

Measure Applications Partnership Workgroup Orientation

Web Meeting

May 13, 2011
2:00 pm – 4:00 pm ET

Webinar access: <http://www.MyEventPartner.com/QualityForum8>

1

Welcome and Introductions

2

Presenters

George Isham, Committee Co-Chair

Medical Director and Chief Health Officer, HealthPartners

Patrick Romano

Professor of General Medicine and Pediatrics, University of California

Tom Valuck

Senior Vice President, Strategic Partnerships, NQF

Nalini Pande

Senior Director, Strategic Partnerships, NQF

3

Meeting Objectives

- Set context for the role of the MAP
- Review Coordinating Committee and workgroup charges
- Describe initial tasks of the MAP

4

Context for the Role of the MAP

5

Discussion and Questions

6

Opportunity for Public Comment

7

Measure Applications Partnership: Structure and Function

8

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

HR 3590 § 3014, amending the Social Security Act (PHSA) by adding § 1890(b)(7)

9

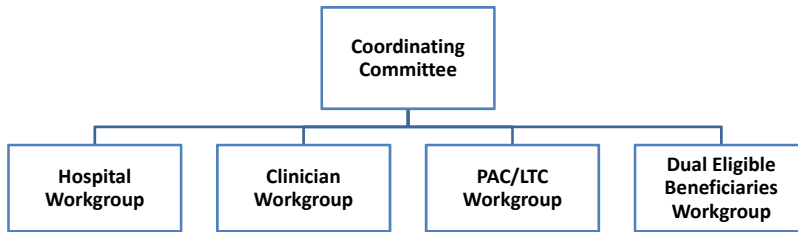
www.qualityforum.org

- Provide input to HHS/CMS on the selection of available measures for public reporting and performance-based payment programs
- Identify gaps for measure development and endorsement
- Encourage alignment of public and private sector programs and across settings

10

www.qualityforum.org

Measure Applications Partnership: 2-Tiered Structure



11

		Co-chairs
		George Isham, MD, MS
		Elizabeth McGlynn, PhD, MPP
Organizational Members	AARP	Joyce Dubow, MUP
	Academy of Managed Care Pharmacy	Judith A. Cahill
	AdvaMed	Michael A. Mussallem
	AFL-CIO	Gerald Shea
	America's Health Insurance Plans	Aparna Higgins, MA
	American College of Physicians	David Baker, MD, MPH, FACP
	American College of Surgeons	Frank G. Opelka, MD, FACS
	American Hospital Association	Rhonda Anderson, RN, DNSc, FAAN
	American Medical Association	Carl A. Sirio, MD
	American Medical Group Association	Sam Lin, MD, PhD, MBA, MPA, MS
	American Nurses Association	Marla J. Weston, PhD, RN
	Catalyst for Payment Reform	Suzanne F. Delbanco, PhD
	Consumers Union	Steven Findlay, MPH
	Federation of American Hospitals	Chip N. Kahn
	LeadingAge	Cheryl Phillips, MD, AGSF
Organization Representative	Maine Health Management Coalition	Elizabeth Mitchell
	National Association of Medicaid Directors	Foster Gesten, MD
	National Partnership for Women and Families	Christine A. Bechtel, MA
	Pacific Business Group on Health	William E. Kramer, MBA

12

MAP Coordinating Committee Membership

		Subject Matter Experts		
		Richard Antonelli, MD, MS		
		Bobbie Berkowitz, PhD, RN, CNAA, FAAN		
		Joseph Betancourt, MD, MPH		
		Ira Moscovice, PhD		
		Harold Pincus, MD		
		Carol Raphael, MPA		
Federal Government Members	Agency for Healthcare Research and Quality	Federal Government Representative	Nancy J. Wilson, MD, MPH	
	Centers for Disease Control and Prevention		Chesley Richards, MD, MPH	
	Centers for Medicare & Medicaid Services		Karen Milgate, MPP	
	Health Resources and Services Administration		Victor Freeman, MD, MPP	
	Office of Personnel Management/FEHBP		John O'Brien	
	Office of the National Coordinator for HIT		Thomas Tsang, MD, MPH	
Accreditation / Certification Liaisons	American Board of Medical Specialties	Accreditation / Certification Liaison Representative	Christine Cassel, MD	
	National Committee for Quality Assurance		Peggy O'Kane, MPH	
	The Joint Commission		Mark R. Chassin, MD, FACP, MPP, MPH	

13

MAP Coordinating Committee Charge

The charge of the Measure Applications Partnership (MAP) Coordinating Committee is to:

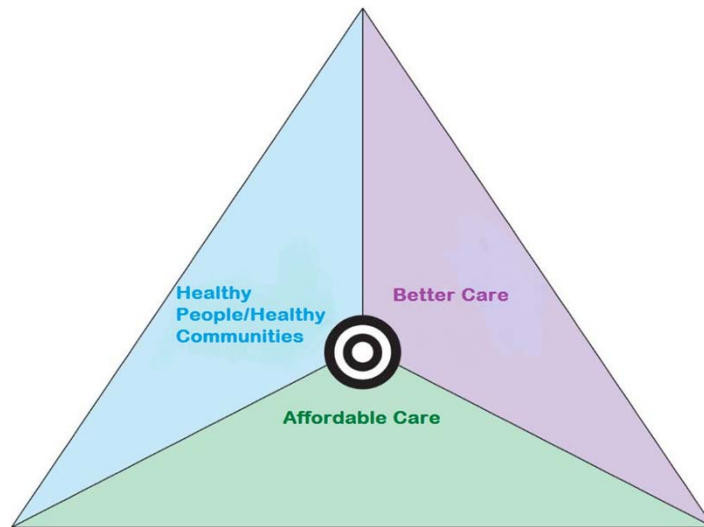
- Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs
- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers
- Set the strategy for the two-tiered Partnership
- Give direction to and ensure alignment among the MAP advisory workgroups

14

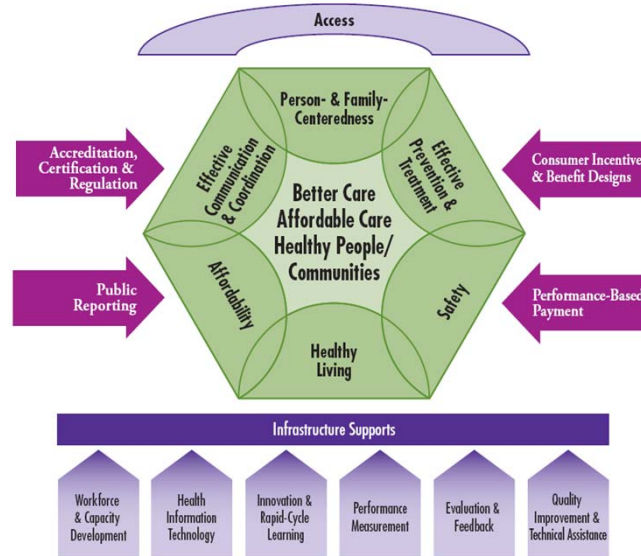
Decision-Making Framework

15

HHS Aims for the National Quality Strategy



16



17

www.qualityforum.org

1. Person-centeredness and family engagement
2. Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage.
3. Eliminating disparities in care
4. Aligning the efforts of public and private sectors
5. Quality improvement
6. Consistent national standards
7. Primary care will become a bigger focus
8. Coordination will be enhanced
9. Integration of care delivery
10. Providing patients, providers, and payers with the clear information they need to make choices that are right for them will be encouraged.

18

www.qualityforum.org

HHS has created a new patient safety initiative called the **Partnership for Patients** focusing on improvement in readmissions and hospital-acquired conditions

Establishes 2 goals to achieve by the end of 2013:

- Preventable hospital-acquired conditions would decrease by 40-percent compared to 2010
- Preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20-percent compared to 2010

19

www.qualityforum.org

The Partnership for Patients has identified nine areas of focus for HACs.

- Adverse Drug Events (ADE)
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line Associated Blood Stream Infections (CLABSI)
- Injuries from Falls and Immobility
- Obstetrical Adverse Events
- Pressure Ulcers
- Surgical Site Infections
- Venous Thromboembolism (VTE)
- Ventilator-Associated Pneumonia (VAP)

The Partnership work is not limited to these areas, and will pursue the reduction of all-cause harm as well.

20

www.qualityforum.org

High Impact Conditions

Medicare Conditions

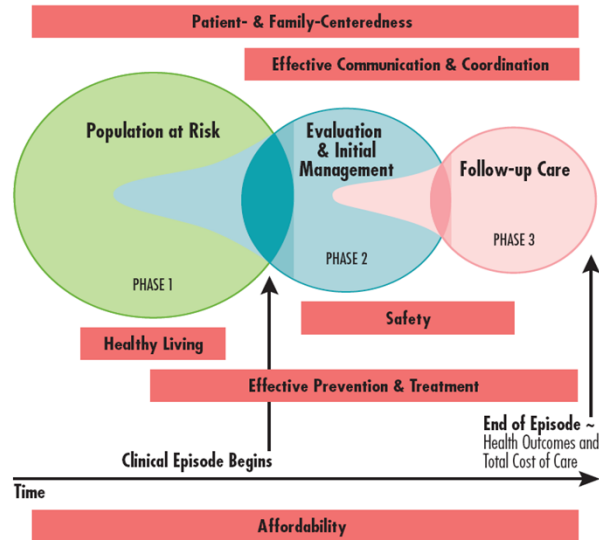
Condition	Votes
1. Major Depression	30
2. Congestive Heart Failure	25
3. Ischemic Heart Disease	24
4. Diabetes	24
5. Stroke/Transient Ischemic Attack	24
6. Alzheimer's Disease	22
7. Breast Cancer	20
8. Chronic Obstructive Pulmonary Disease	15
9. Acute Myocardial Infarction	14
10. Colorectal Cancer	14
11. Hip/Pelvic Fracture	8
12. Chronic Renal Disease	7
13. Prostate Cancer	6
14. Rheumatoid Arthritis/Osteoarthritis	6
15. Atrial Fibrillation	5
16. Lung Cancer	2
17. Cataract	1
18. Osteoporosis	1
19. Glaucoma	0
20. Endometrial Cancer	0

Child Health Conditions and Risks

Condition and Risk	Votes
Tobacco Use	29
Overweight/Obese (≥85 th percentile BMI for age)	27
Risk of developmental delays or behavioral problems	20
Oral Health	19
Diabetes	17
Asthma	14
Depression	13
Behavior or conduct problems	13
Chronic Ear Infections (3 or more in the past year)	9
Autism, Asperger's, PDD, ASD	8
Developmental delay (diag.)	6
Environmental allergies (hay fever, respiratory or skin allergies)	4
Learning Disability	4
Anxiety problems	3
ADD/ADHD	1
Vision problems not corrected by glasses	1
Bone, joint or muscle problems	1
Migraine headaches	0
Food or digestive allergy	0
Hearing problems	0
Stuttering, stammering or other speech problems	0
Brain injury or concussion	0
Epilepsy or seizure disorder	0
Tourette Syndrome	0

21

Patient-Focused Episodes of Care Model



22

- **Overarching principle:**
 - The aims and priorities of the National Quality Strategy (NQS) will provide the foundation for MAP decision-making.
- **Additional factors for consideration:**
 - The two dimensional framework for performance measurement—NQS priorities and high impact conditions —will provide focus.
 - The patient-focused episodes of care model will reinforce patient-centered measurement across settings and time.
 - HHS Multiple Chronic Conditions Framework.
 - Attention to equity across the NQS priorities.
 - Connection to financing and delivery models and broader context (e.g., ACOs).

23

www.qualityforum.org

Decision-Making Criteria

24

www.qualityforum.org

Measure Selection Criteria Project

Patrick Romano, MD, MPH
May 13, 2011

Arnold Milstein, MD, MPH
Principal Investigator

25

www.qualityforum.org

Purpose

Provide input to the MAP Coordinating Committee on measure selection criteria to equip MAP with an evidence base to select measures for:

- public reporting
- payment programs
- program monitoring and evaluation

The MAP measure selection criteria will build on, not duplicate, the NQF measure endorsement criteria.

26

www.qualityforum.org

Major Tasks

Inventory and compare historical criteria sets, including NQF endorsement criteria; prepare comprehensive criteria set



Conduct stress tests with focus on payment, reporting and program evaluation to identify criteria gaps and conflicts and approaches to resolve

Evaluate findings with key informants - users of performance accountability measures for payment, reporting, and program evaluation

Recommend measure selection criteria set for consideration by MAP Coordinating Committee

27

Stress Test Approach

Purpose:

- identify criteria gaps and conflicts and evaluate harmonization across three applications (payment, reporting, monitoring/evaluation)
- recommend approaches MAP could take to resolve gaps, conflicts, promote harmonization

Process:

- identify sample measure sets that represent target settings/applications
- evaluate measure sets against comprehensive criteria set, calling out:
 - Gaps - where do the historical criteria fall short in addressing an issue raised in applying the measures?
 - Conflicts - where do the criteria allow different interpretations based on user perspective? where do the criteria pose barriers to evaluation due to uncertainty or inapplicability?
 - Harmonization - where do the criteria vary depending upon the application?
- recommend approaches to MAP to resolve the above by adding or revising existing criteria

Example: Ambulatory Setting

Sample Measures

Meaningful Use Stage 1 Quality Measures, ACO Quality Measures, Health Plan Physician Recognition Program, IHA Pay for Performance

Evaluation of Measures against “Usability” Criteria: Example Output

Gap: NQF measure endorsement criteria only addresses usability for audiences of “public reporting” and “quality improvement initiatives”

→ Recommend adding criteria that measure produces information usable for audiences relevant to payment and program monitoring/evaluation

Conflict: Audiences for payment, program evaluation may have different views of usability than audiences for public reporting

→ Tailor MAP measure selection criteria to application or identify priority audiences across applications

www.qualityforum.org

Deliverables

- Industry-wide **scan of historical measures** criteria, including NQF measure endorsement criteria
- **Synthesis of scanned criteria** and identification of criteria gaps and conflicts that arise when moving from endorsement to application for payment, reporting, and program evaluation
- Recommendations to **resolve gaps, conflicts, and/or lack of criteria** harmonization across the three applications
- **Proposed measure selection criteria set** for payment, reporting, and program evaluation

30

www.qualityforum.org

Intersection with Workgroups **NQF** NATIONAL QUALITY FORUM

- MAP Coordinating Committee adopts or revises proposed criteria set for measure selection
- Each MAP workgroup will employ criteria to advise Coordinating Committee on measures for inclusion in input to HHS

31

www.qualityforum.org

Project Team

NQF
NATIONAL QUALITY FORUM

Stanford University (Principal Investigator)

- Arnold Milstein, MD, MPH

UC Davis

- Patrick Romano, MD, MPH

UC San Francisco

- Andrew Bindman, MD
- Edgar Pierluissi, MD

Pacific Business Group on Health

- David Lansky, PhD
- Ted von Glahn, MSPH
- Alana Ketchel, MPP, MPH

32

www.qualityforum.org

Discussion and Questions

33

Opportunity for Public Comment

34

Upcoming Work

35

Task 15.1

Measures to be Implemented Through the Federal Rulemaking Process

Task Description	Deliverable	Timeline
Provide input to HHS on measures to be implemented through the federal rulemaking process, based on an overview of the quality issues in hospital, clinician office, and post-acute/long-term care settings; the manner in which those problems could be improved; and the metrics for encouraging such improvement.	Final report containing Coordinating Committee framework for decision-making and proposed measures	Draft Report: January 2012 Final Report: February 1, 2012

Coordinating Committee with input from all workgroups

36

MAP Coordinating Committee Membership

		Co-chairs	George Isham, MD, MS Elizabeth McGlynn, PhD, MPP
Organizational Members	AARP	Organization Representative	Joyce Dubow, MUP
	Academy of Managed Care Pharmacy		Judith A. Cahill
	AdvaMed		Michael A. Mussallem
	AFL-CIO		Gerald Shea
	America's Health Insurance Plans		Aparna Higgins, MA
	American College of Physicians		David Baker, MD, MPH, FACP
	American College of Surgeons		Frank G. Opelka, MD, FACS
	American Hospital Association		Rhonda Anderson, RN, DNSc, FAAN
	American Medical Association		Carl A. Sirio, MD
	American Medical Group Association		Sam Lin, MD, PhD, MBA, MPA, MS
	American Nurses Association		Marla J. Weston, PhD, RN
	Catalyst for Payment Reform		Suzanne F. Delbanco, PhD
	Consumers Union		Steven Findlay, MPH
	Federation of American Hospitals		Chip N. Kahn
	LeadingAge		Cheryl Phillips, MD, AGSF
	Maine Health Management Coalition		Elizabeth Mitchell
National Association of Medicaid Directors	Foster Gesten, MD		
National Partnership for Women and Families	Christine A. Bechtel, MA		
Pacific Business Group on Health	William E. Kramer, MBA		

37

MAP Coordinating Committee Membership

		Subject Matter Experts	Richard Antonelli, MD, MS Bobbie Berkowitz, PhD, RN, CNA, FAAN Joseph Betancourt, MD, MPH Ira Moscovice, PhD Harold Pincus, MD Carol Raphael, MPA
Federal Government Members	Agency for Healthcare Research and Quality	Federal Government Representative	Nancy J. Wilson, MD, MPH
	Centers for Disease Control and Prevention		Chesley Richards, MD, MPH
	Centers for Medicare & Medicaid Services		Karen Milgate, MPP
	Health Resources and Services Administration		Victor Freeman, MD, MPP
	Office of Personnel Management/FEHBP		John O'Brien
	Office of the National Coordinator for HIT		Thomas Tsang, MD, MPH
Accreditation / Certification Liaisons	American Board of Medical Specialties	Accreditation / Certification Liaison Representative	Christine Cassel, MD
	National Committee for Quality Assurance		Peggy O'Kane, MPH
	The Joint Commission		Mark R. Chassin, MD, FACP, MPP, MPH

38

MAP Coordinating Committee Charge

The charge of the Measure Applications Partnership (MAP) Coordinating Committee is to:

- Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs
- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers
- Set the strategy for the two-tiered Partnership
- Give direction to and ensure alignment among the MAP advisory workgroups

39

Task 15.2a

Measures For Use in the Improvement of Clinician Performance

Task Description	Deliverable	Timeline
Provide input to HHS on a coordination strategy for clinician performance measurement across public programs.	Final report containing Coordinating Committee input	Draft Report: September 2011 Final Report: October 1, 2011

Clinician Workgroup will advise the Coordinating Committee

40

Clinician Workgroup Membership

		Chair	Mark McClellan, MD, PhD
Organizational Members	American Academy of Family Physicians	Representatives	Bruce Bagley, MD
	American Academy of Nurse Practitioners		Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
	American Academy of Orthopaedic Surgeons		Douglas Burton, MD
	American College of Cardiology		Frederick A. Masoudi, MD, MSPH
	American College of Radiology		David J. Seidenwurm, MD
	American Speech-Language-Hearing Association		Janet Brown, MA, CCC-SLP
	Association of American Medical Colleges		Joanne Conroy, MD
	Center for Patient Partnerships		Rachel Grob, PhD
	CIGNA		Dick Salmon, MD, PhD
	Consumers' CHECKBOOK		Robert Krughoff, JD
	Unite Here Health		Elizabeth B. Gilbertson, MA
	Kaiser Permanente		Amy Compton-Phillips, MD
	Minnesota Community Measurement		Beth Averbeck, MD
	Physician Consortium for Performance Improvement		Mark L. Metersky, MD
The Alliance	Cheryl A. DeMars, MSSW		

38

Clinician Workgroup Membership

		Subject Matter Experts	Marshall Chin, MD, MHP, FACP
			Eugene Nelson, MPH, DSc
			Karen Sepucha, PhD
			Ronald Stock, MD, MA
			James Walker, MD, FACP
			Dolores Yanagihara, MPH
Federal Government Members	Agency for Healthcare Research and Quality	Representatives	Darryl Gray, MD, ScD
	Centers for Disease Control and Prevention		Peter Briss, MD, MPH
	Centers for Medicare & Medicaid Services		Michael Rapp, MD, JD, FACEP
	Health Resources and Services Administration		Ian Corbridge, MPH, RN
	Office of the National Coordinator for HIT		Thomas Tsang, MD, MPH
	Veterans Health Administration		Joseph Francis, MD, MPH
		Coordinating Committee Co-Chairs	George Isham, MD, MS
			Beth McGlynn, PhD, MPP

39

MAP Clinician Workgroup Charge

The charge of the MAP Clinician Workgroup is to advise the Coordinating Committee on a coordination strategy for clinician performance measurement. The workgroup will:

- Identify a core set of available clinician performance measures, with a focus on:
 - Clinician measures needed across federal programs
 - Electronic data sources
 - Office setting
 - Cross cutting priorities from the NQS
 - Priority conditions
- Identify critical clinician measure development and endorsement gaps
- Develop a coordination strategy for clinical performance measurement including:
 - Alignment with other public and private initiatives
 - Health IT Implications
 - High level transition plan and timeline by month
- Provide input on measures to be implemented through the federal rulemaking process.

43

Task 15.2b

Measures For Use in Quality Reporting for Post-Acute Care Programs

Task Description	Deliverable	Timeline
Provide input to HHS on a coordination strategy for performance measurement across post-acute care and long-term care programs.	Final report containing Coordinating Committee input	Draft Report: January 2012 Final Report: February 1, 2012

PAC/LTC Workgroup will advise the Coordinating Committee

44

Post-Acute Care/ Long-Term Care Workgroup Membership

	Chair	Carol Raphael, MPA	
Organizational Members	Aetna		Randall Krakauer, MD
	American Medical Rehabilitation Providers Association		Suzanne Snyder, PT
	American Physical Therapy Association		Roger Herr, PT, MPA, COS-C
	Family Caregiver Alliance		Kathleen Kelly, MPA
	HealthInsight		Juliana Preston, MPA
	Kindred Healthcare		Sean Muldoon, MD
	National Consumer Voice for Quality Long-Term Care		Lisa Tripp, JD
	National Hospice and Palliative Care Organization		Carol Spence, PhD, RN
	National Transitions of Care Coalition		James Lett II, MD, CMD
	Providence Health and Services		Robert Hellrigel
	Service Employees International Union		Charissa Raynor
	Visiting Nurse Associations of America		Emilie Deady, RN, MSN, MGA
		Representatives	

45

Post-Acute Care/ Long-Term Care Workgroup Membership

	Subject Matter Experts	Charlene Harrington, PhD, RN, FAAN
		Gerri Lamb, PhD, RN, FAAN
		Bruce Leff, MD
		MaryAnne Lindeblad, MPH
		Debra Saliba, MD, MPH
		Thomas von Sternberg, MD
Federal Government Members	Agency for Healthcare Research and Quality	Judy Sangl, ScD
	Centers for Medicare & Medicaid Services	Shari Ling, MD
	Veterans Health Administration	Scott Shreve, MD
	Representatives	
	Coordinating Committee Co-Chairs	George Isham, MD, MS
		Beth McGlynn, PhD, MPP

46

MAP Post-Acute Care/Long Term Care Workgroup Charge

The charge of the MAP Post-Acute Care/Long-Term Care Workgroup is to advise on quality reporting for post-acute care and long-term care settings. The Workgroup will:

- Develop a coordination strategy for quality reporting that is aligned across post-acute care and long-term care settings by:
 - Identifying a core set of available measures, including clinical quality measures and patient-centered cross cutting measures
 - Identifying critical measure development and endorsement gaps
- Identify measures for quality reporting for hospice programs and facilities
- Provide input on measures to be implemented through the federal rulemaking process that are applicable to post-acute settings.

47

Task 15.2c

Measures For Use in Quality Reporting for PPS-Exempt Cancer Hospitals

Task Description	Deliverable	Timeline
Provide input to HHS on identification of measures for use in performance measurement for PPS-exempt cancer hospitals.	Final report containing Coordinating Committee input	Draft Report: May 2012 Final Report: June 1, 2012

Hospital Workgroup will advise the Coordinating Committee

48

Hospital Workgroup Membership

		Chair	Frank G. Opelka, MD, FACS
Organizational Members	Alliance of Dedicated Cancer Centers	Representatives	Ronald Walters, MD, MBA, MHA, MS
	American Hospital Association		Richard Umbdenstock
	American Organization of Nurse Executives		Patricia Conway-Morana, RN
	American Society of Health-System Pharmacists		Kasey Thompson, PharmD
	Blue Cross Blue Shield of Massachusetts		Jane Franke, RN, MHA
	Building Services 32BJ Health Fund		Barbara Caress
	Iowa Healthcare Collaborative		Lance Roberts, PhD
	Memphis Business Group on Health		Cristie Upshaw Travis, MSHA
	Mothers Against Medical Error		Helen Haskell, MA
	National Association of Children's Hospitals and Related Institutions		Andrea Benin, MD
	National Rural Health Association		Brock Slabach, MPH, FACHE
	Premier, Inc.		Richard Bankowitz, MD, MBA, FACP

49

Hospital Workgroup Membership

		Subject Matter Experts	Mitchell Levy, MD, FCCM, FCCP
			R. Sean Morrison, MD
			Dolores Mitchell
			Brandon Savage, MD
			Dale Shaller, MPA
			Bruce Siegel, MD, MPH
			Ann Marie Sullivan, MD
Federal Government Members	Agency for Healthcare Research and Quality (AHRQ)	Representatives	Mamatha Pancholi, MS
	Centers for Disease Control and Prevention (CDC)		Chesley Richards, MD, MPH, FACP
	Centers for Medicare & Medicaid Services (CMS)		Shaheen Halim, PhD, CPC-A
	Office of the National Coordinator for HIT (ONC)		Pamela Cipriano, PhD, RN NEA-BC, FAAN
	Veterans Health Administration (VHA)		Michael Kelley, MD
Coordinating Committee Co-Chairs		George Isham, MD, MS	
		Beth McGlynn, PhD, MPP	

50

MAP Hospital Workgroup Charge

The charge of the MAP Hospital Workgroup is to advise the Coordinating Committee on measures to be implemented through the rulemaking process for hospital inpatient and outpatient services, cancer hospitals, the value-based purchasing program, and psychiatric hospitals. The workgroup will:

- Provide input on measures to be implemented through the federal rulemaking process, the manner in which quality problems could be improved, and the related measures for encouraging improvement.
- Identify critical hospital measure development and endorsement gaps.
- Identify performance measures for PPS-exempt cancer hospital quality reporting by:
 - Reviewing available performance measures for cancer hospitals, including clinical quality measures and patient-centered cross-cutting measures
 - Identification of a core set of performance measures for cancer hospital quality reporting
 - Identification of measure development and endorsement gaps for cancer hospitals

51

Task 15.2d

Measures For Use in Quality Reporting for Hospice Care

Task Description	Deliverable	Timeline
Provide input to HHS on identification of measures for use in performance measurement for hospice programs and facilities.	Final report containing Coordinating Committee input	Draft Report: May 2012 Final Report: June 1, 2012

PAC/LTC Workgroup will advise the Coordinating Committee

52

Post-Acute Care/ Long-Term Care Workgroup Membership

	Chair	Carol Raphael, MPA	
Organizational Members	Aetna		Randall Krakauer, MD
	American Medical Rehabilitation Providers Association		Suzanne Snyder, PT
	American Physical Therapy Association		Roger Herr, PT, MPA, COS-C
	Family Caregiver Alliance		Kathleen Kelly, MPA
	HealthInsight		Juliana Preston, MPA
	Kindred Healthcare		Sean Muldoon, MD
	National Consumer Voice for Quality Long-Term Care		Lisa Tripp, JD
	National Hospice and Palliative Care Organization		Carol Spence, PhD, RN
	National Transitions of Care Coalition		James Lett II, MD, CMD
	Providence Health and Services		Robert Hellrigel
	Service Employees International Union		Charissa Raynor
	Visiting Nurse Associations of America		Emilie Deady, RN, MSN, MGA
		Representatives	

53

Post-Acute Care/ Long-Term Care Workgroup Membership

		Subject Matter Experts	Charlene Harrington, PhD, RN, FAAN
			Gerri Lamb, PhD, RN, FAAN
			Bruce Leff, MD
			MaryAnne Lindeblad, MPH
			Debra Saliba, MD, MPH
			Thomas von Sternberg, MD
Federal Government Members	Agency for Healthcare Research and Quality		Judy Sangl, ScD
	Centers for Medicare & Medicaid Services		Shari Ling, MD
	Veterans Health Administration		Scott Shreve, MD
	Coordinating Committee Co-Chairs		George Isham, MD, MS
			Beth McGlynn, PhD, MPP
		Representatives	

54

MAP Post-Acute Care/Long Term Care Workgroup Charge

The charge of the MAP Post-Acute Care/Long-Term Care Workgroup is to advise on quality reporting for post-acute care and long-term care settings. The Workgroup will:

- Develop a coordination strategy for quality reporting that is aligned across post-acute care and long-term care settings by:
 - Identifying a core set of available measures, including clinical quality measures and patient-centered cross cutting measures
 - Identifying critical measure development and endorsement gaps
- Identify measures for quality reporting for hospice programs and facilities
- Provide input on measures to be implemented through the federal rulemaking process that are applicable to post-acute settings.

55

Task 15.3

Measures that Address the Quality Issues Identified for Dual Eligible Beneficiaries

Task Description	Deliverable	Timeline
Provide input to HHS on identification of measures that address the quality issues for care provided to Medicare-Medicaid dual eligible beneficiaries.	Interim report containing framework for performance measurement for dual eligible beneficiaries	Draft Interim Report: September 2011 Final Interim Report: October 1, 2011
	Final report containing potential new performance measures to fill gaps in measurement for dual eligible beneficiaries	Draft Report: May 2012 Final Report: June 1, 2012

Dual Eligible Beneficiaries Workgroup will advise the Coordinating Committee

56

Dual Eligible Beneficiaries Workgroup Membership

	Chair	Alice Lind, MPH, BSN
Organizational Members	American Association on Intellectual and Developmental Disabilities	Margaret Nygren, EdD
	American Federation of State, County and Municipal Employees	Sally Tyler, MPA
	American Geriatrics Society	Jennie Chin Hansen, RN, MS, FAAN
	American Medical Directors Association	David Polakoff, MD, MsC
	Better Health Greater Cleveland	Patrick Murray, MD, MS
	Center for Medicare Advocacy	Patricia Nemore, JD
	National Health Law Program	Leonardo Cuello, JD
	Humana, Inc.	Thomas James, III, MD
	LA Care Health Plan	Laura Linebach, RN, BSN, MBA
	National Association of Public Hospitals and Health Systems	Steven Counsell, MD
	National Association of Social Workers	Joan Levy Zlotnick, PhD, ACSW
	National PACE Association	Adam Burrows, MD
	Representatives	

57

Dual Eligible Beneficiaries Workgroup Membership

	Subject Matter Experts	Mady Chalk, PhD, MSW
		James Dunford, MD
		Lawrence Gottlieb, MD, MPP
		Juliana Preston, MPA
		Susan Reinhard, PhD, RN, FAAN
		Rhonda Robinson-Beale, MD
		Gail Stuart, PhD, RN
Federal Government Members	Agency for Healthcare Research and Quality	D.E.B. Potter, MS
	CMS Federal Coordinated Health Care Office	Cheryl Powell
	Health Resources and Services Administration	Samantha Wallack, MPP
	HHS Office on Disability	Henry Claypool
	Substance Abuse and Mental Health Services Administration	Rita Vandivort-Warren, MSW
	Veterans Health Administration	Daniel Kivlahan, PhD
	Representatives	
	Coordinating Committee Co-Chairs	George Isham, MD, MS
		Beth McGlynn, PhD, MPP

58

MAP Dual Eligible Beneficiaries Workgroup Charge

The charge of the MAP Dual Eligible Beneficiaries Workgroup is to advise the MAP Coordinating Committee on performance measures to assess and improve the quality of care delivered to Medicare/Medicaid dual eligible beneficiaries. The workgroup will:

- Develop a performance measurement strategy for this unique population and identify high-leverage opportunities for quality improvement
- Identify a core set of current measures that address the identified quality issues and are applicable to both specific (e.g., Special Needs Plans, PACE) and broader care models (e.g., traditional FFS, ACOs, medical homes)
- Identify gaps in available measures for the dual eligible population, and propose modifications and/or new measure concepts to fill those gaps
- Advise the Coordinating Committee on a coordination strategy for measuring readmissions and healthcare-acquired conditions across public and private payers and on pre-rulemaking input to HHS on the selection of measures for various care settings

59

Task 15.4

Measurement Strategy for Readmissions and Healthcare-Acquired Conditions (HACs) Across Public and Private Payers

Task Description	Deliverable	Timeline
Provide input to HHS on a coordination strategy for readmission and healthcare - acquired conditions (HACs) measurement across public and private payers.	Final report containing Coordinating Committee input regarding the optimal approach for coordinating readmission and HAC measurement across payers	Draft Report: September 2011 Final Report: October 1, 2011

Ad Hoc Safety Workgroup will advise the Coordinating Committee

60

Ad Hoc Safety Workgroup Membership

		Chair	Frank G. Opelka, MD, FACS
Organizational Members	Alliance of Dedicated Cancer Centers	Representatives	Ronald Walters, MD, MBA, MHA, MS
	American Hospital Association		Richard Umbdenstock
	American Organization of Nurse Executives		Patricia Conway-Morana, RN
	American Society of Health-System Pharmacists		Kasey Thompson, PharmD
	Blue Cross Blue Shield of Massachusetts		Jane Franke, RN, MHA
	Building Services 32BJ Health Fund		Barbara Caress
	Iowa Healthcare Collaborative		Lance Roberts, PhD
	Memphis Business Group on Health		Cristie Upshaw Travis, MSHA
	Mothers Against Medical Error		Helen Haskell, MA
	National Association of Children's Hospitals and Related Institutions		Andrea Benin, MD
	National Rural Health Association		Brock Slabach, MPH, FACHE
	Premier, Inc.		Richard Bankowitz, MD, MBA, FACP
			Coordinating Committee Co-Chairs

61

Ad Hoc Safety Workgroup Membership

		Subject Matter Experts	Mitchell Levy, MD, FCCM, FCCP
			R. Sean Morrison, MD
			Dolores Mitchell
			Brandon Savage, MD
			Dale Shaller, MPA
			Bruce Siegel, MD, MPH
			Ann Marie Sullivan, MD
Federal Government Members	Agency for Healthcare Research and Quality (AHRQ)	Representatives	John Bott, MSSW, MBA
	Centers for Disease Control and Prevention (CDC)		Chesley Richards, MD, MPH, FACP
	Centers for Medicare & Medicaid Services (CMS)		Shaheen Halim, PhD, CPC-A
	Office of the National Coordinator for HIT (ONC)		Pamela Cipriano, PhD, RN NEA-BC, FAAN
	Veterans Health Administration (VHA)		Michael Kelley, MD
	Health Resources and Services Administration (HRSA)		Ian Corbridge, MPH, RN
	Office of Personnel Management/FEHBP (OPM)		John O'Brien
		Purchaser/Payer Subject Matter Experts	Lawrence Gottlieb, MD, MPP, FACP
			Rhonda Robinson Beale, MD
			MaryAnne Lindeblad, BSN, MPH

62

Ad Hoc Safety Workgroup Membership

Payers	Aetna	Representatives	Randall Krakauer, MD
	America's Health Insurance Plans		Aparna Higgins, MA
	CIGNA		Dick Salmon, MD, PhD
	Humana		Thomas James III, MD
	LA Care Health Plan		Laura Linebach, RN, BSN, MBA
	National Association of Medicaid Directors		Foster Gesten, MD
Purchasers	Catalyst for Payment Reform	Representatives	Suzanne Delbanco, PhD
	Unite Here Health		Elizabeth Gilbertson, MA
	Pacific Business Group on Health		William Kramer, MBA
	The Alliance		Cheryl DeMars, MSSW

63

MAP Ad Hoc Safety Workgroup Charge

The charge of the MAP Ad Hoc Safety Workgroup is to advise the Coordinating Committee on a coordination strategy for measuring readmissions and healthcare-acquired conditions (HACs) across public and private payers. The Workgroup will:

- Review current readmission and HAC measures in use by both public and private payers.
- Identify available readmission and HAC measures:
 - In use regionally and nationally
 - Applicable across a variety of settings
 - For dual eligible beneficiaries in home and community-based service waiver programs.
- Identify critical readmission and HAC measure development and endorsement gaps.
- Develop a coordination strategy of options to ensure maximum collaboration across public and private payers, including:
 - Current and ideal approaches to measurement
 - HIT implications
 - Timeline

64

Discussion and Questions

65

Opportunity for Public Comment

66

Next Steps

67

www.qualityforum.org

Coordinating Committee Upcoming Meetings

Coordinating Committee In-Person Meeting #2:
June 21-22, 2011 (Washington, DC)

Coordinating Committee Web Meeting #2:
August 5, 2011 11:00-1:00pm ET

Coordinating Committee In-Person Meeting #3:
August 17-18, 2011 (Washington, DC)

Coordinating Committee Web Meeting #3:
October 18, 2011 11:00-1:00pm ET

Coordinating Committee In-Person Meeting #4:
November 1-2, 2011 (Washington, DC)

All MAP Web Meeting #2:
December 8, 2011 1:00-3:00pm ET

68

www.qualityforum.org

Ad Hoc Safety Workgroup Upcoming Meetings

Ad Hoc Safety Workgroup In-Person Meeting #1:

June 9-10, 2011 (Washington, DC)

Ad Hoc Safety Workgroup In-Person Meeting #2:

July 11-12, 2011 or July 12, 2011 (Washington, DC)

69

Clinician Workgroup Upcoming Meetings

Clinician Workgroup In-Person Meeting #1:

June 7-8, 2011 (Washington, DC)

Clinician Workgroup Web Meeting #1:

June 30, 2011 1:00-3:00pm ET

Clinician Workgroup In-Person Meeting #2:

Mid-July, 2011 (Washington, DC)

Clinician Workgroup In-Person Meeting #3:

Mid-December, 2011 (Washington, DC)

70

Dual-Eligible Beneficiaries Workgroup Upcoming Meetings



Dual-Eligible Beneficiaries Workgroup In-Person Meeting #1:
June 2-3, 2011 (Washington, DC)

Dual-Eligible Beneficiaries Workgroup Web Meeting #1:
July 6, 2011 11:00-1:00pm ET

Dual-Eligible Beneficiaries Workgroup In-Person Meeting #2:
July 25-26, 2011 (Washington, DC)

Dual-Eligible Beneficiaries Workgroup In-Person Meeting #3:
Mid-November, 2011 (Washington, DC)

Dual-Eligible Beneficiaries Workgroup Web Meeting #2:
December 16, 2011

71

www.qualityforum.org

Hospital Workgroup Upcoming Meetings



Hospital Workgroup In-Person Meeting #1:
October 12-13, 2011 (Washington, DC)

Hospital Workgroup In-Person Meeting #2:
December 15, 2011 (Washington, DC)

72

www.qualityforum.org

PAC/LTC Workgroup In-Person Meeting #1:

June 28, 2011 (Washington, DC)

PAC/LTC Workgroup Web Meeting #1:

Mid-August, 2011

PAC/LTC Workgroup In-Person Meeting #2:

September 8-9, 2011 (Washington, DC)

PAC/LTC Workgroup In-Person Meeting #3:

December 14, 2011 (Washington, DC)