Measure Applications Partnership

All MAP Web Meeting

December 4, 2013

NATIONAL QUALITY FORUM

Agenda

- Welcome, Review of Meeting Objectives, and MAP Background

- NQF and MAP Pre-Rulemaking

- MAP Pre-Rulemaking Approach

- Context for the HHS List of Measures Under Consideration and Implications for MAP

- Opportunity for Public Comment

- Next Steps for Pre-rulemaking Activities and other MAP Initiatives

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Welcome, Review of Meeting Objectives, and MAP Background

Meeting Objectives

- Understand context for HHS List of Measures Under Consideration for MAP 2013-2014 pre-rulemaking

- Orientation to MAP 2013-2014 pre-rulemaking approach and mechanism for providing early public comment on the measures under consideration

- Review initial assessment of measures under consideration

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Statutory Authority

Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to **"convene multi-stakeholder groups to provide input on the selection of quality measures"** for public reporting, payment, and other programs.

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MAP Purpose

In pursuit of the NQS, MAP informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all

- 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

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MAP Strategic Plan:2012-2015 Report

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MAP Pre-Rulemaking Approach

MAP Measure Selection Criteria

Background

- MAP initially developed the Measure Selection Criteria (MSC) prior to the first round of pre-rulemaking activities in 2011, primarily to guide decisions on recommendations for measure use in federal programs, with an emphasis on measure *sets*.

- Per HHS' request, the MAP Strategy Task Force was re-convened this summer as the MAP Measure Selection Criteria and Impact Task Force to advise the Coordinating Committee about potential refinements to the MSC, emphasizing the following:
  - Applying lessons learned from the past two years.
  - Integrating the Guiding Principles developed by the Clinician and Hospital Workgroups during the 2012-13 pre-rulemaking cycle.

Revised MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

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Revisions to the Measure Selection Criteria

Overarching Changes

- Added a preamble to emphasize that the criteria are meant as guidance rather than rules; application should be to *measure sets,* not individual measures; and focus should be placed on filling important measure gaps and promoting alignment.
- More consistent use of terminology and formatting.
- Removed extraneous content, including the "Response Option" rating scales for each criterion or sub-criterion.

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Pre-Rulemaking Approach

1. Build on MAP's prior recommendations

2. Evaluate each finalized program measure set using MAP Measure Selection Criteria

3. Evaluate measures under consideration for what they would add to the program measure sets

4. Identify high-priority measure gaps for programs and settings

Sample Discussion Guide

Pre-Rulemaking Discussion Guide

Time	Issue/Question	Considerations
9:00am		Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures
9:00	1. Review program summary and previously finalized measures, additional input on the measure set.	• 54 measures are finalized, 10 measures are under consideration • The workgroup previously evaluated the proposed Value-Modifier program measure set. Few changes were made to the finalized measure set. ○ The vast majority of the finalized measures are NQF-endorsed. Half of the measures under consideration are endorsed. ○ All NQS priorities are addressed by finalized measures. Measures under consideration address safer care, effective care coordination, and making care more affordable. ○ Parsimony is partially addressed as the majority of the finalized measures and a few of the measures under consideration are used across multiple programs. However, the set lacks measures that cross conditions ore specialties. • The MAP Coordinating Committee reviewed the value modifier set as a potential core set; removing some measures that should not be considered core.
9:30	2. One measures under consideration is endorsed and utilized in other programs	NQF #0036 Use of Appropriate Medications for Asthma • Promotes alignment across programs—finalized for PQRS and Meaningful Use • This measure was previously proposed for the value-modifier set and was not finalized.
9:35	3. One measure under consideration is endorsed and proposed for use in another program.	NQF #0097 Post-discharge Medication Reconciliation • Addresses a high-leverage opportunity identified by the Duals Workgroup • Potentially promotes alignment across programs- proposed for use in Meaningful Use
9:40	4. Three measures under consideration are endorsed and are not utilized in other programs	NQF #0279 Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia NQF #0280 Ambulatory Sensitive Conditions Admissions: Dehydration NQF #0281 Ambulatory Sensitive Conditions Admissions: Urinary Infections
10:00	5. Five measures under	Diabetes composite: Combines NQF 0727, 0638, 0274, 0285 which are Ambulatory

1. Build on MAP's Prior Recommendations

MAP's Prior Efforts	Pre-Rulemaking Use
Coordination Strategies (i.e., Safety, Clinician, PAC-LTC, Dual Eligible Beneficiaries Cross-Cutting Input)	• Provides setting-specific considerations that will serve as background information for MAP's pre-rulemaking deliberations. • Key recommendations from each coordination strategy will be compiled in background materials.
Gaps Identified Across All MAP Efforts	• Provides historical context of MAP gap identification activities. • Will serve as a foundation for measure gap prioritization. • A universal list of MAP's previously identified gaps will be compiled and provided in background materials.

*While MAP's prior efforts serve as guidance for this work, pre-rulemaking decisions are not restricted to measures identified within these efforts.

1. Build on MAP's Prior Recommendations

| MAP's Prior Efforts	Pre-Rulemaking Use
2013 Pre-Rulemaking Decisions	• Provides historical context and represents a starting place for pre-rulemaking discussions. • Prior MAP decisions will be noted in the individual measure information.

Families of Measures
   NQS priorities (safety, care coordination)
   Vulnerable populations (dual eligible beneficiaries, hospice)
   High-impact conditions (cardiovascular, diabetes, cancer)
	• Represents a starting place for identifying the highest-leverage opportunities for addressing performance gaps within a particular content area.
	• Setting- and level-of-analysis-specific core sets will be compiled, drawing from the families and population cores. Core measures will be flagged in the individual measure information.
	• MAP will compare the setting and level-of-analysis cores against the program measure sets.

Families of Measures and Core Measure Sets

Families of Measures

"Related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS " (e.g., care coordination family of measures, diabetes care family of measures)

Core Measure Sets

"Available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations" (e.g., ambulatory clinician measure set, hospital core measure set, dual eligible beneficiaries core measure set)

Families of Measures
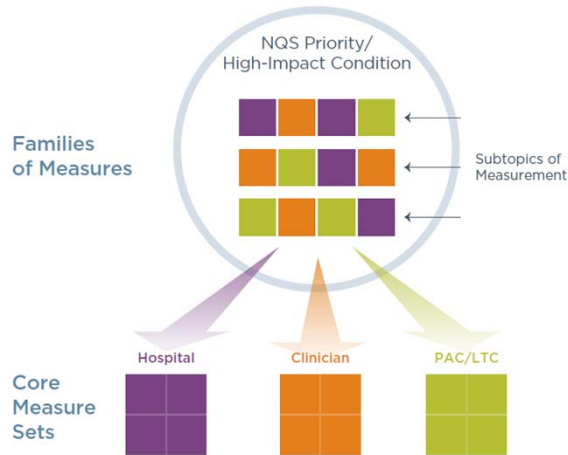
Families of Measures Populating Core Sets and Program Sets
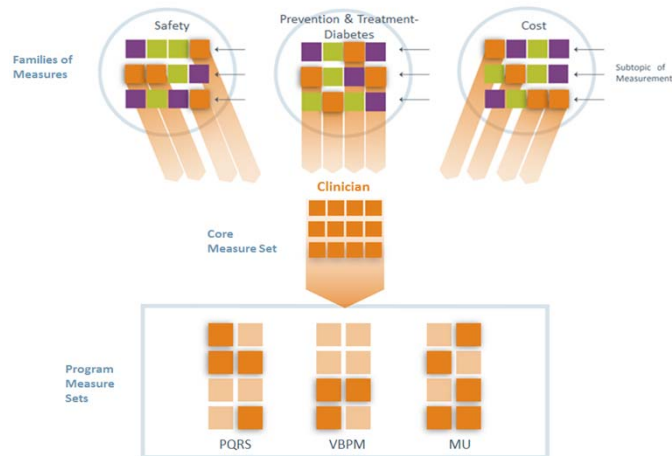
2. Evaluate Finalized Program Measure Set Using MAP Measure Selection Criteria

MAP identifies:

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

3. Evaluate Measures Under Consideration

MAP will indicate a decision and rationale for each measure under consideration:

MAP Decision Category	Decision Description	Rationale (Example)
Support	Indicates measures under consideration that should be added to program measure sets during the current rulemaking cycle.	• Measure addresses an NQS aim or priority • Measure promotes person- and family-centered care • Measure promotes parsimony and alignment across public and private sectors
Do Not Support	Indicates measures that are not recommended for inclusion in program measure sets.	• Measure is not appropriately specified or tested for the population, setting, or level of analysis • A different measure better address a similar topic • Measure is topping out
Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s).	• Measure should receive NQF endorsement before being used in the program • Measure needs a modification before used in the program • Measures needs further experience or testing before used in the program

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Sample Measure Table

Row #	PQRS		Measure Name/ Title	NQF#	NQS Priority						Measure Type		HIC					Staff Comments (e.g. staff proposed rationale)
					Patient Safety	Effective Comm./Care Coordination	Prevention & Treatment	Person/Family Centered	Health and Well Being	Affordable Care		Addresses Disparities		Public Alignment	Private Alignment	MAP Prior Decisions	
	Fin		Asthma: Asthma Assessment	0001		x			x		Process	No	Yes	PQRS: Fin, MU: Fin, VBM: Fin	eValu8	Previously Supported	Topped out
	Fin		Appropriate Testing for Children with Pharyngitis	0002						x	Process	No	No	PQRS: Fin, MU: Fin, VBM: Fin	eValu8, IHA P4P	Previously Supported	Addresses known gap area
	Fin		Prenatal Care: Anti-D Immune Globulin	0012						x	Process	No	No	PQRS: Fin, MU: Fin	IHA P4P	Previously Supported	Addresses known gap area
	Fin		Hypertension (HTN): Plan of Care	0017		x					Process	No	Yes	PQRS: Fin, VBM: Fin	eValu8	Previously Supported	Known Data collection burden
	Fin		Controlling High Blood Pressure	0018		x					Outcome	No	Yes	PQRS: Fin, MU: Fin, VBM: Fin	eValu8, IHA P4P	Previously Supported, Cardio. Family	Frequently selected measure by clinicians

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4. Identify High-Priority Measure Gaps for Programs and Settings

MAP's Previously Identified Gaps

- Compiled from all of MAP's prior reports and recent MAP activities
- Categorized by NQS priority and high-impact conditions
- Compared with gaps identified in other NQF efforts (e.g., NPP, endorsement reports)

MAP will:

- Identify priorities for filling gaps across settings and programs
- Present measure ideas to spur development
- Capture barriers to gap filling and potential solutions

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Federal Program for MAP Pre-Rulemaking Input	MAP Workgroup
Physician Feedback/Value-Based Payment Modifier	Clinician Workgroup
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Physician Compare	
Hospital Inpatient Quality Reporting	Hospital Workgroup
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Hospital Readmission Reduction Program	
Hospital-Acquired Conditions Payment Reduction	
Medicare Shared Savings Program	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	PAC/LTC Workgroup
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
Nursing Home Quality Initiative and Nursing Home Compare	
Home Health Quality Reporting	
End Stage Renal Disease Quality Management	

2013/2014 Pre-Rulemaking MAP Dual Eligible Beneficiaries Workgroup Liaisons

Clinician Workgroup	PAC/LTC Workgroup	Hospital Workgroup
Ruth Perry	Gwendolen Buhr	Jennifer Sayles

- Workgroup liaisons will participate in setting-specific MAP meetings to represent the perspective of vulnerable beneficiaries.
- Liaisons will report back to the MAP Dual Eligible Beneficiaries Workgroup at their December 20th web meeting.
- Workgroup Chair, Alice Lind, will represent the workgroup at the MAP Coordinating Committee.

Establishing an Early Public Comment Period for Measures Under Consideration

- MAP will hold an early public comment period from **December 2 to December 9.**
- Comments received will serve as an input to the MAP workgroup and Coordinating Committee discussions.
- Type of input sought:
  - 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 measure is being used, for what purpose? Are there implementation challenges?
- Access to the public commenting tool can be found on the MAP website.
- **The public will also have the opportunity to comment on the draft 2014 MAP Pre-Rulemaking Report in January.**

Context for HHS List of Measures Under Consideration and Implications for MAP

Affordable Care Act Statutory Requirements

Making publicly available by December 1st annually a list of measures under consideration by HHS for qualifying programs;

- Convening multi-stakeholder groups to provide input on the selection of quality and efficiency measures under consideration by HHS;
- Transmission of that input to HHS no later than February 1st of each year;
- Consideration of that input by HHS;
- Publishing rationale for the selection of any quality and efficiency measures not endorsed by the National Quality Forum (NQF); and
- Assessing the impact of the use of endorsed quality and efficiency measures at least every three years (The first report was released to the public in March of 2012. The next impact assessment report is scheduled for release in March of 2015.).

Measure Selection Process
Measure Implementation Cycle

The cycle (clockwise) includes:
- Pre-rulemaking measure list published by December 1st, annually
- Pre-rulemaking MAP input due to HHS no later than February 1st, annually
- NPRM for each applicable program
- Public comment on Measures
- HHS implements Measures
- Measure Performance Review and Maintenance
- Pre-rulemaking Assessment of Impact of Measures
- Program Staff and Stakeholders Suggest Measures

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Our Goals for this Process

- To obtain expert multi-stakeholder input on quality and efficiency measures considered for implementation in programs by the Secretary for the 2014 Federal rulemaking process
    - Which measures should we propose in programs?
    - What are the high priority measures?
    - What are the gaps and how will we fill those gaps in the future?

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Balancing Measurement Goals

|	
Achieve high participation rates by providers	• Enable improvement and assess the performance of all providers and to empower patients with this information.
Align reporting requirements with National Quality Strategy priorities	• Address and measure high priority conditions and domains in order to provide a comprehensive assessment of the quality of health care delivered.
Increase the reporting of quality data by providers and more rapid feedback loops	• Drive quality improvement of the healthcare delivery system
Increase EHR and registry reporting for quality reporting programs	• Improve quality of care through the meaningful use of EHRs and use of registry-based measures.
Increase patient-centered outcome measures, including patient reported measures	• Ensure measurement focus is on patients , includes information derived from patients, and is useful to patients
Increase the transparency, availability, and usefulness of quality data	• Empower providers and the public with information to make informed decisions and drive quality improvement (e.g., Compare sites)

Our Approach

- In developing the list of measures for potential use in programs, we considered the following questions:
  - What were the 2013 MAP recommendations?
  - Which measures meet national priorities?
  - Which measures fill measurement gaps?
  - Which measures best support alignment across programs?
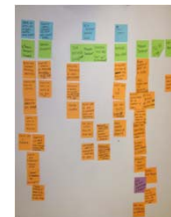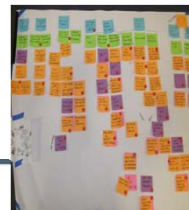 - Which measures best support specific program needs?

Major Changes in the last 2 years (Future vs. Current)

- Process improvement - LEAN
  - Transparent and collaborative
  - Communication early and often
- MAP developed Guiding Principles and categories for support which has been incredibly helpful
- Incorporated MAP feedback into CMS processes

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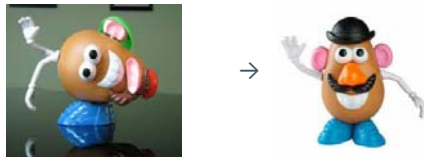
LEAN Process
Kaizen Event on CQM lifecycle January 2013

- Defined Scope
- Mapped out Current State
- Identified the Ideal State
- Identified Waste (red dots)
- Mapped out Future State
- Identified Next Steps
- Aligned on Strong Agreement of the What/How

LEAN Improvements

Wastes	Improved Process	Benefits
Defects : 23 clearance reviews & List Revisions*	**Early engagement**: Convene two federal stakeholder meetings to obtain (1) consensus on needs/priorities and (2) approval of final measures under consideration (MUC) list.	Reduced or removal of clearance process; 5 months saved
Confusion: Non-concurrence from certain agencies during HHS clearance due to misunderstanding of requirements	**Early education** regarding MUC list process	Reduced number of revisions and re-reviews
Waiting: HHS & OMB clearance 1 week and 2 weeks over project timeline, respectively.	Implement **open source issue and project tracking** via a web based interface (i.e. JIRA software) for expedited review; Measurement Policy Council (MPC) provides HHS Clearance; and Quality Measures Task Force (QMTF) provides CMS Clearance	6 weeks saved
Over processing: Public call for measures without criteria resulting in > 500 measures on the list	Public call for measures based on **explicit criteria** identified during first stakeholder meeting	Reduced number of measures; more meaningful & parsimonious measures list; reduced burden to reviewers
Discordant policy decisions within CMS	**All federal stakeholder meeting** includes Office of General Counsel, Office of Legislation, Office of Strategic Operations and Regulatory Affairs; Office of Management and Budget; and others.	Increased transparency and stakeholder engagement
Motion: Continuous access and changes	**"Pens down" deadline** for changes to the list	Reduced number of revisions and re-reviews

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2013 Highlights

1. New CMS LEAN Process for the MUC list.
2. 234 new measures under consideration; however, many are being considered for multiple programs.
3. These measures are being considered for 20 Medicare programs.
4. If CMS chooses not to adopt a measure under this list for the current rulemaking cycle, those measures remain under consideration by the Secretary and may be considered in future rulemaking cycles.
5. External stakeholders contributed to and supported the majority of measures on this list.
6. Many of the measures contained in this list are NQF endorsed or pending NQF endorsement.
7. Balance of measure types tilted more towards high value measures (outcome, cost, appropriateness, safety)
8. Your help is needed for alignment and prioritization of these measures.

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2013 Measures Under Consideration List

CMS Program	Number of Measures
Ambulatory Surgical Center Quality Reporting	3
End Stage Renal Disease Quality Improvement Program	20
Home Health Quality Reporting	4
Hospice Quality Reporting	0
Hospital Acquired Condition Payment Reduction (ACA 3008)	4
Hospital Inpatient Quality Reporting	11
Hospital Outpatient Quality Reporting	6
Hospital Readmission Reduction Program	3
Hospital Value-Based Purchasing	14
Inpatient Psychiatric Facility Quality Reporting	10
Inpatient Rehabilitation Facility Quality Reporting	8
Long-Term Care Hospital Quality Reporting	3
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	37
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	6
Medicare Shared Savings Program	100
Medicare Physician Quality Reporting System (PQRS)	110
Physician Feedback/Quality and Resource Utilization Reports	161
Physician Value Based Payment Modifier	161
Physician Compare	110
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	6

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Questions for Consideration (recap from October meeting)

- For NQF and MAP, how do we focus on the measure science and "leave our organizational interests at the door" in decision-making processes?
- Help us prioritize how we fill gaps (so many gaps – where do we start and who/how are gaps filled?)
- In making recommendations, give explicit consideration to vulnerable populations
- Tiered recommendations and rationale is helpful – will need to continue to refine approach
- For clinicians, what measures could or should be reported by ALL clinicians? And/Or should there be core common sets for each major specialty?
- What are some "leading edge" measures or concepts that should be considered in CMS programs or Innovation center models?
- We would value MAP's feedback on the LEAN process and the quality of the end product (MUC list). How else could we improve?

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Measures Under Consideration
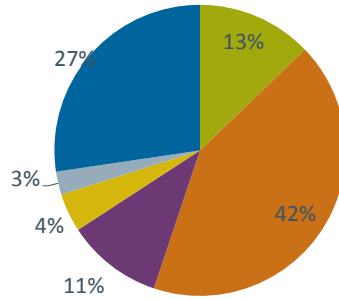
http://www.qualityforum.org/MAP

MAP's Initial Assessment on Measures Under Consideration

High Level Characteristics

- Measures under consideration address priorities of the National Quality Strategy to varying degrees
- About 20% of measures under consideration are NQF endorsed
  - HHS has provided more information on measures' various stages of development (measure concept, being expanded, being specified, being tested, fully developed)
- The majority of measures under consideration are process measures, but with a substantial number of outcome measures as well
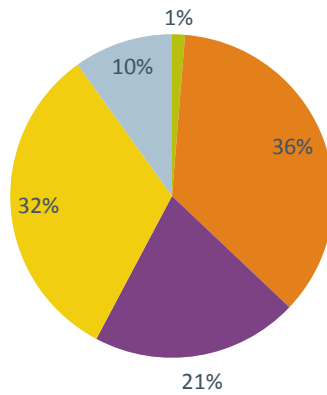
MAP's Initial Assessment on Measures Under Consideration – NQS Priority

- Safer Care
- Effective Care
- Prevention/Treatment
- Person/Family Centered Care
- Healthy Communities
- Affordable Care

Safer Care: 13%
Effective Care: 42%
Prevention/Treatment: 11%
Person/Family Centered Care: 4%
Healthy Communities: 3%
Affordable Care: 27%

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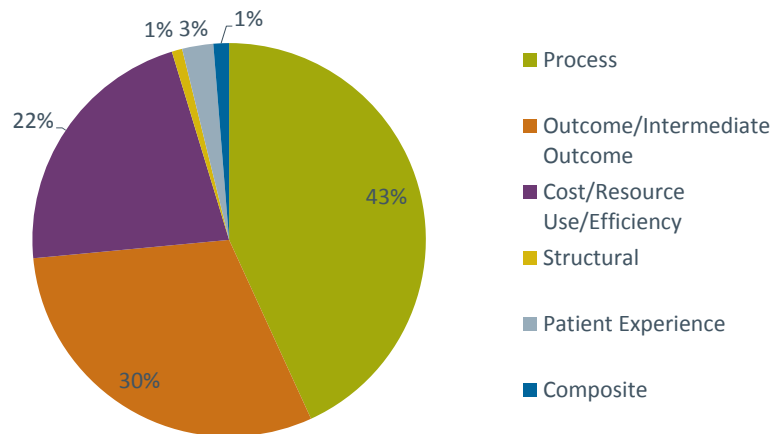CONVENED BY THE NATIONAL QUALITY FORUM

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MAP's Initial Assessment on Measures Under Consideration – Measure Stage of Development

- Being Expanded
- Being Specified
- Being Tested
- Fully Developed
- Measure Concept

Being Expanded: 1%
Being Specified: 36%
Being Tested: 21%
Fully Developed: 32%
Measure Concept: 10%

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MAP's Initial Assessment on Measures Under Consideration – Measure Type

1% 3% 1%

22%

43%

30%

- Process
- Outcome/Intermediate Outcome
- Cost/Resource Use/Efficiency
- Structural
- Patient Experience
- Composite

Opportunity for Public Comment

Next Steps for Pre-Rulemaking and Other MAP Activities

Upcoming Pre-Rulemaking Meetings and Activities

Early Commenting on Measures Under Consideration
December 2-9

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 20, 2013

Coordinating Committee In-Person Meeting
January 7-8, 2014

Public comment on Draft Pre-Rulemaking Report
January 13-27, 2014

Pre-Rulemaking Final Report Due to HHS
February 1, 2014

Ongoing MAP Activities

Activity	Dec '13	Jan '14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
MAP Pre-rulemaking (CC, Clinician, Hospital, PAC/LTC)										
MAP HIX QRS Task Force										
MAP Dual Eligible Beneficiaries Workgroup	Through August 2016									
MAP Adult Medicaid Core Task Force	Through August 2016									
MAP Affordability Taskforce (Family of Measures)										
MAP Person/Family-Centered Care Task Force (Family of Measures)										
MAP Population Health (Family of Measures)										

Upcoming MAP Nominations

Don't Forget:

The annual 30-day call for nominations for new and renewing MAP members will begin in January

Details will be available through the NQF website.

Thank You for Participating in MAP Activities