanded beyond oral anticoagulants.</p>
<p>XCLMD</p> <p>Not Endorsed</p>	<p>HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED) Implantation, Replacement, or Revision</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>This measure should be expanded to cover all implants.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDECM</p> <p>Not Endorsed</p>	<p>Draft: Sepsis/SIRS Condition Episode for CMS Episode Grouper</p>	<p>VBPM: Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Measure should be paired with relevant clinical outcome measures. Further development should explore how costs for patients with MCCs are attributed, how severity of disease is addressed in a measure, and how the measure is attributed to multiple clinicians that may see an individual included in the denominator.</p>
<p>0465</p> <p>Endorsed Time-Limited</p>	<p>Perioperative Anti-platelet Therapy for Patients undergoing Carotid Endarterectomy</p>	<p>PQRS: Support Physician Compare: Support VBPM: Support</p> <p>NQF-endorsed measure Addresses a measure type not adequately represented in the program measure set</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFDG</p> <p>Not Endorsed</p>	<p>Recurrence or amputation following open infrainquinal lower extremity revascularization</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore combining XDFDG and XDFDH.</p>
<p>XDFDH</p> <p>Not Endorsed</p>	<p>Recurrence or amputation following endovascular infrainquinal lower extremity revascularization</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Further development should explore combining XDFDG and XDFDH.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFLD</p> <p>Not Endorsed</p>	<p>Average change in functional status following lumbar spine fusion surgery</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>This measure should be paired with measures of appropriate use of spinal surgery and episode of care measures that begins with initial assessments of back pain.</p>
<p>XCMDH</p> <p>Not Endorsed</p>	<p>Reduction of complications through the use of cystoscopy during surgery for stress urinary incontinence</p>	<p>PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Measure does not adequately address any current needs of the program</p>	
<p>XDAFA</p> <p>Not Endorsed</p>	<p>Overuse of Diagnostic Imaging for Uncomplicated Headache</p>	<p>PQRS: Conditional Support MU-EP: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDFDL Not Endorsed	Avoidance of inappropriate use of head CT in ED patients with minor head injury	<p>PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>An endorsed measure addresses a similar topic and better addresses the needs of the program</p>	Consider including NQF# 0668.
XDFGF Not Endorsed	Avoidance of inappropriate use of imaging for adult ED patients with atraumatic low back pain	<p>PQRS: Do Not Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>An endorsed measure addresses a similar topic and better addresses the needs of the program</p>	Consider using NQF# 0514 or 0052.
XDFCA Not Endorsed	Appropriate use of imaging for non-traumatic shoulder pain	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFCB</p> <p>Not Endorsed</p>	<p>Appropriate use of imaging for non-traumatic knee pain</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFBM</p> <p>Not Endorsed</p>	<p>Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques</p>	<p>PQRS: Support Physician Compare: Conditional Support VBPM: Conditional Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFCC</p> <p>Not Endorsed</p>	<p>Use of premedication before contrast-enhanced imaging studies in patients with documented contrast allergy</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFCE</p> <p>Not Endorsed</p>	<p>Appropriate follow-up imaging for incidental thyroid nodules in patients</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFCF</p> <p>Not Endorsed</p>	<p>Composite measure: 1) Appropriate follow-up imaging for incidental liver lesions</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFCG</p> <p>Not Endorsed</p>	<p>Composite measure: 2) Appropriate follow-up imaging for incidental kidney lesions composite measure</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFCH</p> <p>Not Endorsed</p>	<p>Composite measure: 3) Appropriate follow-up imaging for incidental adrenal lesions composite measure</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	
<p>XDFCL</p> <p>Not Endorsed</p>	<p>Appropriate follow-up imaging for incidental simple ovarian cysts</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
<p>XDFBL</p> <p>Not Endorsed</p>	<p>Utilization of ultrasonography in children with clinically suspected appendicitis</p>	<p>PQRS: Conditional Support Physician Compare: Do Not Support VBPM: Do Not Support</p> <p>Addresses a measurement area not adequately represented in the program measure set</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

MAP Input on Hospital Programs

Hospital Inpatient Quality Reporting Program

Program Type:

Pay for Reporting – Information is reported on the Hospital Compare website.²⁸

Incentive Structure:

Hospitals receive a reduction of 2.0 percentage points of their annual market basket payment update (the change in costs of goods and services used by hospitals in treating Medicare patients) for non-participation.²⁹

CARE SETTINGS INCLUDED:

Hospitals paid under the Inpatient Prospective Payment System (IPPS). This includes more than three-quarters of all hospitals.³⁰

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 a November 2005 report by the Institute of Medicine under section 238(b) of the MMA.

According to statute, the program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures. Measures should align with the National Quality Strategy³¹ and promote the health and well-being of Medicare beneficiaries.^{32,33} Measures should align with the Meaningful Use program when possible.^{34,35}

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 2014 Input:

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

TABLE A5. MAP INPUT ON IQR MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0475 Endorsed	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Support NQF-endorsed measure Addresses program goals/requirements; promotes alignment across programs, settings, and public and private sector efforts	Measure addresses a previously identified program gap.
0471 Endorsed	PC-02 Cesarean Section	Support NQF-endorsed measure Addresses program goals/requirements; promotes alignment across programs, settings, and public and private sector efforts	MAP noted that there is an important public education piece to the reporting of PC-02 and recommended CMS work with others to ensure consumers understand what the results mean and why the measure is important.
XDELG Not Endorsed	Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia	Support Addresses program goals/requirements Addresses a measure type not adequately represented in the program measure set Promotes alignment across programs, settings, and public and private sector efforts	Measure addresses the previously identified gap of affordability/cost measures. MAP noted the need for condition-specific cost information because the measures are actionable but recognized the attribution challenges between hospitals and care provided after discharge. MAP reiterated the need for these measures to be submitted for NQF endorsement.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDELH Not Endorsed	Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure	<p>Support</p> <p>Addresses program goals/requirements</p> <p>Addresses a measure type not adequately represented in the program measure set</p> <p>Promotes alignment across programs, settings, and public and private sector efforts</p>	<p>Measure addresses the previously identified gap of affordability/cost measures. MAP noted the need for condition-specific cost information because the measures are actionable but recognized the attribution challenges between hospitals and care provided after discharge. MAP reiterated the need for these measures to be submitted for NQF endorsement.</p>
XBELG Not Endorsed	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>MAP reiterated the need for condition-specific readmission measures to accompany all-cause readmission measures. MAP also noted concerns about the lack of risk adjustment for socioeconomic status and suggested that measure results could be stratified.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBGDL Not Endorsed	Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>MAP reiterated the need for condition-specific readmission measures to accompany all-cause readmission measures. MAP also noted concerns about the lack of risk adjustment for socioeconomic status and suggested that measure results could be stratified.</p>
XBDCE Not Endorsed	Adverse Drug Events – Hyperglycemia	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Use of this measure would fill a previously identified gap in HAC public reporting and address a very common condition. MAP expressed concerns over the feasibility of using this measure in the IQR program as it has been tested using electronic data. The NQF endorsement process should resolve this issue.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDBGA Not Endorsed	Adverse Drug Events – Hypoglycemia	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>Use of this measure would fill a previously identified gap in HAC public reporting and address a common condition that is very dangerous to patients. MAP expressed concerns over the feasibility of using this measure in the IQR program as it has been tested using electronic data. The NQF endorsement process should resolve this issue.</p>
XDEEH Not Endorsed	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following Coronary Artery Bypass Graft (CABG) surgery	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDEEL Not Endorsed	Hospital 30-day Risk-standardized Acute Myocardial Infarction (AMI) Mortality eMeasure	<p>Conditional Support</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p> <p>Not ready for implementation; data sources do not align with program's data sources</p> <p>Not ready for implementation; measure needs further experience or testing before being used in the program</p>	MAP noted the AMI eMeasure is a promising concept but expressed concerns that some hospitals may have difficulties implementing it because of current limitations of EHR systems. Others noted that the electronic elements for this measure are relatively easy to extract.
XDAEA Not Endorsed	Appropriate Monitoring of patients receiving an Opioid via an IV Patient Controlled Analgesia Device	No longer under consideration per HHS	MAP reiterated the importance of opioid monitoring as an important gap area. In particular, high-risk patients should be continually monitored and sedation outcomes should be tracked. MAP also expressed concern that this measure is limited to patient-controlled analgesia and could result in the negative unintended consequence of avoidance of PCA in favor of older therapies.

TABLE A6. MAP INPUT ON FINALIZED IQR MEASURES

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0374 Not Endorsed	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages / Platelet Count Monitoring by Protocol or Nomogram	Remove NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0375 Not Endorsed	Venous Thromboembolism Warfarin Therapy Discharge Instructions	Remove NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0440 Not Endorsed	Stroke Education	Remove NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0113 Endorsed Reserve	Participation in a Systematic Database for Cardiac Surgery	Remove NQF endorsement placed in reserve status (performance on this measure is topped out)	
0135 Endorsed Reserve	Evaluation of Left ventricular systolic function (LVS)	Remove NQF endorsement placed in reserve status (performance on this measure is topped out)	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0527 Endorsed	Prophylactic antibiotic received within 1 hour prior to surgical incision	Remove Performance on this measure may be topped out	
2027 Not Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization	Retain	This measure is finalized for use in the IQR program; MAP discussed the possibility of recommending its removal and ultimately decided that it should be retained. MAP encourages continued refinement of the measure's risk adjustment methodology and obtaining NQF endorsement.
0351 Endorsed	Death among surgical inpatients with serious, treatable complications (PSI 4)		Prioritize this measure for inclusion in VBP.
0469 Endorsed	PC-01 Elective Delivery		Prioritize for inclusion in VBP.
1550 Endorsed	Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)		Prioritize for inclusion in VBP.
1716 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure		Prioritize for inclusion in VBP; MAP supports CMS's intention to propose this measure for VBP.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1717 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure		Prioritize for inclusion in VBP; MAP supports CMS's intention to propose this measure for VBP.
1893 Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization		Prioritize for inclusion in VBP.
N / A Not Endorsed	AMI episode of care (inpatient hospitalization + 30 days post-discharge)		Prioritize for inclusion in VBP.

Hospital Value-Based Purchasing Program

PROGRAM TYPE:

Pay for Performance – Payments are based on information publicly reported on the Hospital Compare website.³⁶

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 future 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 IPPS. This includes more than three-quarters of all hospitals.³⁷

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 acute myocardial infarction (heart attack or AMI), heart failure, pneumonia, surgeries as measured by the Surgical Care Improvement Project (SCIP), 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 (a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care). 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 from the Hospital VBP program.³⁸

MAP Pre-Rulemaking 2014 Input:

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

TABLE A7. MAP INPUT ON VBP MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0437 Endorsed	STK 04: Thrombolytic Therapy	Support NQF-endorsed measure	Stroke is a high-impact condition and there is a need to promote processes closely tied to better outcomes. MAP questioned whether there is sufficient opportunity for performance on this measure to continue to improve and recommended that CMS reconsider the measure's exclusion criteria.
0441 Endorsed	STK-10: Assessed for Rehabilitation	Do Not Support Measure does not adequately address any current needs of the program	Performance on this measure is high and MAP recommends the measure set remain parsimonious to avoid diluting incentives.
0434 Endorsed	STK-01: Venous Thromboembolism (VTE) Prophylaxis	Support NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	Stroke is a high-impact condition and there is a need to promote processes closely tied to better outcomes. This measure is associated with an outcome that is difficult to measure directly.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0435 Endorsed	STK 02: Discharged on Antithrombotic Therapy	Support NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	Stroke is a high-impact condition and there is a need to promote processes closely tied to better outcomes. This measure is associated with an outcome that is difficult to measure directly.
0436 Endorsed	STK-03: Anticoagulation Therapy for Atrial Fibrillation/ Flutter	Do Not Support Measure does not adequately address any current needs of the program	Performance on this measure is high and MAP recommends the measure set remain parsimonious to avoid diluting incentives.
0438 Endorsed	STK 05: Antithrombotic Therapy By End of Hospital Day Two	Support NQF-endorsed measure Addresses program goals/requirements Promotes alignment across programs, settings, and public and private sector efforts	Stroke is a high-impact condition and there is a need to promote processes closely tied to better outcomes.
0439 Endorsed	STK-06: Discharged on Statin Medication	Do Not Support Measure does not adequately address any current needs of the program	MAP recommends the measure set remain parsimonious to avoid diluting incentives. Statin guidelines have recently been changed.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0440 Not Endorsed	Stroke Education	Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	
0371 Endorsed	Venous Thromboembolism Prophylaxis	Do Not Support Measure does not adequately address any current needs of the program	Performance on this measure is high and MAP recommends the measure set remain parsimonious to avoid diluting incentives.
0372 Endorsed	Intensive Care Unit Venous Thromboembolism Prophylaxis	Do Not Support Measure does not adequately address any current needs of the program	Performance on this measure is high and MAP recommends the measure set remain parsimonious to avoid diluting incentives.
0373 Endorsed	Venous Thromboembolism Patients with Anticoagulant Overlap Therapy	Do Not Support Measure does not adequately address any current needs of the program	Performance on this measure is high and MAP recommends the measure set remain parsimonious to avoid diluting incentives.
0376 Not Endorsed	Incidence of Potentially Preventable Venous Thromboembolism	Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0374 Not Endorsed	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/ Platelet Count Monitoring by Protocol or Nomogram	Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	MAP has recommended that this measure be removed from IQR, which would make it unavailable for use in VBP.
0375 Not Endorsed	Venous Thromboembolism Warfarin Therapy Discharge Instructions	Do Not Support NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)	MAP has recommended that this measure be removed from IQR, which would make it unavailable for use in VBP.

TABLE A8. MAP INPUT ON FINALIZED VBP MEASURES

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0527 Endorsed	Prophylactic antibiotic received within 1 hour prior to surgical incision	Remove Performance on this measure may be topped out	

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (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.³⁹ The CAH EHR Incentive payment is based on a formula for Allowable Costs and the Medicare Share.⁴⁰ The Medicaid Incentive program includes an Overall EHR Amount and Medicaid Share.⁴¹ Medicare payment penalties will take effect in 2015 for providers who are eligible but do not participate. Payment penalties do not apply to Medicaid.⁴²

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS), Medicare Advantage, and critical access hospitals.⁴³

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:

The program should include measures of processes, experience, and/or outcomes of patient care as well as 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. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.⁴⁴ Preference should be given to quality measures endorsed by NQF.⁴⁵ For Stage 1, eligible facilities must report on all 15 total clinical quality measures.⁴⁶ For Stage 2 (2014 and beyond) eligible facilities 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 1.⁴⁷

MAP Pre-Rulemaking 2014 Input:

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

TABLE A9. MAP INPUT ON MEANINGFUL USE MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDBCB Not Endorsed	Adverse Drug Events - Hyperglycemia	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP recommends close review of the electronic specifications of this measure during the NQF endorsement process.
XDBGGA Not Endorsed	Adverse Drug Events - Hypoglycemia	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP recommends close review of the electronic specifications of this measure during the NQF endorsement process.
0475 Endorsed	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Conditional Support Not ready for implementation; measure concept is promising but requires modification or further development	MAP recommends review of the e-specifications of this measure through the NQF endorsement process.
1659 Endorsed	Influenza Immunization	Conditional Support Not ready for implementation; measure concept is promising but requires modification or further development	MAP recommends close review of the electronic specifications of this measure during the NQF endorsement process.
XDEEL Not Endorsed	Hospital 30-day Risk-standardized Acute Myocardial Infarction (AMI) Mortality eMeasure	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP recommends close review of the electronic specifications of this measure during the NQF endorsement process.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0500 Endorsed	Severe Sepsis and Septic Shock: Management Bundle	<p>Conditional Support</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p>	<p>MAP noted the need for continued development of electronic specifications for NQF #0500 Severe Sepsis and Septic Shock: Management Bundle. While some workgroup members challenged the feasibility and evidence behind this measure, MAP deferred to the recent endorsement review of this measure and conditionally supported it for the Meaningful Use Program.</p>

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). This includes more than three-quarters of all hospitals.⁴⁸

Statutory Mandate:

The Hospital Readmission Reduction Program (HRRP) 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.⁴⁹ Measures should address conditions and procedures for which readmissions are high volume or high expenditure.⁵⁰

The ACA required the program to begin with the use of the use of the NQF-endorsed readmission measures for acute myocardial infarction (heart attack) (#0505), heart failure (#0330), and pneumonia (#0506). Beginning in FY 2015, the Secretary of HHS can expand the program to include other applicable conditions.⁵¹

MAP Pre-Rulemaking 2014 Input:

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

TABLE A10. MAP INPUT ON HRRP MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XBELG Not Endorsed	Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP noted a need for additional condition-specific measures in the program so that hospitals can have actionable information about which patient populations to target for improvement efforts.
2027 Not Endorsed	Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization	Do Not Support Measure previously submitted for endorsement and was not endorsed	MAP expressed concerns over the reliability, validity, and risk adjustment of this measure. More experience with the measure is needed in the IQR program before using it for payment purposes.
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Conditional Support Not ready for implementation; measure needs further experience or testing before being used in the program	MAP noted the need to balance improvement for all patients with the risk of unintended consequences for safety net hospitals that may be more likely to experience payment reduction. MAP urged CMS to develop a methodology for how all-cause and condition-specific measures would be used together in the HRRP program and across programs to avoid duplication as well as to consider recommendations to compare hospitals to peer groups rather than national averages.

Hospital-Acquired Condition Payment Reduction Program

PROGRAM TYPE:

Pay for Performance – Information will be reported on the Hospital Compare website beginning FY 2015.⁵²

INCENTIVE STRUCTURE:

Hospitals with rates of hospital acquired conditions (HACs) in the top quartile compared to the national average will have their Medicare payments reduced by 1 percent for all DRGs.⁵³ Prior to FY 2015 and in each subsequent fiscal year, hospitals will receive confidential reports from HHS on their HAC rates to give them the opportunity to review and submit corrections before the information is made public.

The HAC Reduction program consists of two domains of measures. Domain 1 includes Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) measures. Domain 2 includes measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN). Hospitals will be given a score for each measure within the two domains. A domain score will also be calculated—with Domain 1 weighted at 35 percent and Domain 2 weighted at 65 percent—to determine a total score for each hospital in the program. Risk factors such as patients' age, gender, and comorbidities will be considered in the calculation of the measure rates.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS). This includes more than three-quarters of all hospitals.⁵⁴

STATUTORY MANDATE:

Section 3008 of the Affordable Care Act requires HHS to establish a program for IPPS hospitals to improve patient safety by imposing financial penalties on hospitals that perform poorly with regard to hospital-acquired conditions.

STATUTORY REQUIREMENTS FOR MEASURES:

The conditions addressed by this program are the same as those for the policy that mandates no additional payment for treatment of HACs (HAC Payment Provision Program).⁵⁵ It can also include any other conditions acquired during a hospital stay that the Secretary deems appropriate. The conditions currently included are:

- 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

MAP Pre-Rulemaking 2014 Input:

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

TABLE A11. MAP INPUT ON HAC REDUCTION PROGRAM MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0349 Endorsed	Transfusion Reaction (PSI 16)	Support NQF-endorsed measure Addresses program goals/requirements	Transfusion reactions are straightforward, preventable events.
0533 Endorsed	Postoperative Respiratory Failure Rate (PSI 11)	Support NQF-endorsed measure Addresses program goals/requirements	MAP discussed whether this measure could be incorporated into the PSI-90 composite measure.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XAFLG Not Endorsed	PSI 9: Perioperative Hemorrhage or Hematoma Rate	Do Not Support Not endorsed	Measure specifications too vague for implementation in a high stakes payment program
XDDLA Not Endorsed	PSI 10:Postoperative Physiologic and Metabolic Derangement Rate	Do Not Support Not endorsed A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program	Measure is vague and addresses too many conditions.

PPS-Exempt Cancer Hospital Quality Reporting Program

Program Type:

Required Public Reporting – Information will be reported on the CMS website.⁵⁶

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. CMS plans to address incentives for the PCH Quality Reporting Program in future rulemaking.⁵⁷

Care Settings Included:

Hospitals that are exempt from the Prospective Payment System (PPS) because they primarily provide care for persons with cancer, as described in Section 1866(k)(1) of the Social Security Act.

Statutory Mandate:

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

Statutory Requirements for Measures:

The program measure set should include structure, process, 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).

Future rulemaking 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.⁵⁸

MAP Pre-Rulemaking 2014 Input:

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

TABLE A12. MAP INPUT ON PCHQR MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1822 Endorsed	External Beam Radiotherapy for Bone Metastases	Support NQF-endorsed measure Addresses program goals/requirements	MAP noted the importance of this therapy in controlling pain for patients with advanced cancer.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDCFE Not Endorsed	Initiation of Osteoclast Inhibitors for Patients with Multiple Myeloma or Bone Metastases Associated with Breast Cancer, Prostate Cancer, or Lung Cancer	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP noted the need for this measure to be submitted for and receive NQF endorsement to address concerns about the measure reflecting current evidence and the potential unintended consequence of measuring use of one class of medication.
1628 Endorsed	Patients with Advanced Cancer Screened for Pain at Outpatient Visits	Conditional Support Not ready for implementation; measure concept is promising but requires modification or further development	MAP noted that this measure involves repeated patient screenings and expressed concern that this measure would be especially burdensome and costly to implement. A sampling methodology may be more feasible than collecting data on all patients at all visits. MAP noted that this measure may be redundant with finalized measures NQF #383 and NQF #384 and encouraged CMS to take the most parsimonious approach when implementing measures for the program.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDBLG Not Endorsed	Overuse of Imaging for Staging Breast Cancer at Low Risk of Metastasis	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP noted that preventing overuse is important to address waste in the system as well as to improve patient safety. This measure is consistent with current guidelines. MAP recommended that overuse measurement should be tied more closely to shared decision-making between providers and patients. Patient-centered care is a crucial part of cancer treatment because the science is constantly evolving and patients need to feel comfortable discussing treatment options with their providers.
0450 Endorsed	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	Support NQF-endorsed measure; Addresses program goals/requirements	MAP noted that this measure is included in the Safety Family of Measures and addresses an important patient safety concern.
XDDAF Not Endorsed	Potentially Avoidable Admissions and Emergency Department Visits Among Patients Receiving Outpatient Chemotherapy	Conditional Support Not ready for implementation; should be submitted for and receive NQF endorsement	

TABLE A13. MAP INPUT ON HOSPICE AND PALLIATIVE MEASURES TO ADDRESS GAPS IN PCHQR

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1634 Endorsed	Hospice and Palliative Care -- Pain Screening	Support for PCHQR: NQF-endorsed measure Addresses program goals/requirements	Applies to all patients/settings; Can these be recorded electronically

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1637 Endorsed	Hospice and Palliative Care -- Pain Assessment	Support for PCHQR: NQF-endorsed measure Addresses program goals/requirements	Applies to all patients/settings
0326 Endorsed	Advance Care Plan	Support for PCHQR: NQF-endorsed measure Addresses program goals/requirements	Applies to all patients/settings
1641 Endorsed	Hospice and Palliative Care – Treatment Preferences	Support for PCHQR: NQF-endorsed measure Addresses program goals/requirements	

Inpatient Psychiatric Facilities Quality Reporting Program

Program Type:

Pay for Reporting – Information will be reported on the Hospital Compare website.⁵⁹

Incentive Structure:

Non-participating inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2.0 percent of their annual market basket update (the measure of change in costs of goods and services used by hospitals in treating Medicare patients) to the Prospective Payment System (PPS).⁶⁰

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) and requires CMS to establish quality measures for the IPF Quality Reporting Program.

Statutory Requirements for Measures:

The program measure set should include structure, process, 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 facilities are effectively in compliance or measures do not represent best practice).

MAP Pre-Rulemaking 2014 Input:

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

TABLE A14. MAP INPUT ON IPFQR MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.
XCAEA Not Endorsed	IPF Metabolic Screening	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDCBA Not Endorsed	IPF Suicide Risk Screening completed within one day of admission	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.
XDCFD Not Endorsed	IPF Violence Risk Screening completed within one day of admission	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDFGC Not Endorsed	IPF Drug Use Screening completed within one day of admission	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.
XDFGD Not Endorsed	IPF Alcohol Use Screening completed within one day of admission	Do Not Support A different NQF-endorsed measure better addresses the needs of the program	MAP found that this screening measure did not accurately meet the needs of the program. While MAP found the one day screening window to be an improvement over other measures that have a three-day window, but the group expressed concerns that these may be setting a low bar. As an alternative, MAP encouraged the inclusion of measures from the Joint Commission’s tobacco, substance abuse, and hospital-based inpatient psychiatric services suites, noting these are currently used in the field and in the final stages of the NQF-endorsement process.
0431 Endorsed	Influenza Vaccination Coverage Among Healthcare Personnel	Conditional Support Not ready for implementation; measure needs further experience or testing before being used in the program	MAP noted that influenza monitoring is important for healthcare personnel and patients and an important public health concern. However, MAP cautioned that CDC and CMS need to collaborate on adjusting specifications for reporting from psych units before these measures can be included in the reporting program.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
1659 Endorsed	Influenza Immunization	Conditional Support Not ready for implementation; measure needs further experience or testing before being used in the program	MAP noted that influenza monitoring is important for healthcare personnel and patients and an important public health concern. However, MAP cautioned that CDC and CMS need to collaborate on adjusting specifications for reporting from psych units before these measures can be included in the reporting program.
XDEGE Not Endorsed	IPF Use of an electronic health record meeting Stage 1 or Stage 2 Meaningful Use criteria	Do Not Support Measure does not adequately address any current needs of the program	MAP noted that psychiatric hospitals were excluded from the EHR Incentive Program and imposing these criteria is not realistic. MAP also expressed concerns about using quality reporting programs to collect data on systems and infrastructure and suggested that the American Hospital Association’s survey of hospitals may be a better source for this type of data.
XDFGE Not Endorsed	Inpatient Psychiatric Facility Routinely Assesses Patient Experience of Care	Support Promotes person- and family-centered care	MAP noted the potential of this measure to improve patient and family engagement and experience but cautioned this measure should eventually be replaced with a patient reported measure of experience of care.

Hospital Outpatient Quality Reporting

Program Type:

Pay for Reporting – Information is reported on the Hospital Compare website.⁶¹

Incentive Structure:

Non-participating hospitals will receive a 2.0 percent reduction in their annual market basket payment update (the measure of change in costs of goods and services used by hospitals in treating Medicare patients).⁶² Hospitals providing outpatient services such as clinic visits, emergency department visits, or 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 the calendar year, 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 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 2010.⁶³ 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 structure, process, 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).

Future rulemaking will consider measures of clinical quality of care, care coordination, patient safety and experience, population health, and efficiency.⁶⁴

MAP Pre-Rulemaking 2014 Input:

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

TABLE A15. MAP INPUT ON OQR MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDEMA Not Endorsed	High-Acuity Care Visits after Outpatient Colonoscopy Procedure	<p>Conditional Support</p> <p>Should be submitted for and receive NQF endorsement; Measure is promising but needs further development</p>	<p>Measure would provide valuable outcome information to inform consumer decision and drive quality improvement. Measure addresses an important quality and safety issue with incidence ranging from 10 to 22 per 1,000 after risk adjustment. The NQF-endorsement process would resolve questions of the reliability and validity of the measure as well as with the feasibility of the algorithm for attributing claims data in light of possible effects of the Medicare three-day payment window.</p>
XDFMH Not Endorsed	30-Day Readmissions	<p>Do Not Support</p> <p>Measure does not adequately address any current needs of the program.</p>	<p>While MAP supports the inclusion of readmissions measures as part of a broader approach to measuring performance and improving care; MAP was unable to support the 30-Day Readmissions measure under consideration as the measure was not well defined.</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDFMF Not Endorsed	No Individual Psychotherapy	Do Not Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP members wanted evidence on the relative value of individual versus group therapy and recommended that these measures be submitted for NQF endorsement to better understand their merit before they are implemented. MAP recognized the need for individualized psychotherapy services, particularly for vulnerable populations, are needed and these measures conceptually have face validity; however, the measures have more to do with previously identified billing issues than they do with quality of care or patient outcomes.
XDFMG Not Endorsed	Group Therapy	Do Not Support Not ready for implementation; should be submitted for and receive NQF endorsement	MAP members wanted evidence on the relative value of individual versus group therapy and recommended that these measures be submitted for NQF endorsement to better understand their merit before they are implemented. MAP recognized the need for individualized psychotherapy services, particularly for vulnerable populations, are needed and these measures conceptually have face validity; however, the measures have more to do with previously identified billing issues than they do with quality of care or patient outcomes.
XDEMB Not Endorsed	High-Acuity Care Visits after Outpatient Cataract Procedure	No longer under consideration per HHS	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDELM Not Endorsed	High-Acuity Care Visits after Outpatient Endoscopy Procedure	No longer under consideration per HHS	

Ambulatory Surgical Centers Quality Reporting Program

Program Type:

Pay for Reporting – Information is reported to the Centers for Medicare & Medicaid Services (CMS).⁶⁵

Incentive Structure:

Beginning CY 2014, ambulatory surgical centers (ASCs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual market basket payment update (the measure of change in costs of goods and services used to treat Medicare patients).⁶⁶ Data collection for the ASC Quality Reporting Program began in 2012; most measures collected are to be used for payment determination beginning in 2014.

Care Settings Included:

The program includes ASCs operating exclusively to provide surgical services to patients not requiring hospitalization. The expected duration of services would not be expected to exceed 24 hours following admission to the ASC facility.⁶⁷

Statutory Mandate:

CMS is authorized, but not required, to implement a reduction in annual payment updates for facilities failing to report on quality measures 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 (OQR) or Inpatient Quality Reporting (IQR) Programs.

The program measure set should include structure, process, outcome, patients' perspectives on care, efficiency, and costs of care measures. To the extent feasible, outcome and patient experience measures should be risk-adjusted. 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 facilities are effectively in compliance or measures do not represent best practice).

In order to reduce the burden of measurement for smaller ASCs, CMS finalized only claims-based measures for the first year of the program and only structural measures for the second year of the program.

MAP Pre-Rulemaking 2014 Input:

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

TABLE A16. MAP INPUT ON ASCQR MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDEMA Not Endorsed	High-Acuity Care Visits after Outpatient Colonoscopy Procedure	Conditional Support Should be submitted for and receive NQF endorsement; Measure is promising but needs further development	Measure would provide valuable outcome information to inform consumer decision and drive quality improvement. Measure addresses an important quality and safety issue with incidence ranging from 10 to 22 per 1,000 after risk adjustment. The NQF-endorsement process would resolve questions of the reliability and validity of the measure as well as with the feasibility of the algorithm for attributing claims data in light of possible effects of the Medicare three-day payment window.
XDEMB Not Endorsed	High-Acuity Care Visits after Outpatient Cataract Procedure	No longer under consideration per HHS	
XDELM Not Endorsed	High-Acuity Care Visits after Outpatient Endoscopy Procedure	No longer under consideration per HHS	

MAP Input on Post-Acute and Long-Term Care Programs

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.⁶⁸ 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.⁶⁹

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.⁷⁰

MAP Pre-Rulemaking 2014 Input:

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

TABLE A17. MAP INPUT ON INPATIENT REHABILITATION FACILITY QUALITY REPORTING MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0674 Endorsed	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Conditionally Support: Not ready for implementation; data sources do not align with program's data sources Not ready for implementation; measure needs further experience or testing before being used in	Measure should be modified to clarify the scale of the injury, consider where falls occur in the facility, and distinguish between assisted falls and unassisted falls.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
		the program	
1716 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Conditionally Support: Not ready for implementation; measure concept is promising but requires modification or further development	MAP suggests exploring if this measure could be harmonized with other infection measures.
1717 Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Support: NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses program goals/requirements Addresses a measure type not adequately represented in the program measure set	MAP notes this is an important concept that can prevent patient's participation in rehab.
0676 Endorsed	Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)	Conditionally Support: Not ready for implementation; measure concept is promising but requires modification or further development	MAP notes this is an important concept as pain can interfere with patient's ability to participate in rehab.
XCFFL Not Endorsed	Functional Outcome Measure: Change in Mobility Score	Conditionally Support: Not ready for implementation; measure concept is promising but requires modification or further development Not ready for	

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
		implementation; data sources do not align with program's data sources	
XCFFM Not Endorsed	Functional Outcome Measure: Change in Self-Care Score	<p>Conditionally Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	
XDDCA Not Endorsed	Functional Outcome Measure: Discharge mobility score	<p>Conditionally Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	
XDDCB Not Endorsed	Functional Outcome Measure: Discharge self-care score	<p>Conditionally Support:</p> <p>Not ready for implementation; measure concept is promising but requires modification or further development</p> <p>Not ready for implementation; data sources do not align with program's data sources</p>	

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.⁷¹ 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.⁷²

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).⁷³

MAP Pre-Rulemaking 2014 Input:

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

TABLE A18. LONG-TERM CARE HOSPITAL QUALITY REPORTING PROGRAM MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCBBF Not Endorsed	Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function	Conditionally Support: Not ready for implementation; measure concept is promising but requires modification or further development	
XCFGB Not Endorsed	Functional Outcome Measure: change in mobility among patients	Conditionally Support: Not ready for	Measure addresses a critical area of measurement;

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
	requiring ventilator support	implementation; measure concept is promising but requires modification or further development	however, functional outcome measures should be broader than patients requiring ventilation.
XDDCC Not Endorsed	Ventilator-Associated Event	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Addresses program goals/requirements	Measure provides useful information for healthcare facilities to monitor ventilator use.

End Stage Renal Disease Quality Incentive Program

PROGRAM TYPE:

Pay for Performance, Public Reporting

INCENTIVE STRUCTURE:

Starting in 2012, payments to dialysis facilities are 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.⁷⁴ 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.⁷⁵

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.⁷⁶

MAP Pre-Rulemaking 2014 Input:

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

TABLE A19. END-STAGE RENAL DISEASE QUALITY INCENTIVE PROGRAM MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0029 Endorsed	Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity	Support: NQF-endorsed measure Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes person- and family-centered care	Measure should go beyond assessment, including a plan for follow-up. The denominator for this measure is individuals age 65 years and older, the measure should be expanded to include adults and children.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0260 Endorsed	Assessment of Health-related Quality of Life (Physical & Mental Functioning)	Do not Support: Measure does not adequately address any current needs of the program	KDQOL is collected for dialysis facilities certification; MAP prefers measures that go beyond assessment by including follow-up and intervention.
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes person- and family-centered care Promotes alignment across programs, settings, and public and private sector efforts	MAP notes that this measure includes follow-up assessment and an action plan.
0418 Endorsed	Screening for Clinical Depression	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set Promotes person- and family-centered care	Depression is common in dialysis patients. The Beck Depression Index has been validated in the dialysis population, and it's been correlated with mortality. Dialysis facilities have multiple providers, including social workers, who are equipped to deal with depression; accordingly the measure is actionable.
0420 Endorsed	Pain Assessment and Follow-Up	Support: Addresses National	Pain is important to assess as it can be a sign of more severe

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
		<p>Quality Strategy aim or priority not adequately addressed in program measure set</p> <p>Promotes person- and family-centered care</p>	<p>problems.</p>
<p>0393 Endorsed</p>	<p>Hepatitis C: Testing for Chronic Hepatitis C – Confirmation of Hepatitis C Viremia</p>	<p>Support:</p> <p>NQF-endorsed measure</p> <p>Addresses program goals/requirements</p>	<p>Measure is important in this population as 14% of dialysis patients have Hepatitis C, which is 10 times more than general population. It would be important to consider antiviral therapy before kidney transplant, which will be difficult to treat post-transplant.</p>
<p>0431 Endorsed</p>	<p>Influenza Vaccination Coverage Among Healthcare Personnel</p>	<p>Support:</p> <p>NQF-endorsed measure</p>	
<p>XDEFH Not Endorsed</p>	<p>Pneumococcal Vaccination Measure (PCV13)</p>	<p>Do not Support:</p> <p>Measure does not adequately address any current needs of the program</p> <p>A ‘Supported’ measure under consideration addresses as similar topic and better addresses the needs of the program</p>	<p>This measure assesses if patients received one pneumococcal vaccine, it may be challenging for facilities to understand which vaccination (PCV13 or PCV23) a patient may have received in a previous setting. MAP recommends modifying NQF# 1653 or XDGBA to address pneumococcal vaccinations in this</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
			setting.
XDEFL Not Endorsed	ESRD Vaccination - Pneumococcal Vaccination (PPSV23)	<p>Do not Support:</p> <p>Measure does not adequately address any current needs of the program</p> <p>A ‘Supported’ measure under consideration addresses as similar topic and better addresses the needs of the program</p>	<p>This measure assesses if patients received one pneumococcal vaccine, it may be challenging for facilities to understand which vaccination (PCV13 or PCV23) a patient may have received in a previous setting. MAP recommends modifying NQF# 1653 or XDGBA to address pneumococcal vaccinations in this setting.</p>
XDEFM Not Endorsed	Full-Season Influenza Vaccination (ESRD Patients)	<p>Conditionally Support:</p> <p>Not ready for implementation; should be submitted for and receive NQF endorsement</p>	<p>MAP notes that influenza vaccination is very important for dialysis patients; however, it is unclear how this measure will drive improvement compared to another NQF- endorsed measure #0226 Influenza Immunization in the ESRD Population.</p>
XDEGA Not Endorsed	ESRD Vaccination - Timely Influenza Vaccination	<p>Do not support:</p> <p>A ‘Supported’ measure under consideration addresses as similar topic and better addresses the needs of</p>	<p>MAP prefers XDEFM, which assesses vaccination for the full flu season, rather than a measure that assess vaccinations for a limited time period. Additionally, the</p>

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
		the program	shorter time period is not supported by evidence.
XDGAF Not Endorsed	Hepatitis B vaccine coverage in hemodialysis patients	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set	
XDGBA Not Endorsed	ESRD Vaccination – Lifetime Pneumococcal Vaccination	Conditionally Support: Not ready for implementation; measure concept is promising but requires modification or further development	The evidence supporting this measure is still developing. Additionally, this measure should align with CDC guidelines.
XCBMM Not Endorsed	Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/ V	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
XDGAM Not Endorsed	Pediatric Peritoneal Dialysis Adequacy: Frequency of Measurement of Kt/ V	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XDEGB Not Endorsed	Percentage of Dialysis Patients with Dietary Counseling	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
XAHMH Not Endorsed	Ultrafiltration Rate (UFR)	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
XDEFE Not Endorsed	Surface Area Normalized Kt/ V	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
XDEFF Not Endorsed	Standardized Kt/ V	Conditionally Support: Not ready for implementation; should be submitted for and receive NQF endorsement	MAP supports continued development of this measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
XDEGC Not Endorsed	Measurement of Plasma PTH	Conditionally Support: Not ready for	MAP supports continued development of this

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
	Concentration	implementation; should be submitted for and receive NQF endorsement	measure. MAP will consider this measure for inclusion in the program once it has been reviewed for endorsement.
N/ A Not Endorsed	Comorbidity Report	Do not Support: Measure does not adequately address any current needs of the program	Facilities are required to report this information; it is unclear how this information will be used as a performance measure.

Home Health Quality Reporting

PROGRAM TYPE:

Pay for Reporting, Public Reporting

INCENTIVE STRUCTURE:

Medicare-certified⁷⁷ 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.⁷⁸ 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.⁷⁹ 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 2014 Input:

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

TABLE A20.HOME HEALTH QUALITY REPORTING PROGRAM MEASURES UNDER CONSIDERATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
XCHGG Not Endorsed	Rehospitalization During the First 30 Days of Home Health	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set	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

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
			accommodate variations in population. Noting the challenges to the development of such a measure, MAP supports the revisions to this measure to include a hierarchal risk adjustment model.
XDAEH Not Endorsed	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health	Support: Addresses National Quality Strategy aim or priority not adequately addressed in program measure set	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. Noting the challenges to the development of such a measure, MAP supports the revisions to this measure to include a hierarchal risk adjustment model.
XDFFA Not Endorsed	Depression Screening Conducted and Follow-Up Plan Documented	Support: Promotes person- and family-centered care Addresses program goals/requirements	MAP notes that this measure includes an element of follow-up and would be preferable to the current depression assessment measure in the HHQR set.
XDFGB Not Endorsed	New or Worsened Pressure Ulcers	Support: Addresses National Quality Strategy aim or priority not adequately addressed in	MAP noted this measure addresses the PAC/LTC core concept of pressure ulcers and raised concern over risk adjustment issues for this measure.

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
		program measure set Addresses program goals/requirements	

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.⁸⁰ 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.⁸¹

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.⁸²

STATUTORY REQUIREMENTS FOR MEASURES:

None.

MAP Pre-Rulemaking 2014 Input:

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

TABLE A 21. HOSPICE QUALITY REPORTING PROGRAM FINALIZED MEASURES WITH A MAP RECOMMENDATION

Measure # and NQF Status	Measure Title	MAP Conclusion and Rationale	Additional Findings
0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment		MAP highly values this measure, yet recognizes that there are implementation issues. MAP encourages continued development of pain outcome measures for the hospice population.

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.⁸³

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.⁸⁴ 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

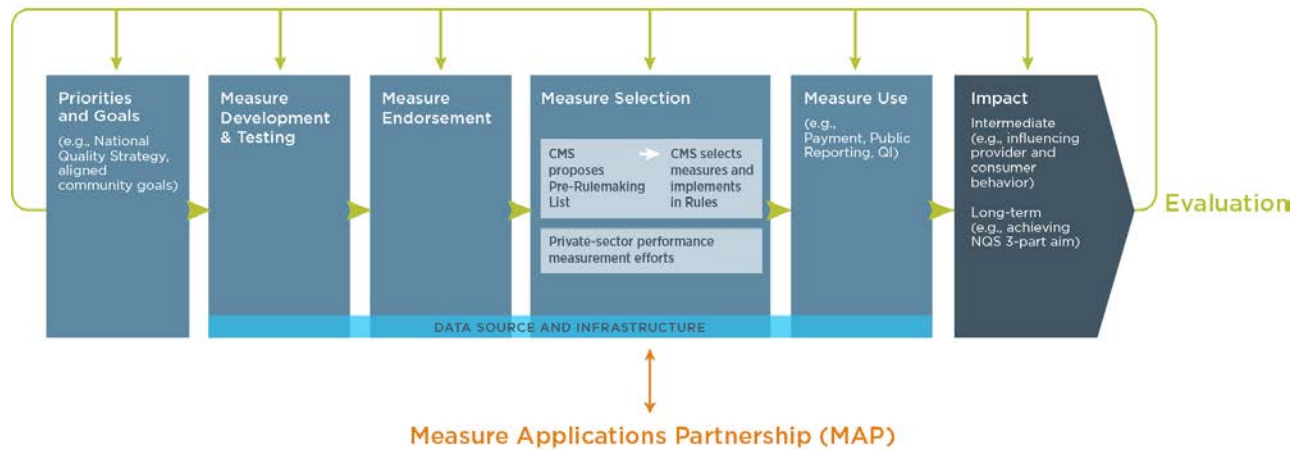
MAP activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency and healthcare decision-making, aligning payment 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 1) 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.

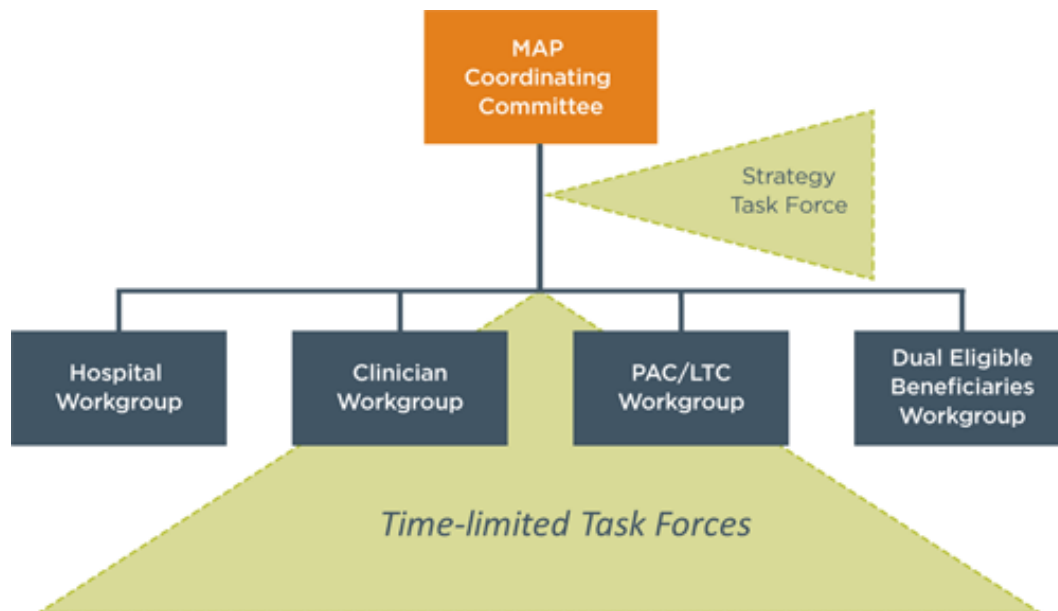
Figure B-1: Quality Measurement Enterprise



Structure

MAP operates through a two-tiered structure (see Figure 2). 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 B-2: MAP 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,⁸⁵ the HHS Partnership for Patients safety initiative,⁸⁶ the HHS Prevention and Health Promotion Strategy,⁸⁷ the HHS Disparities Strategy,⁸⁸ and the HHS Multiple Chronic Conditions framework.⁸⁹

Additionally, the MAP Coordinating Committee has developed Measure Selection Criteria (see Appendix D) 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 (see [MAP 2012 Pre-Rulemaking Report](#) submitted to HHS February 1, 2012 and [MAP 2013 Pre-Rulemaking Report](#) submitted to HHS February 1, 2013).

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 input on **program considerations and specific measures** for federal programs that are not included in MAP's annual pre-rulemaking review.
 - [MAP Expedited Review of the Initial Core Set of Measures for Medicaid-Eligible Adults](#), submitted October 15, 2013

- Provided a measurement strategy and best available measures for evaluating the quality of care provided to Medicare/Medicaid **Dual Eligible Beneficiaries**.
 - [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

APPENDIX C: Approach to Pre-Rulemaking

MAP continued to enhance its pre-rulemaking process for the 2013-2014 pre-rulemaking cycle by utilizing the following stepwise approach.

Build on MAP's Prior Recommendations

MAP's prior strategic input and pre-rulemaking decisions provide important building blocks for MAP's ongoing deliberations. MAP's prior inputs and how they contributed to the pre-rulemaking process are described below (also see Table C1).

Coordination Strategies elucidated opportunities for public and private stakeholders to accelerate improvement and alignment of 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 for MAP's pre-rulemaking deliberations.

2012 and **2013** Pre-Rulemaking Reports provided program-specific input that included recommendations about measures previously finalized for various programs and about measures on the list of measures under consideration for future implementation by HHS. Previous measure-specific recommendations were incorporated into the measure-by-measure deliberations.

Families of Measures facilitate coordination of measurement efforts. Families of Measures 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), vulnerable populations (i.e., dual eligible beneficiaries, hospice), and high-impact conditions (i.e., cardiovascular, diabetes, cancer).

Table C1 below illustrates how MAP's prior work served as an input to MAP's pre-rulemaking deliberations.

Table C1. 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 topic- and 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.
<p>Families of Measures</p> <p>NQS priorities (safety, care coordination)</p> <p>Vulnerable populations (dual eligible beneficiaries, hospice)</p> <p>High-impact conditions (cardiovascular, diabetes, cancer)</p>	<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. • Served as a basis for determining alignment between public and private sectors.
Decisions from 2012 and 2013 Pre-Rulemaking Reports	<ul style="list-style-type: none"> • Provided historical context and represented a starting place for pre-rulemaking discussions. • Prior MAP decisions were noted with the individual measure information in background materials.
Gaps identified across all MAP efforts	<ul style="list-style-type: none"> • Provided historical context of MAP measure gap identification. • Served as a foundation for measure gap prioritization. • A list of MAP's previously identified gaps was compiled and included in background materials.

Using MAP Measure Selection Criteria and Additional Information to Evaluate Program Measure Sets

The MAP Measure Selection Criteria (MSC) (see Appendix C) are intended to facilitate structured discussion and decision-making processes. MAP made enhancements to the MSC in 2013 for the 2013-2014 pre-rulemaking cycle. Key changes and highlights included: adding a preamble to emphasize that the criteria are meant as guidance rather than rules; balancing the need for strong measure standards with the priority of filling important measure gaps and promoting alignment within and across program measure sets; integrating content from the guiding principles previously developed by the Clinician and Hospital Workgroups; and taking a more inclusive approach to person- and family-centered care and services. Table C2 below identifies inputs available to MAP to evaluate program measure sets against the MSC.

Table C2. Evaluating Program Measure Sets Against the MAP Measure Selection Criteria

Measure Selection Criterion	Information Available and Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are	NQF endorsement status was noted for each measure, along with links to additional measure details via NQF's

available to achieve a critical program objective	Quality Positioning System (QPS).
2. Program measure set adequately addresses each of the National Quality Strategy's three aims	Provided for each individual measure. MAP discussion determined adequacy of each program measure set in addressing each of the National Quality Strategy (NQS) aims and corresponding priorities.
3. Program measure set is responsive to specific program goals and requirements	<p>For each program, a program information sheet was provided covering:</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) • Measure performance (where available)
4. Program measure set includes an appropriate mix of measure types	<p>Measure type provided for each individual measure.</p> <p>MAP discussion determined whether the mix of measure types is appropriate for each program.</p>
5. Program measure set enables measurement of person- and family-centered care and services	MAP discussion informed whether the program measure set addresses access, choice, self-determination, and community integration.
6. Program measure set includes considerations for healthcare disparities and cultural competency	<p>Provided for each individual measure, based on NQF's Disparities Consensus Development Project.</p> <p>MAP discussion determined the adequacy of each program in promoting equitable access and treatment by considering healthcare disparities.</p>
7. Program measure set promotes parsimony and alignment	Parsimony reflects the quantity, as well as the adequacy, of the measure set for each program. Alignment is evaluated through consideration of available information, such as where measures under consideration are used or being considered for other federal and private programs.

Evaluate Currently Finalized Program Measure Sets Using MAP Measure Selection Criteria

MAP used the MSC to evaluate each finalized program measure set (see Appendix D). During the past two years of providing pre-rulemaking input, HHS has asked MAP to review a large number of measures under consideration, under challenging time constraints, for various performance measurement programs. During this pre-rulemaking cycle, MAP reviewed currently finalized measure sets before reviewing measures under consideration to make the winter pre-rulemaking meetings more efficient. Information relevant to assessing the adequacy of the finalized program measure sets was provided to MAP members. This assessment led to the identification of measure gaps, potential measures for inclusion, potential measures for removal, and other issues regarding program structure.

In reviewing currently finalized program measure sets, MAP provided rationales for one of the following recommendations for each finalized measure:

- **Retain** indicates measures that should remain in the program measure set.
- **Remove** indicates measures that should be removed from a program measure set, according to a justifiable timeline.

Evaluating 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 C3 below lists MAP’s decision categories and potential rationales.

Table C3. MAP Decision Categories and Rationale Examples

MAP Decision Category	Decision Description	Rationale (Examples)
Support	Indicates measures under consideration that should be added to the program measure set during the current rulemaking cycle	<ul style="list-style-type: none"> • NQF-endorsed measure • Addresses National Quality Strategy aim or priority not adequately addressed in program measure set • Addresses program goals/requirements • Addresses a measure type not adequately represented in the program measure set • Promotes person- and family-centered care • Provides considerations for healthcare disparities and cultural competency • Promotes parsimony • Promotes alignment across programs, settings, and/or public and private sector efforts • Addresses a high-leverage opportunity for improving care for dual eligible

MAP Decision Category	Decision Description	Rationale (Examples)
Do Not Support	Indicates measures, measure concepts, or measure ideas that that are not recommended for inclusion in the program measure set	<ul style="list-style-type: none"> beneficiaries • Included in a MAP family of measures • 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 a 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
Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s)	<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; further experience or testing needed before being used in the program

To support MAP’s pre-rulemaking review of measures, NQF staff identified information for each measure under consideration. The information noted in Table C2 assisted MAP in determining whether the measures under consideration would enhance the finalized program measure sets. Additionally, MAP utilized other information about measures—such as performance results, unintended consequences, impact, and implementation experiences—that NQF staff included in pre-rulemaking measure tables.

To assist MAP’s systematic review of the measures under consideration, NQF staff prepared discussion guides for each meeting. The discussion guides facilitated MAP’s response to the following questions regarding measures under consideration:

- Is there sufficient information to make a decision?
- Does the measure contribute to the program set (e.g., addresses a gap, advances programmatic goals)?
- Is the measure ready for implementation in a program (e.g., tested for that setting, data sources align with the program’s structure)?

The discussion guides allowed MAP to revisit the previously finalized measures and determine whether any measures should be removed from programs. Additionally, the discussion guides provided context for how measures under consideration may enhance program measure sets.

Finally, prior to MAP’s deliberation on measures under consideration, MAP offered an opportunity for the public to provide comments on the measures under consideration for 2014 rulemaking. Comments received provided early input to the MAP workgroups and Coordinating Committee. To guide comments, MAP asked the following questions:

- Would the measure add value to the program measure set? Is a better measure available or is a measure addressing the particular program objective already in the measure set?
- If the measure is being used, for what purpose? Are there implementation challenges?

The information was then shared with the workgroups at the December in-person meetings and is available on the [MAP website](#).

Identifying High-Priority Measure Gaps

After reviewing the measures under consideration and making recommendations about which new measures to include in programs, MAP reassessed the program measure sets for remaining high-priority gaps. In addition, MAP highlighted barriers to gap-filling and suggested potential solutions to those barriers.

Table C4. Federal Programs for Pre-Rulemaking and Corresponding MAP Workgroup

Federal Program	Number of Measures Under Consideration ¹	Workgroup
Ambulatory Surgical Center Quality Reporting	3	Hospital
End Stage Renal Disease Quality Improvement Program	20	PAC/LTC
Home Health Quality Reporting	4	PAC/LTC
Hospice Quality Reporting	0	PAC/LTC
Hospital-Acquired Condition Reduction Program	4	Hospital
Hospital Inpatient Quality Reporting	11	Hospital
Hospital Outpatient Quality Reporting	6	Hospital
Hospital Readmission Reduction Program	3	Hospital
Hospital Value-Based Purchasing	14	Hospital
Inpatient Psychiatric Facility Quality Reporting	10	Hospital

Inpatient Rehabilitation Facility Quality Reporting	8	PAC/LTC
Long-Term Care Hospital Quality Reporting	3	PAC/LTC
Medicare and Medicaid EHR Incentive Program (Meaningful Use) for Eligible Professionals	37	Clinician
Medicare and Medicaid EHR Incentive Program (Meaningful Use) for Hospitals and CAHs	6	Hospital
Medicare Physician Quality Reporting System ²	110	Clinician
Medicare Shared Savings Program	100	Clinician, Hospital
Physician Feedback/Quality and Resource Utilization Reports ³	161	Clinician
Physician Value-Based Modifier Program ³	161	Clinician
Physician Compare ³	110	Clinician
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	6	Hospital

¹ A single measure may be under consideration for multiple programs.

² All quality measures under consideration for PQRS were also under consideration for the Physician Feedback/QRUR, Physician Value-Based Payment Modifier, and Physician Compare programs.

³ Measures already finalized and remaining current for the Medicare Physician Quality Reporting System, Hospital Inpatient Quality Reporting, and Hospital Outpatient Quality Reporting programs that were not specifically included on the MUC list may also be considered for the Physician Feedback/QRUR, Physician-Value Based Payment Modifier, and Physician Compare programs.

APPENDIX D: MAP Measure Selection Criteria

The Measure Selection Criteria (MSC) are intended to assist MAP with identifying characteristics that are associated with ideal measure sets used for public reporting and payment programs. The MSC are not absolute rules; rather, they are meant to provide general guidance on measure selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the MSC can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set, and how the addition of an individual measure would contribute to the set.

Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need

Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs

Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

2. Program measure set adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

Sub-criterion 2.1 Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment

Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being

Sub-criterion 2.3 Affordable care

3. Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

Sub-criterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s)

Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers

Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)

Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.

Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

4. 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, composite, and structural measures necessary for the specific program.

Sub-criterion 4.1 In general, preference should be given to measure types that address specific program needs

Sub-criterion 4.2 Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes

Sub-criterion 4.3 Payment program measure sets should include outcome measures linked to cost measures to capture value

5. Program measure set enables measurement of person- and family-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination

Sub-criterion 5.2 Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives

Sub-criterion 5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

6. Program measure set includes considerations for healthcare disparities and cultural competency

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, sexual orientation, age, 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).

Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Sub-criterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

7. Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

APPENDIX E: MAP Previously Identified Measure 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 balanced by monitoring for potentially inappropriate use of opioids
- 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 patients to ensure they have the tools and resources needed to self-manage their care

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 (pain, 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

- Well-being
- Healthy lifestyle behaviors
- Social and environmental determinants of health
- Social connectedness 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)
- Total cost of care
- Consideration of patient out of pocket cost
- Appropriateness for admissions, treatment, over-diagnosis, under-diagnosis, misdiagnosis, imaging, procedures
- Chemotherapy appropriateness, including dosing
- Ensuring end-of-life care that is consistent with patient preferences
- 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: Clinician Workgroup’s Guiding Principles for Applying Measures to Clinician Programs

Excepted from: [MAP Pre-Rulemaking Final Report - February 2013](#)

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 G: MAP Rosters

Roster for the MAP Coordinating Committee

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AFL-CIO	Gerry Shea
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American College of Physicians	David Baker, MD, MPH, FACP
American College of Surgeons	Frank Opelka, MD, FACS
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American Medical Association	Carl Sirio, MD
American Medical Group Association	Sam Lin, MD, PhD, MBA
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Consumers Union	Lisa McGiffert
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LeadingAge (formerly AAHSA)	Cheryl Phillips, MD, AGSF
Maine Health Management Coalition	Elizabeth Mitchell
National Alliance for Caregiving	Gail Hunt
National Association of Medicaid Directors	Foster Gesten, MD, FACP
National Business Group on Health	Shari Davidson
National Partnership for Women and Families	Alison Shippy
Pacific Business Group on Health	William Kramer, MBA
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Disparities	Marshall Chin, MD, MPH, FACP

Rural Health	Ira Moscovice, PhD
Mental Health	Harold Pincus, MD
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Centers for Medicare & Medicaid Services (CMS)	Patrick Conway, MD, MSc
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Office of Personnel Management/FEHBP (OPM)	Edward Lennard, PharmD, MBA
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CIGNA	David Ferriss, MD, MPH
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD
March of Dimes	Cynthia Pellegrini
Minnesota Community Measurement	Beth Averbeck, MD
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Pacific Business Group on Health	David Hopkins, PhD
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American Hospital Association	Richard Umbdenstock
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American Society of Health-System Pharmacists	Shekhar Mehta, PharmD, MS
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Children's Hospital Association	Andrea Benin, MD
Iowa Healthcare Collaborative	Lance Roberts, PhD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
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National Consumer Voice for Quality Long-Term Care	Lisa Tripp, JD
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Transitions of Care Coalition	James Lett II, MD, CMD
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Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-

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Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random

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Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random

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Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random

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