


Measure Applications Partnership

All MAP Web Meeting

August 15, 2013



NATIONAL QUALITY FORUM

Welcome

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Meeting Objectives

- Review recent MAP accomplishments
- Introduce upcoming MAP work and next steps for MAP members

Welcome to New MAP Members

Committee/Workgroup	New MAP Members
Coordinating Committee	<ul style="list-style-type: none"> • Disparities Expert: Marshall Chin • National Alliance for Caregiving: Gail Hunt • National Business Group on Health: Shari Davidson • Pharmaceutical Research and Manufacturers of America: Christopher Dezli
Clinician Workgroup	<ul style="list-style-type: none"> • Disparities Expert: Luther Clark • American Association of Nurse Practitioners: Anne Norman • CIGNA: David Ferriss • March of Dimes: Cynthia Pellegrini • National Business Coalition on Health: Colleen Bruce • Palliative Care Expert: Constance Dahlin • Surgical Care Expert: Eric Whitacre
Dual Eligible Beneficiaries Workgroup	<ul style="list-style-type: none"> • American Medical Directors Association: Gwendolen Buhr • Care Coordination Expert: Nancy Hanrahan • Medicaid ACO Expert: Ruth Perry • Administration for Community Living: Jamie Kendall • Substance Abuse and Mental Health Services Administration (SAMHSA): Lisa Patton
Hospital Workgroup	<ul style="list-style-type: none"> • America's Essential Hospitals: David Engler • American Federation of Teachers Union: Mary Lehman MacDonald • ASC Quality Collaboration: Donna Slosburg • Emergency Medicine Expert: Michael Phelan • National Coalition for Cancer Survivorship: Shelley Fuld Nasso • Patient Experience Expert: Floyd Fowler • Project Patient Care: Martin Hatlie • St. Louis Area Business Health Coalition: Louise Probst
Post-Acute Care/Long-Term Care Workgroup	<ul style="list-style-type: none"> • American Occupational Therapy Association: Pamela Roberts • American Society of Consultant Pharmacists: Jennifer Thomas • Kidney Care Partners: Allen Nissenon • Providence Health & Services: Dianna Reely • State Medicaid Expert: Marc Leib

MAP Overview

MAP Purpose

In pursuit of the National Quality Strategy, MAP informs the selection of performance measures to achieve the goal of improvement, transparency, and value.

- MAP Objectives:
 1. Improve outcomes in high-leverage areas for patients and their families
 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.
 3. Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.

MAP Deliverables to Date

MAP Reports	Publication Date
Performance Measurement Coordination Strategies	<ul style="list-style-type: none"> • Safety, Clinician – Oct 1, 2011 • PAC-LTC – Feb 1, 2012 • PPS-Exempt Cancer Hospital, Hospice/Palliative Care – June 1, 2012
MAP Strategic Plan	<ul style="list-style-type: none"> • MAP Approach to the Strategic Plan – Jun 1, 2012 • MAP Strategic Plan – October 1, 2012
Families of Measures	<ul style="list-style-type: none"> • MAP Families of Measures – Safety, Care Coordination, Cardiovascular Conditions, Diabetes – Oct 1, 2012
MAP Pre-Rulemaking Report	<ul style="list-style-type: none"> • MAP 2012 Pre-Rulemaking Report – Feb 1, 2012 • MAP 2013 Pre-Rulemaking Report – Feb 1, 2013
Dual Eligible Beneficiaries Reports	<ul style="list-style-type: none"> • Measuring Healthcare Quality for the Dual Eligible Beneficiary Population – June 1, 2012 • Further Exploration of Healthcare Quality Measurement for the Dual Eligible Beneficiary Population <i>Interim Report</i> – Dec 21, 2012

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[MAP Final Reports](#)

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Reflections from CMS

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Recent MAP Accomplishments

Department of Health and Human Services Uptake of MAP 2013 Pre-Rulemaking Recommendations

Uptake of MAP Recommendations in 2013 HHS Proposed Rules

Key Findings

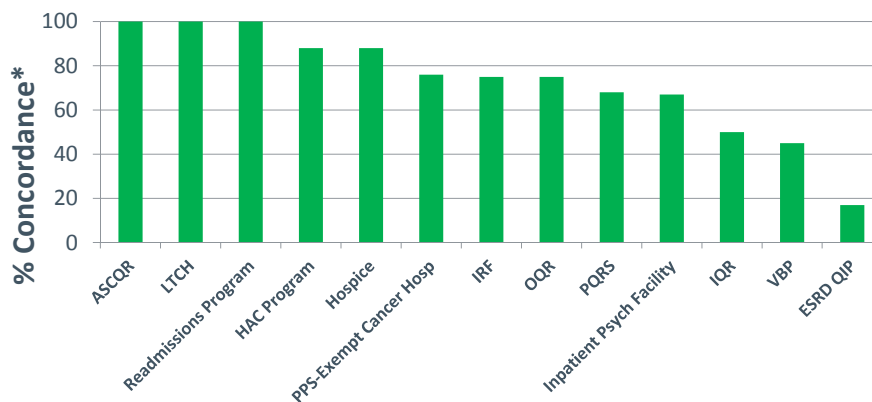
- Among measures under consideration by MAP during 2012-2013 pre-rulemaking activities that were not supported for use in Federal programs, the vast majority were not proposed by HHS (138/155 = 89%).
 - This high level of concordance is particularly encouraging due to issues MAP raised about use of these measures.
 - The primary source of discordant outcomes was that HHS proposed a number of specialty-specific measures for PQRS that are not NQF-endorsed and were not supported by MAP.
- Lower concordance (61/140 = 44%) was observed between HHS-proposed measures and measures that MAP had supported.
 - However, HHS had provided many more measures for MAP to consider than were planned for use.

Uptake of MAP Recommendations in 2013 HHS Proposed Rules

Key Findings (continued)

- A notable number (27/81= 33%) of previously finalized measures that MAP had recommended for phased removal were proposed for removal by HHS in 2013 proposed rules.
 - This is a promising outcome considering that HHS had not asked MAP to comment on these measures.
- MAP also supported the direction of a large number of measures, a subset of which were proposed by HHS (34/173 = 20%).

Uptake of MAP Recommendations in 2013 HHS Proposed Rules



* %Concordance includes only measures that MAP either did not support or fully supported.

Uptake of MAP Recommendations in 2013 HHS Proposed Rules

Summary

- Overall, strong concordance was observed between HHS and MAP on measures that should not be used in Federal programs at this time.
 - Ongoing discussion will be needed to balance HHS program-specific needs with MAP's preference for only endorsed measures.
- Lower concordance was seen between HHS-proposed and MAP-supported measures. This was anticipated to some extent due to HHS providing MAP a larger set of measures to consider than were actually planned for implementation.
 - HHS has indicated intent to provide MAP a more targeted set of measures to consider going forward.
 - Measure set review by MAP workgroups in advance of pre-rulemaking meetings may also help provide better insight on program-specific needs.
- 2013 HHS final rules will be monitored for ongoing assessments.

MAP Clinician Workgroup Input on Measures for Physician Compare and Value-Based Payment Modifier Programs

Clinician Programs Overview

Physician Compare

- **Program Type:** Public Reporting
- **Incentive Structure:** None
- **Statutory Requirements for Measures:** Measures from the Physician Quality Reporting System (PQRS) with a focus on:
 - Patient health outcomes and functional status
 - Continuity and coordination of care and care transitions
 - » Episodes of care
 - » Risk adjusted resource use
 - Efficiency
 - Patient experience and patient, caregiver, and family engagement
 - Safety, effectiveness, and timeliness of care

Value-Based Payment Modifier (VBPM)

- **Program Type:** Pay for Performance
- **Incentive Structure:** For 2015, beginning with groups of physicians of 100+ eligible professionals, payment adjustment amount is built on satisfactory reporting through PQRS
 - Successfully reporting through PQRS:
 - » Option for no quality tiering: 0% adjustment
 - » Option for quality tiering: up to -1% for poor performance, reward for high performance TBD
 - Not successfully reporting through PQRS: -1% adjustment
- **Statutory Requirements for Measures:**
 - Must include a composite of appropriate, risk-based quality measures and a composite of appropriate cost measures
- Final rule indicated, for 2013 and beyond, the use of all individual measures under PQRS

Clinician Workgroup's Guiding Principles for Applying Measures to Physician Compare

- Support including NQF-endorsed measures that are meaningful to consumers and purchasers, to meet the public reporting purpose of supporting consumer and purchaser decision-making
- Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care
- Be aggregated (e.g., composite measures), with drill-down capability for specific measure results to generate a comprehensive picture of quality

Clinician Workgroup's Guiding Principles for Applying Measures to VBPM

- Measures used for VBPM should ideally drive toward value by linking the outcomes most important to patients with measures of cost of care
- For payment incentive programs, NQF-endorsed measures are strongly preferred and measures should have been reported in a national program, such as PQRS, for a year
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care, and care coordination measures
- Monitor for unintended consequences to vulnerable populations, such as through the use of stratification methodologies

Key Findings

- *Key Findings:*
 - Using the Guiding Principles and the MSC, the Workgroup selected 21 measures for inclusion in the programs including 11 high-priority measures and 10 additional measures for inclusion with implementation caveats.
 - When applying the principles, the workgroup did not generally find differences between the suitability of measures for public reporting and payment incentives.
 - The workgroup highlighted several specific principles and criteria from the MSC and made overarching recommendations regarding these two programs:
 - » Include measures that would have the greatest impact on the population (e.g., vaccination process measures addressing prevention for a very large population).
 - » Focus on outcome measures while recognizing that process measures are needed in areas where outcome measures do not exist (e.g., a composite of COPD process measures) .
 - » Include measures both at the individual and group levels that consumers can understand and find important to support consumer decision-making.
 - » Identify a parsimonious set of high-value measures that could be reported by all clinicians to enable comparisons among clinicians (e.g., CAHPS measures).

Enhancements for Clinician Workgroup's Review of Measures

- Provide input on currently finalized PQRs measures in advance of the pre-rulemaking cycle and consider if measures are appropriate for public reporting (i.e., Physician Compare) and/or payment (i.e., VBPM)
- Consider how program implementation may impact performance measurement
- Review measures by condition and topic
- Seek additional content expertise as needed to inform workgroup deliberations

Enhancements for MAP Clinician Workgroup's Review of Measures

- Convene a task force drawn from MAP Clinician and Hospital Workgroup membership to review Hospital Inpatient Quality Reporting (IQR) and Hospital Outpatient Quality Reporting (OQR) measures for clinician programs
- Highlight progress on the National Quality Strategy (NQS) through use of performance measures
- Provide more detailed measure information in background materials, as available

MAP Dual Eligible Beneficiaries Workgroup Refined Family of Measures Based on Considerations of High Need Beneficiaries

Dual Eligible Beneficiaries Workgroup Most Recent Efforts

- Workgroup determined best available measures and measure gaps for high-need subgroups that include:
 - Medically complex older adults with functional limitations and co-occurring chronic conditions
 - Adults younger than 65 with physical or sensory disabilities
 - Individuals with serious mental illness and/or substance use disorders
 - Individuals with intellectual/developmental disabilities or other cognitive impairments (e.g., dementia)
- Developed a Family of Measures for Dual Eligible Beneficiaries
- Considered experience of state agencies, health plans, and other stakeholders in using MAP's recommendations
- Published Interim Report in December 2012 and Draft Findings Memo forthcoming in July 2013

Measuring Healthcare Quality in Populations with Behavioral and/or Cognitive Needs

- Continued emphasis on person-centered care plans and care coordination and communication between providers and across care settings
- Population subgroups found to be more similar than different in terms of measurable issues in healthcare quality
- Screening and assessment measures should include components of shared decision-making and follow up
- Access to preventive services and care management found to be particularly important because of the potential to reduce downstream morbidity and mortality
- Landscape of quality measurement still limited by large gaps

Considerations for Dual Eligible Beneficiaries Family of Measures

Family of Measures

- NQF endorsement
- Potential impact
- Improvability
- Relevance
- Person-centeredness
- Alignment
- Reach

Starter Set

- The Starter Set is a subset of measures within the family that work well for dual eligible beneficiaries *as they are currently designed*.
- Considerations:
 - Readiness
 - Feasibility
 - Comprehensiveness

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Properties of the Family of Measures for Dual Eligible Beneficiaries Available Measures and Measure Gaps for High-Need Subgroups

Measure Properties	Measure Sub-Properties	Measure Count (Total n=55)
NQF Endorsement	Endorsed	51
	Submitted	4
	Not Endorsed	0
Measure Type	Outcome	11
	Process	38
	Structure	1
	Composite	5
Additional Properties	Disparities Sensitive	12
	High-Impact Condition	12
	Patient Reported Outcome	8
	Included in a Federal Program	34
	Included in a State Duals Integration Demonstration	19

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Measure Development Needs

High-Priority Measure Gaps

- Goal-directed, person-centered care planning and implementation
- Shared decision-making
- Systems to coordinate healthcare with non-medical community resources and service providers
- Beneficiary sense of control/autonomy/self-determination
- Psychosocial needs
- Community integration/inclusion and participation
- Optimal functioning (e.g., improving when possible, maintaining, managing decline)

Focus on developing elements that are meaningful to consumers, such as level of engagement, experience, and outcomes

Need measures that apply to care and supports at all levels of analysis and across settings

MAP Hospital Workgroup Ad Hoc Review of Measures for the Inpatient Psychiatric Facility Quality Reporting Program and the Healthcare Acquired Condition (HAC) Reduction Program

Ad Hoc Review Approach

- HHS requested MAP conduct an Ad Hoc Review of four measures for two hospital programs
 - One measure for the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
 - Three measures for the HAC Reduction Program
- The Hospital Workgroup held two web meetings (June 10 and June 13) to consider these measures
- Meeting summary was delivered to HHS on June 27

Measure Under Review for IPFQR: Did you do a patient experience of care survey on your patients?

Workgroup Recommendation: Split between Support Direction and Do Not Support

- Recommendation categories did not adequately represent the workgroup's recommendation
- Stressed the importance of gaining the patient's perspective; encouraged CMS to move quickly to incorporate a meaningful measure into the IPFQR program
- Perspective of those who supported direction:
 - Useful interim step to signal a survey will be required in the future
 - Gathers information about the availability and feasibility of experience of care surveys
- Perspective of those who did not support:
 - Not a meaningful first step
 - Could delay progress in implementing a more meaningful measure

Measures Under Review for HAC Reduction Program: PSI-3 Pressure Ulcer Rate

Workgroup Recommendation: Do Not Support

- Reiterated the importance of pressure ulcers as a serious, under-detected, and costly safety concern
 - Not including this condition could shift focus away from this area
- Claims-based measure could lead to under-reporting
 - Measure does not under-count uniformly across hospitals
 - May unfairly penalize hospitals that are better at identifying and documenting pressure ulcers or those with better coders
- NQF-endorsed Pressure Ulcer Prevalence measure #0201, derived from clinical data, is more accurate and would be a better fit for the purpose of the program
 - #0201 should be brought into HAC Reduction Program as soon as possible

Measures Under Review for HAC Reduction Program: PSI-6 Iatrogenic pneumothorax rate

Workgroup Recommendation: Support Direction

- Measure is NQF-endorsed and found to be valid and reliable
- Iatrogenic pneumothorax is likely to be properly coded as it is a significant acute event
- Including PSI-6 will focus attention on hospitals' current performance, appropriate procedures for central line insertion, and monitoring of adverse events
- Denominator should be limited to patients at risk
- Rarity of these events could impact the reliability of the measure

Measures Under Review for HAC Reduction Program: PSI-10 Postoperative physiologic and metabolic derangement rate

Workgroup Recommendation: Do Not Support

- Measure is not NQF-endorsed
 - Removed from the PSI-90 composite measure during NQF review
 - Not enough information on the measure's reliability, validity or accuracy to support it
- Suspected that the measure would not provide correct or meaningful information to consumers and purchasers
- Conditions addressed by this measure may unavoidable in certain populations
 - May be more appropriate for programs with that incentivize improvement, such as VBP

Composite Measure Alternate Approach

- HHS did not ask MAP for input on selecting an approach to Domain 1; discussed as context for reviewing the PSI measures
- PSI-90 composite measure has better reliability than its separate parts, so it could provide greater accuracy in determining payment adjustments
- Cautioned that composite measures require careful testing and weighting of all individual components
- Raised questions about the usefulness of aggregated composite information to providers; individual measure scores may be more actionable and meaningful for performance improvement
- Individual measure results allow variations to be more visible to consumers and purchasers

Questions and Comments

Proposed MAP Scope of Work, Timeline, and Deliverables for 2013-2014

MAP Proposed Upcoming Work

Pre-Rulemaking and Related Activities	Proposed Completion Date
Provide pre-rulemaking input to HHS on measures under consideration Review finalized program measure sets in advance of pre-rulemaking (Summer/Fall 2013)	Annually by February
Provide input on the Initial Core Set of Measures for Medicaid-Eligible Adults	October 2013 and annually thereafter
Update MAP Measure Selection Criteria	October 2013
Provide input on the measures for the Health Insurance Exchange (HIX) Quality Rating System	December 2013
Strategic Activities	Proposed Completion Date
Update family of measures for dual eligible beneficiaries annually and explore measures for additional high need subpopulations	Ongoing
Identify families of measures for specific topics and core measure sets composed of available measures and gaps Affordability Patient- and Family-Centered Care Population Health	May 2014

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MAP Proposed Task Forces 2013-2014

Task Force	Chair
Measure Selection Criteria and Impact	Chip Kahn
Health Insurance Exchange Quality Rating System	Elizabeth Mitchell
Medicaid Adult Core Set	Harold Pincus
Affordability	Mark McClellan
Population Health	Bobbie Berkowitz
Patient and Family Centered Care	Rhonda Anderson

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Pre-Rulemaking Activities and Enhancements to MAP Processes

Pre-Rulemaking Activities and Enhancements to MAP Processes

- MAP will prepare for the third cycle of providing pre-rulemaking recommendations on measures being considered for use in federal programs by:
 - Evaluating currently finalized program measure sets in advance of the release of measures under consideration
 - Expanding decision-making support through enhancement of the MAP Measure Selection Criteria and development of guidance on assessing potential impact of measures
 - Incorporating updated background information (e.g., alignment of measures across federal programs and between public and private sector initiatives)

Pre-Rulemaking and Related Activities Schedule of Activities

- **Enhancing Measure Selection Criteria**
 - Two Task Force Teleconference Meetings: July – August 2013
 - Coordinating Committee Web Meeting: September 2013
 - Deliverable Due to HHS: October 2013
- **Review of Currently Finalized Measures**
 - MAP Workgroup Web Meetings: August – November 2013
- **Pre-Rulemaking Activities**
 - MAP Workgroup Web Meetings: October – November 2013
 - All MAP Web Meeting: December 4, 2013
 - MAP Workgroup Meetings: December 10-20, 2013
 - MAP Coordinating Committee In-Person Meeting: January 7-8, 2014
 - Deliverable Due to HHS: February 1, 2014

Health Insurance Exchange Quality Rating System Input

Health Insurance Exchange Quality Rating System Input

- MAP will review and provide input on the core measures and organization of information for the Health Insurance Exchange Quality Rating System
- These measures will help consumers select plans through the Health Insurance Exchanges

Schedule of Activities

- Web Meetings: Late Summer 2013
- In-Person Meeting: Early Fall 2013
- Report Public Comment Period: Fall 2013
- Deliverable Due to HHS: December 2013

Dual Eligible Beneficiaries and Medicaid Adult Core Measure Set Input Proposed Work

MAP Dual Eligible Beneficiaries and Adult Medicaid Core Measure Set Input Proposed Work

Quality Measures for Dual Eligible Beneficiaries

- Explore availability of measures and special considerations for additional high-need population subgroups
- Use feedback loop to understand and document measure alignment and use by entities providing care and services to dual eligible beneficiaries
- Refine Family of Measures for Dual Eligible Beneficiaries annually

Quality Measures for Adults Enrolled in Medicaid

- Provide annual input regarding the measures in the Initial Core Set for Medicaid-Eligible Adults and high-priority measure gaps

Schedule of Activities

- Web Meetings: Late Summer 2013/Fall 2013 (Medicaid) and TBD (Duals)
- Deliverable Due to HHS: October 2013 (Medicaid) and TBD (Duals)

2013-2014 Proposed MAP Families of Measures for Affordability, Patient and Family Engagement, and Population Health

2013-2014 Proposed MAP Families of Measures for Affordability, Patient and Family Engagement, and Population Health

- To promote alignment of performance measurement across the health care continuum, MAP will identify Families of Measures for:
 - Affordability
 - Patient- and Family-Centered Care
 - Population Health
- MAP will work collaboratively and leverage findings from related NQF activities
 - Addressing Performance Measure Gaps in Priority Areas project
 - Improving Population Health by Working with Communities project

Schedule of Activities

- Late Fall 2013/Spring 2014
- Deliverable Due to HHS: Spring/Summer 2014

Connecting MAP Work with other NQF Efforts

Connecting MAP Work with Other NQF Efforts

MAP Activity	Related NQF Effort(s)
MAP Families of Measures Affordability	Cost/Resource Use Consensus Development Project Episode Grouper Evaluation Criteria Project Robert Wood Johnson Foundation Affordability Project
MAP Families of Measures Population Health	Improving Population Health by Working with Communities Project
MAP Families of Measures Patient- and Family-Centered Care Care Coordination	Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps Project
MAP Dual Eligible Beneficiaries Workgroup	

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Questions and Comments

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Opportunity for Public Comment

Summary and Next Steps

Immediate Upcoming Meetings

Measure Selection Criteria and Impact Task Force Teleconference

August 21, 2013

Clinician Workgroup Web Meeting

August 29, 2013

Coordinating Committee Web Meeting

September 11, 2013 (12-1pm EST)

Save the Dates – MAP Pre-Rulemaking Meetings

All MAP Web Meeting

December 4, 2013 (1-3pm EST)

Workgroup Meetings

PAC/LTC Workgroup In-Person Meeting: December 10, 2013

Hospital Workgroup In-Person: December 11-12, 2013

Clinician Workgroup In-Person Meeting: December 18-19, 2013

Duals Workgroup Web-Meeting: December TBD, 2013

Coordinating Committee In-Person

January 7-8, 2014

Appendix

Glossary of Terms

- **CAHPS:** Consumer Assessment of Healthcare Providers and Systems
- **CC:** Coordinating Committee
- **COPD:** Chronic Obstructive Pulmonary Disease
- **CMS:** Centers for Medicare & Medicaid Services
- **HAC:** Healthcare-Acquired Condition
- **HHS:** Department of Health and Human Services
- **HIX:** Health Insurance Exchange
- **IPFQR:** Inpatient Psychiatric Facility Quality Reporting
- **IQR:** Inpatient Quality Reporting
- **IRF:** Inpatient Rehabilitation Facility
- **LTCH:** Long-Term Care Hospital

Glossary of Terms (continued)

- **MAP:** Measure Applications Partnership
- **MSC:** Measure Selection Criteria
- **NQS:** National Quality Strategy
- **OQR:** Outpatient Quality Reporting
- **PAC-LTC:** Post-Acute Care/Long-Term Care
- **PPS:** Prospective Payment System
- **PQRS:** Physician Quality Reporting System
- **PSI:** Patient Safety Indicator
- **VBP:** Value-Based Purchasing
- **VBPM:** Value-Based Payment Modifier