

Measure Applications
Partnership

Clinician Workgroup
Web Meeting



NATIONAL
QUALITY FORUM

December 2, 2013

***Welcome, Disclosure of Interests,
and
Review of Meeting Objectives***

Agenda

- Welcome, Disclosure of Interests, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- Overview of Programs under Consideration and Uptake Analysis
- Input on Finalized Physician Quality Reporting System Measures and Inclusion in Physician Compare and the Value-Based Payment Modifier
- Opportunity for Public Comment
- Next Steps

Meeting Objectives

- Review each program under consideration and the uptake of MAP's 2013 pre-rulemaking recommendations by HHS
- Provide input on currently finalized measures for the Physician Quality Reporting System (PQRS)
- Consider whether the currently finalized PQRS measures should also be used in Physician Compare and the Value-Based Payment Modifier

Clinician Workgroup Membership

Workgroup Chair: Mark McClellan, MD, PhD

Organizational Members

American Academy of Family Physicians	Bruce Bagley, MD
American Association of Nurse Practitioners	Anne Norman, DNP, APRN, FNP-BC
American College of Cardiology	Paul Casale, MD, FACC
American College of Emergency Physicians	Bruce Auerbach, MD
American College of Radiology	David Seidenwurm, MD
American Speech-Language-Hearing Association	Janet Brown, MA, CCC-SLP
Association of American Medical Colleges	Joanne Conroy, MD
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	David M. 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
National Business Coalition on Health	Colleen Bruce, JD
Pacific Business Group on Health	David Hopkins, PhD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars

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Clinician Workgroup Membership

Subject Matter Experts

Disparities	Luther Clark, MD
Palliative Care	Constance M. Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
Population Health	Eugene Nelson, MPH, DSc
Surgical Care	Eric B. Whitacre, MD, FACS
Measure Methodologist	Dolores Yanagihara, MPH
Shared Decision Making	Karen Sepucha, PhD
Team-Based Care	Ronald Stock, MD, MA

Federal Government Members

Agency for Healthcare Research and Quality (AHRQ)	Darryl Gray, MD, ScD
Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Kate Goodrich, MD
Health Resources and Services Administration (HRSA)	Ian Corbridge, MPH, RN
Office of the National Coordinator for HIT (ONC)	Kevin Larsen, MD, FACP
Veterans Health Administration	Joseph Francis, MD, MPH

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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

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.

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

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)	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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
2012 and 2013 Pre-Rulemaking Decisions	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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

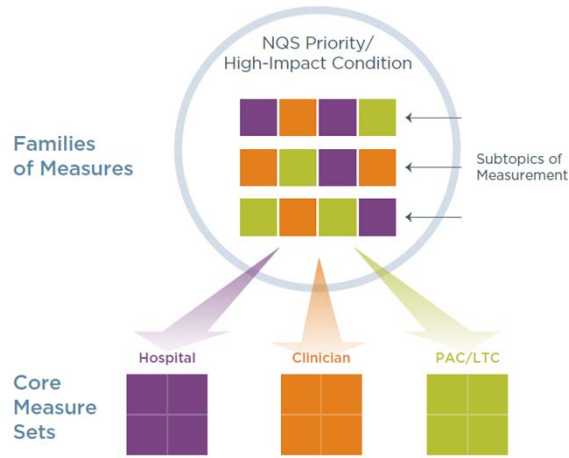
Families of Measures

"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)

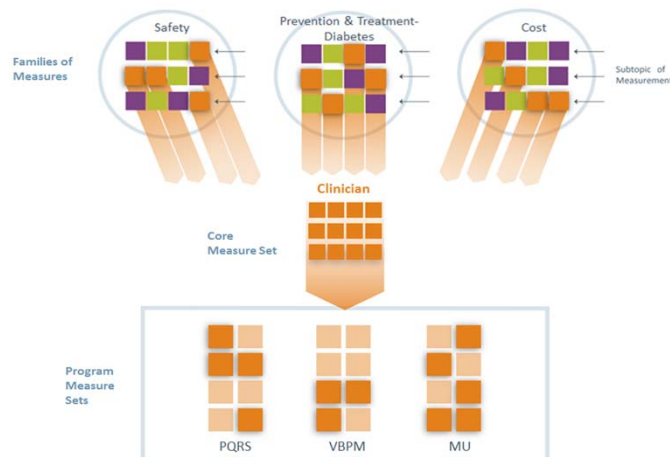
Core Measure Sets

"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 (core measures not in the set) 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 a program measure set in the current rulemaking cycle.	<ul style="list-style-type: none"> • Measure addresses a previously identified measure gap • Measure is included in a MAP Family of Measures • Measure promotes parsimony and alignment across public and private sectors
Do Not Support	Indicates measures that are not recommended for inclusion in a program measure set.	<ul style="list-style-type: none"> • Measure is not appropriately specified or tested for the population, setting, or level of analysis • A different measure better address a similar topic
Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into a program measure sets when contingent factor(s) are met.	<ul style="list-style-type: none"> • Measure should receive NQF endorsement before being use in the program • Measure requires modification before use in the program • Measures needs testing for the setting before use in the program

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

Overview of Programs under Consideration and Uptake Analysis

Physician Quality Reporting System (PQRS)

- **Program Type:** Pay for Reporting
- **Incentive Structure:**
 - In 2012-2014: incentive payment equal to a percentage of the eligible professional's estimated total allowed charges for covered Medicare Part B services under the Medicare Physician Fee Schedule.
 - » 2% in 2010, gradually decreasing to 0.5% in 2014
 - In 2015, eligible professionals and group practices that do not satisfactorily report data on quality measures will receive a reduction in payment.
 - » 1.5% in 2015, and 2% in subsequent years
- **Statutory Requirements for Measures:**
 - Individual clinician reporting and groups of 2-25: select 9 measures that address at least 3 NQS domains, or reporting a specified measure group
 - » 25 measure groups- two new Optimizing Patient Exposure to Ionizing Radiation Group and General Surgery Group
 - Clinician groups 25+ : report a set of 18 measures and CG-CAHPS (for groups 100 or more)

PQRS Guiding Principles

- For NQF-endorsed measures:
 - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement
- For measures that are not NQF-endorsed:
 - 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 relevant measures
 - Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

Physician Quality Reporting System (PQRS)

Uptake of MAP Recommendations

- Approximated MAP Concordance (Support): 20%
 - Over 75% of measures were previously finalized
 - Few measures under consideration were adopted in the program
- Approximated MAP Concordance (Do No Support): 89%
- Approximated MAP Concordance (Overall): 68%

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

- **Program Type:** Incentive Program
- **Incentive Structure:**
 - Medicare- Up to \$44,000 from 2011- 2014; penalties begin in 2015
 - Medicaid- Up to \$63,750 from 2011- 2021
- **Statutory Requirements for Measures:**
 - Processes, experience, and/or outcomes of patient care
 - Observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care
 - Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries
 - Preference should be given to quality measures endorsed by NQF

CMS Medicare and Medicaid EHR Incentive Program for Eligible Professionals Guiding Principles

- 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

Physician Compare

- **Program Type:** Public Reporting
- **Incentive Structure:** None
- **Statutory Requirements for Measures:**
 - Generally measures from 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
 - Clinician group reporting: All measures collected through GPRO web interface and CG-CAHPS

Physician Compare Guiding Principles

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status; measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers and purchasers
- Focus on patient experience, patient-reported outcomes, care coordination, population health, and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated, with drill-down capability for specific measure results

Value-Based Payment Modifier (VBPM)

- **Program Type:** Pay for Performance
- **Participation:** In 2015 begins with groups of physicians of 100 or more eligible professionals, in 2016 expands to 10 or more eligible professionals
- **Incentive Structure:** 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: for poor performance up to -1% in 2015, up to -2% in 2016, reward for high performance to be determined
 - Not successfully reporting through PQRS: -1% adjustment in 2015,
 - 2015 performance period will be used for the 2017 value-based payment modifier
- **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

Value-Based Payment Modifier Guiding Principles

- 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 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, and care coordination measures
- Monitor for unintended consequences to vulnerable populations

Medicare Shared Savings Program

- **Program Type:** Performance-Based Payment with Public Reporting
- **Incentive Structure Options:**
 - One-sided risk model, with sharing of savings only for the first two years and sharing of savings and losses in the third year
 - Two-sided risk model, with sharing of savings and losses for all three years
- **Statutory Requirements for Measures:**
 - Appropriate clinical processes and outcomes measures
 - Patient, and wherever practicable, caregiver experience of care measures
 - Utilization measures, such as rates of hospital admission for ambulatory-sensitive conditions

Input on Finalized Measures for PQRS and Consider Inclusion in Physician Compare and VBPM

****See Measures by Topic and Condition Document****

Background

- During the past two pre-rulemaking cycles, the Department of Health and Human Services has asked MAP to review a large number of measures under consideration under challenging time constraints
- The Clinician Workgroup found that the April 1 web meeting, to provide input on clinician group measures for Physician Compare and VBPM, allowed for thoughtful consideration and could be replicated prior to MAP's winter pre-rulemaking activities
- Through a series of web meetings, the workgroup agreed to review currently finalized measure sets in advance of reviewing measures under consideration in December/January to create efficiencies for the winter pre-rulemaking meetings

Review of Currently Finalized Program Measure Sets

Pre-Meeting Exercise Recap

- Using the MAP Measure Selection Criteria and Clinician Guiding Principles, workgroup provided input on currently finalized measures for PQRS deciding whether:
 - Measure should remain in PQRS
 - Measure should be included in Physician Compare and VBPM
- Total number of measures reviewed to-date:
 - CAHPS Measures – 5
 - Cancer Measures – 34
 - Care Coordination Measures – 4
 - HEENT Measures – 15
 - IBD Measures – 8
 - Imaging Measures – 8
 - Infectious Diseases Measures – 25
 - Musculoskeletal Measures – 29
 - Neurological Measures – 9
 - Obesity Measures – 10
 - Perinatal/Reproductive Health Measures – 7
 - Respiratory Measures – 19
 - Safety Measures – 33
 - Surgery Measures – 39

Review of Currently Finalized Program Measure Sets

December Pre-Rulemaking Activities

- Review measures under consideration in light of our input on the finalized program measure set
- Discuss gaps and gap-filling opportunities using analysis of NQF-endorsed portfolio

Opportunity for Public Comment

Upcoming Meetings and Important Dates

Meeting/Event	Date(s)
All MAP Web Meeting • Review List of Measures Under Consideration	December 4, 1-3pm ET
Clinician Workgroup In-Person Meeting • Develop Pre-Rulemaking Input	December 18-19
Coordinating Committee Meeting • Review and Finalize Pre-Rulemaking Recommendations	January 7-8
Public Comment on Draft Pre-Rulemaking Report	Mid-January
Pre-Rulemaking Report Due to HHS	February 1

Adjourn