

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

MEASURE APPLICATIONS PARTNERSHIP
Clinician Workgroup
Convened by the National Quality Forum

Summary of In-Person Meeting #3

The Measure Applications Partnership (MAP) Clinician Workgroup met in-person on Tuesday, December 12, 2011. For those interested in reviewing an online archive of the meeting, please click on the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/Clinician_Workgroup.aspx

Workgroup Members attending the meeting:

Mark McClellan, The Brookings Institute (Chair)	Beth Averbeck, Minnesota Community Measurement
Peter Briss, Centers for Disease Control and Prevention	Janet Brown, American-Speech-Language-Hearing Association
Douglas Burton, American Academy of Orthopedic Surgeons	Paul Casale, American College of Cardiology
Marshal Chin, [subject matter expert: disparities]	Joanne Conroy, Association of American Medical Colleges
Ian Corbridge, Health Resources and Services Administration	Cheryl DeMars, The Alliance
Joseph Francis, Veterans Health Administration	Darryl Gray, Agency for Healthcare Research and Quality
Rachel Grob, Center for Patient Partnerships	Robert Krughoff, Consumers' CHECKBOOK
Mark Metersky, Physician Consortium for Performance Improvement	Eugene Nelson, [subject matter expert: population health]

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Michael Rapp, Centers for Medicare & Medicaid Services	David Seidenwurm, American College of Radiology
Karen Sepucha, [subject matter expert: shared decision making]	Ronald Stock, [subject matter expert: team-based care]
Jan Towers, American Academy of Nurse Practitioners [substitute for Mary Jo Goolsby]	Dolores Yanagihara, [subject matter expert: measure methodologist]

This was the third in-person meeting of the Clinician Workgroup. The primary objectives of the meeting were to:

- Review measures under consideration for inclusion in Value-Based Payment Modifier, Physician Quality Reporting System (PQRS), and Medicare and Medicaid EHR Incentive for Eligible Professionals (Meaningful Use);
- Provide input on finalized program measure set for the Medicare Shared Savings Program;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Workgroup Chair, Dr. Mark McClellan, began the meeting by welcoming and introducing workgroup members. Dr. McClellan reviewed the objectives of the meeting and provided an overview of the workgroup's task. Following opening remarks, Aisha Pittman, Senior Program Director, NQF, reviewed meeting materials provided to the workgroup.

Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the MAP's approach to the pre-rulemaking process. Dr. Hwang reviewed the finalized MAP Measure Selection Criteria. She also described the role of the workgroup in assessing the measures under consideration for pre-rulemaking by HHS and providing recommendations to the Coordinating Committee for consideration at their January meeting. The final report containing the MAP's conclusions is due to HHS on February 1, 2012. Dr. Hwang presented the four programs the Clinician Workgroup would be reviewing and advised on their three decisions for each measure – support, support direction, or do not support.

To achieve the meeting's primary objectives, Dr. McClellan led the workgroup through a detailed discussion guide. The remainder of this meeting summary is captured below using the original discussion guide format with a synthesis of the findings and conclusions of the Clinician Workgroup included in the far right hand column.

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures		
<p>1. Review program summary and previously finalized measures; additional input on the program measures.</p>	<ul style="list-style-type: none"> • 54 measures are finalized; 10 measures are under consideration. • The workgroup previously evaluated the proposed Value-Modifier program measures. CMS made few changes to the finalized measures. <ul style="list-style-type: none"> ○ 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. ○ The finalized measures are mostly comprised of process measures, a few outcome measures, and one cost measure. Finalized measures do not include patient experience measures. Likewise, measures under consideration include process, outcome, and cost measures, but no patient experience measures. ○ Nine of the finalized measures and one measure under consideration enable measurement across the episode of care. ○ 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 program lacks measures that cross conditions or specialties. • The MAP Coordinating Committee reviewed the Value-Modifier measures as potential core measures, and removed some 	<p>Patient experience measures and measures that cross conditions, specialties, and settings are priority gaps.</p> <p>Attention to disparities remains a prominent gap. Many measures could be sensitive to disparities if the measures are stratified. In administering the program, CMS should consider opportunities to elucidate disparities through stratification. Measure developers should also consider stratification when updating existing measures or developing new measures.</p> <p>Some of the finalized measures are not NQF-endorsed.</p> <ul style="list-style-type: none"> • One measure that is going to be retired should be removed (NQF #0082 – Heart Failure: Patient Education). Measures that address patient education should be considered in future years, as removing this measure will create a gap in patient education measures.

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	<p>measures not considered core.</p> <ul style="list-style-type: none"> • The finalized measures include the following: <ul style="list-style-type: none"> ○ Cancer- 5 measures ○ Cardiovascular Conditions- 17 measures ○ Diabetes- 9 measures ○ HEENT- 2 measures ○ Infectious Diseases: Sexually transmitted- 1 measure ○ Mental Health- 2 measures ○ Musculoskeletal: Low back pain- 1 measure ○ Overuse- 1measure ○ Perinatal- 2 measures ○ Prevention- 7 measures ○ Pulmonary/Critical Care- 4 measures ○ Safety- 2 measures 	<ul style="list-style-type: none"> • One measure that has been submitted for NQF endorsement and was not endorsed (Hypertension: Blood Pressure Measurement) should be removed. • Other measures should be submitted for NQF endorsement. Measures that are not endorsed should be removed.
<p>2. One measure under consideration is NQF-endorsed and utilized in other programs.</p>	<p>NQF #0036 Use of Appropriate Medications for Asthma</p> <ul style="list-style-type: none"> • Promotes alignment across programs; finalized for PQRS and Meaningful Use. • This measure was previously proposed for the Value-Modifier and was not finalized. 	<p>Support direction.</p> <p>The finalized measures contain another measure that assesses pharmacologic therapy for asthma (NQF #0047)—a similar aspect of care of this measure under consideration. To achieve parsimony, the workgroup suggested that the two measures should be harmonized, and the one harmonized measure should be included.</p>
<p>3. One measure under consideration is NQF-endorsed and</p>	<p>NQF #0097 Post-Discharge Medication Reconciliation</p> <ul style="list-style-type: none"> • Addresses a high-leverage opportunity identified by the Duals Eligible Beneficiaries Workgroup. 	<p>Support direction.</p> <p>The workgroup agreed that this measure may have feasibility issues for</p>

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<p>proposed for use in another program.</p>	<ul style="list-style-type: none"> Potentially promotes alignment across programs- under consideration for use in Meaningful Use. 	<p>clinicians reporting measures using claims data. The measure requires sharing information across settings which is better enabled in an HIT environment. As this measure addresses the care coordination gap, the workgroup supports the use of the measure in electronic reporting, accordingly they suggested including the measure in Meaningful Use.</p>
<p>4. Three measures under consideration are NQF-endorsed and are not utilized in other programs.</p>	<p>NQF #0279 Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia NQF #0280 Ambulatory Sensitive Conditions Admissions: Dehydration NQF #0281 Ambulatory Sensitive Conditions Admissions: Urinary Infections</p>	<p>Support direction.</p> <p>The ambulatory sensitive condition admissions measures assess outcomes and promote shared accountability. The measures as specified are intended to measure care at a population or system level. These measures have feasibility issues when considered for individual clinician measurement. Few individual clinicians will have sufficient sample size to report the measures as currently specified. Additionally, attribution to individual clinicians and risk-adjustment methods should be determined.</p> <p>Additionally, two finalized ambulatory sensitive condition admissions measures (#0275, 0277) should be removed until the measures are</p>

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		specified and NQF-endorsed for individual clinician measurement.
<p>5. Five measures under consideration are not NQF-endorsed.</p>	<p>Diabetes Composite: Combines NQF #0272, 0638, 0274, 0285 which are Ambulatory Sensitive Conditions Admissions. The composite is not NQF-endorsed.</p> <ul style="list-style-type: none"> • 9 diabetes measures are finalized in the program measures. Measures assess foot exams, blood pressure control, retinopathy, A1c levels, tobacco use, aspirin use, and ongoing communication with the physician. <p>30 Day Post-Discharge Provider Visit All Cause Readmissions</p> <ul style="list-style-type: none"> • Addresses the gap in care coordination measures. <p>Medicare Spending Per Beneficiary Total Per Capita Cost</p> <ul style="list-style-type: none"> • Addresses the gap in cost measures. 	<p>Diabetes Composite: Support direction.</p> <ul style="list-style-type: none"> • As with the other ambulatory sensitive condition admission measures noted in line-item 4, these measures are not ready for application at the individual clinician level. • Additionally, the composite rate should be submitted for NQF endorsement; each of the measures has a different denominator so there may be feasibility issues with the composite. <p>Care coordination measures: Support direction.</p> <ul style="list-style-type: none"> • These measures currently are not specified; however, the workgroup agreed that 30-Day Post-Discharge Provider Visit and All Cause Readmissions are measures that would address a gap across all clinician programs. • Attribution to individual clinicians and risk-adjustment

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		<p>should be considered as the measure is reviewed for NQF endorsement.</p> <p>Cost measures: Support Direction</p> <ul style="list-style-type: none"> • Though addressing a priority gap, these measures are currently not specified. The measures should be submitted for NQF endorsement. • Attribution to individual clinicians and risk-adjustment should be considered as the measure is reviewed for NQF endorsement. • Cost measures should be broader, to elucidate cost shifting. This could be done by assessing total patient out of pocket costs, or Medicaid costs for dual-eligible beneficiaries. • In the absence of true cost measures, overuse measures may be a proxy for cost.
<p>6. Prioritization of measure gaps.</p>	<p>When previously evaluating the Value-Modifier measures, the workgroup identified measure gaps. The Coordinating Committee then prioritized those measure gaps (indicated in bold):</p> <ul style="list-style-type: none"> • Patient and family experience • Child health 	<p>The workgroup noted that the gaps in the Value-Modifier measures apply across all clinician programs.</p> <p>To address the patient experience gap,</p>

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	<ul style="list-style-type: none"> • Resource use • Physician (specialty groups) and conditions • Stroke care • Multi-morbidity chronic diseases and functional status • Care coordination – team approach to care • Outcome measures – included patient-reported outcomes • Patient safety • Surgical care • Oral health • Behavioral health/cognitive • Disparities 	<p>the workgroup suggested that CG-CAHPS be applied across all clinician programs. Consideration will need to be given to the cost of survey administration and other implementation issues. To promote adoption of CG-CAHPS, CMS should consider subsidizing the administration costs during the first few years of implementation, as is planned for the Medicare Shared Savings Program (ACOs).</p> <p>In addition to the gaps previously identified, the workgroup identified high priority gaps across all clinician programs:</p> <ul style="list-style-type: none"> • Patient-reported outcomes • Shared decision making; patient activation • End of life • Palliative care • Care planning • Health-related quality of life • Cost <p>The workgroup also noted the need for MAP to review families of measures (e.g., care coordination measures, families of condition-specific measures)</p>

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		to ensure that harmonized measures are being utilized across each level of the system. This will help better align measures and achieve parsimony.
Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination		
<p>7. Specific implications for the dual eligible population.</p>	<ul style="list-style-type: none"> • Review of input from the MAP Dual Eligible Beneficiaries Workgroup. • Review measures in duals core set that are used in clinician programs • Consider measures in duals core set that are not used in clinician programs. 	<p>In reviewing the MAP Dual Eligible Beneficiaries Workgroup input, the Clinician Workgroup suggested that all clinician programs address the following areas noted in the duals core set:</p> <ul style="list-style-type: none"> • Patient experience measures (discussed above in line-item 6). • Care coordination measures (discussed below in line-item 8). • Mental health measures that focus on depression. <p>For many measures in the duals core set, the Clinician Workgroup again highlighted the need to consider how the measure could be attributed to individual clinicians.</p> <p>The Clinician Workgroup highly prioritized the following gaps identified by the Duals Workgroup:</p>

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		<ul style="list-style-type: none"> • Functional and cognitive status • Health risk • ED utilization • Palliative and end-of-life care
<p>8. Cross-program considerations—care coordination.</p>	<ul style="list-style-type: none"> • Review care coordination measures used in clinician programs. • Consider additional NQF-endorsed care coordination measures for use in clinician programs 	<p>The workgroup concluded that if the CTM-3 (NQF #0228) could be successfully developed, tested, and NQF-endorsed for clinician-level measurement, it should be applied across clinician programs.</p> <p>The workgroup reiterated that HIT infrastructure is needed to assess coordination across settings. Accordingly, existing care coordination measures should be a priority for inclusion in the meaningful use program (e.g., NQF #0097 Medication Reconciliation discussed in line-item 3 is supported for inclusion in Meaningful Use but not for PQRS as the measure is best utilized in an HIT environment).</p> <p>Readmissions are the result of poor care coordination, thus readmission measures are a priority gap that can serve as a proxy for care coordination.</p> <p>The workgroup identified elements of</p>

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		<p>existing measures that should be considered more broadly to address care coordination:</p> <ul style="list-style-type: none"> • NQF #0494 Medical Home System Survey contains two questions addressing care coordination among specialists. • NQF #0511 Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy could be a good model for assessing overuse for other laboratory tests.
Pre-Rulemaking Input on Physician Quality Reporting System Program Measures		
<p>9. Review program summary and previously finalized measures; additional input on the program measures.</p>	<ul style="list-style-type: none"> • 267 measures are finalized, 153 measures are under consideration. • Summary of the program measures against the MAP Measure Selection Criteria. <ul style="list-style-type: none"> ○ Slightly more than half of the finalized measures are NQF-endorsed. Only a few of the measures under consideration are endorsed. ○ All NQS priorities are addressed by finalized measures. The vast majority of the non-endorsed measures under consideration lack specifications. Other measures under consideration including NQF-endorsed measures and non-endorsed measures with specifications also represent all NQS priorities. ○ The finalized measures include mostly process measures with a few outcome measures and structural measures. 	<p>The workgroup reiterated the need to promote alignment across federal programs and more broadly with the private sector.</p> <p>The workgroup noted that many of the measures under consideration have little information. In the absence of information on any current use or testing, the workgroup is unable to support including any of these measures.</p>

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	<p>The finalized measures do not include cost and patient experience measures. Measures under consideration include process, outcome, and cost measures.</p> <ul style="list-style-type: none"> ○ Approximately one-fifth of the finalized measures and a few of the measures under consideration enable measurement across the episode of care. ○ Parsimony is partially addressed as a great portion of the finalized measures and a few of the measures under consideration are used across multiple programs. ● The finalized measures include the following: <ul style="list-style-type: none"> ○ Cancer- 31 measures ○ Cardiovascular- 33 measures ○ Care Coordination- 2 measures ○ Dermatology- 3 measures ○ Diabetes- 15 measures ○ GI- 8 measures ○ GYN/GU- 3 measures ○ HEENT- 16 measures ○ Infectious Diseases- 20 measures ○ Infrastructure Supports: Health IT- 1 measure ○ Mental Health- 9 measures ○ Musculoskeletal- 24 measures ○ Neurology- 30 measures ○ Perinatal- 6 measures ○ Prevention- 10 measures ○ Pulmonary/Critical Care- 16 measures ○ Renal- 8 measures ○ Safety- 9 measures ○ Surgery- 21 measures 	
10. Sixteen measures	NQF #0381 Oncology: Treatment Summary Documented and	Support.

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<p>under consideration are NQF-endorsed.</p>	<p>Communicated – Radiation Oncology</p> <ul style="list-style-type: none"> • The finalized program measures include 4 NQF-endorsed oncology measures. <p>NQF #0671 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)</p> <p>NQF #0672 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low Risk Patients</p> <p>NQF #0076 Optimal Vascular Care</p> <p>NQF #0465 Peri-Operative Anti-Platelet Therapy for Patients Undergoing Carotid Endarterectomy</p> <p>NQF #0242 Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered</p> <p>NQF #0670 Cardiac Stress imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluative in Low Risk Surgery Patients</p> <ul style="list-style-type: none"> • The finalized program measures include 18 NQF-endorsed cardiovascular measures. <p>NQF #0658 Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</p> <p>NQF #0729 Optimal Diabetes Care</p> <ul style="list-style-type: none"> • The finalized program measures include 15 NQF-endorsed diabetes measures. <p>NQF #0655 Otitis Media with Effusion: Antihistamines or Decongestants – Avoidance of Inappropriate Use</p> <p>NQF #0656 Otitis Media with Effusion: Systemic Corticosteroids – Avoidance of Inappropriate Use</p> <ul style="list-style-type: none"> • Potentially promotes alignment across programs—under 	<p>Recognizing a goal of PQRS is to have measures that are applicable to all clinicians; the workgroup supported the addition of these NQF-endorsed measures.</p> <p>In future years, the workgroup would like the PQRS measures to:</p> <ul style="list-style-type: none"> • Move towards parsimony through reviewing measure families (as discussed in line-item 6); focusing on outcome measures, process measures most closely linked with outcomes, and appropriateness measures. • Eliminate duplicative measures that have slight variation in the specifications. NQF maintenance of endorsement process will seek harmonization of measures.

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	<p style="text-align: center;">consideration for Meaningful Use.</p> <p>NQF #0493 Participation by a Physician or Other Clinician in Systematic Clinical Database Registry that Includes Consensus Endorsed Quality Measures</p> <p>NQF #0710 Depression Remission at Twelve Months NQF #0711 Depression Remission at Six Months NQF #0712 Depression Utilization of the PHQ-9 Tool</p> <ul style="list-style-type: none"> • Potentially promotes alignment across programs—under consideration for Meaningful Use. • The finalized program measures include 5 NQF-endorsed mental health measures; four focus on depression. <p>NQF #0555 Monthly INR for Beneficiaries on Warfarin</p> <ul style="list-style-type: none"> • Addresses the gap in safety measures; the finalized program measures include 6 NQF-endorsed safety measures. 	
<p>11. Eight measures under consideration are not NQF-endorsed but are in use</p>	<p><u>Measures used in ABIM Maintenance of Certification:</u> American Board of Internal Medicine: Preventive Cardiology Composite American Board of Internal Medicine: Diabetes Composite American Board of Internal Medicine: Hypertension Composite</p> <ul style="list-style-type: none"> • Aspects of each composite are captured in the finalized measures. <p>Appropriate Use of Aspirin or Other Antiplatelet Anticoagulant Therapy</p> <p>Counseling for Diet and Physical Activity</p> <p>Patient Satisfaction with Overall Diabetes Care</p>	<p>Support direction.</p> <p>In an effort to encourage alignment with the private sector, the workgroup discussed the need to incorporate measures used in Maintenance of Certification (MOC) programs and registries so that clinicians could report to multiple entities using the same measures. Accordingly, if the measures are successfully NQF-endorsed they should be included in the program.</p>

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	<p>Diabetes documentation or screen test</p> <p>Patient self-care support</p>	<p>Regarding the ABIM diabetes composite, the workgroup noted that the measure would need to be harmonized as there are several NQF-endorsed diabetes composites. The NQF maintenance of endorsement process will seek harmonization of measures.</p>
<p>12. One-hundred and twenty-four measures are not NQF-endorsed, used, or specified.</p>	<p>These measures have not been previously submitted to NQF, are not in use, and are not specified. The measures address the following:</p> <ul style="list-style-type: none"> • Cardiovascular- 12 measures • Patient Experience- 1 measure • Cancer- 12 measures • ENT- 12 measures • Mental Health- 8 measures • Renal- 8 measures • Osteoporosis- 7 measures • Asthma- 6 measures • Dermatology- 9 measures • Endocrine- 4 measures • Safety- 12measures • Diabetes- 6 measures • Structural- 1 measures • GI- 7 measures • Arthritis– 6 measures • Prevention– 3 measures • Surgery– 3 measures • Stroke/Transient Ischemic Attack (TIA)– 4 measures 	<p>Do not support.</p> <p>As discussed in line-item 11, if any of the unspecified measures are used in Maintenance of Certification programs or registries, and are successfully NQF-endorsed, they should be considered for addition to PQRS in future years.</p> <p>Of note, eight measures in this area address key gap areas—patient satisfaction, patient education, and care coordination. If successfully tested and NQF-endorsed, these measures could be a add value to the program in future years:</p> <ul style="list-style-type: none"> • American Association of Hip and Knee Surgeons: Coordination of Post Discharge Care (in development, not tested)

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	<ul style="list-style-type: none"> • Neurology– 3 measures 	<ul style="list-style-type: none"> • American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: Radiation Dose Optimization: Search for Prior Imaging Studies Through a Secure, Authorized, Media-free, Shared Archive (in development, not tested) • American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care (developed, not tested) • American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding long term compression therapy (developed, not tested)

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		<ul style="list-style-type: none"> • Patient Satisfaction with Physician Care Provided for Age Related Macular Degeneration • Patient Satisfaction with Physician Care Provided for Diabetic Retinopathy • Physician Consortium for Performance Improvement: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (paired measure) (In development, not tested) • Physician Consortium for Performance Improvement::Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions— Timely Follow Up (In development, not tested)
<p>13. Ninety-one finalized measures are not NQF-endorsed.</p>	<p>Four measures have been submitted for endorsement and are not NQF-endorsed.</p> <p><u>Submitted and not NQF-endorsed:</u></p> <ul style="list-style-type: none"> • Endorsed Coronary Artery Disease (CAD): Symptom and Activity Assessment (formerly NQF #0065) • Endorsed Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports (formerly NQF #0246) 	<p>The workgroup concluded that the following measures should be removed from the program measures:</p> <ul style="list-style-type: none"> • Measures that have been submitted for NQF endorsement and were not endorsed. • Measures scheduled for

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	<ul style="list-style-type: none"> • Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy (formerly NQF #0466) • Acute Otitis Externa (AOE): Pain Assessment <p><u>Five measures are requested to be retired from NQF endorsement:</u></p> <ul style="list-style-type: none"> • Endorsed Heart Failure: Patient Education (formerly NQF #0082) • Endorsed Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation (formerly NQF #0084) • Endorsed Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (formerly NQF #0094) • Endorsed Assessment Mental Status for Community-Acquired Bacterial Pneumonia (formerly NQF #0095) • Endorsed Functional Communication Measure - Motor Speech (formerly NQF #0447) <p><u>Two measures are under review and not recommended for NQF endorsement:</u></p> <ul style="list-style-type: none"> • Hypertension: Blood Pressure Control • Pregnancy Test for Female Abdominal Pain Patients <p><u>Nine measures have been submitted and are currently under review for NQF endorsement:</u></p> <ul style="list-style-type: none"> • Falls: Plan of Care • Falls: Risk Assessment • Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery • Statin Therapy at Discharge after Lower Extremity Bypass (LEB) • Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR) • GPRO HF-2 Heart Failure (HF): Left Ventricular Function (LVF) 	<p>retirement from NQF endorsement.</p> <ul style="list-style-type: none"> • Measures currently under review that are not NQF-endorsed. <p>Measures currently under review that are NQF-endorsed should remain in the finalized program measures.</p> <p>Other measures should be submitted for NQF endorsement. If they are not ultimately NQF-endorsed they should be removed from the program measures.</p>

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	<p style="text-align: center;">Testing</p> <ul style="list-style-type: none"> • Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) • Anticoagulation for Acute Pulmonary Embolus Patients • Adult Kidney Disease (CKD): Blood Pressure Management <p><u>Seventy-one measures have not been submitted for NQF endorsement. They address the following areas:</u></p> <ul style="list-style-type: none"> • Chronic Kidney Disease- the finalized measures do not contain endorsed measures in this area. • Substance Use- the finalized measures contain 1 endorsed measure in this area. • Rheumatoid Arthritis- the finalized measures contain 1 endorsed measure in this area • Sleep Disorders- the finalized measures do not contain endorsed measures in this area. • Asthma- the finalized measures contain 3 endorsed measures in this area. • Mental Health- the finalized measures contain 4 endorsed measures in this area. • Cardiovascular Conditions- the finalized measures contain 16 endorsed measures in this area. • Breast Cancer- the finalized measures contain 5 endorsed measures in this area. • Lung, Esophageal Cancer– the finalized measures contain 2 endorsed measures in this area. • Prostate Cancer– the finalized measures contain 3 endorsed measures in this area. • GI– the finalized measures contain 1 endorsed measure in this area. 	

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	<ul style="list-style-type: none"> • Dermatology- the finalized measures do not contain endorsed measures in this area. • HEENT- the finalized measures contain 9 endorsed measures in this area. • Musculoskeletal: Functional Status– the finalized measures contain 7 endorsed measures in this area. • Neurology: Dementia/Delirium- the finalized measures do not contain endorsed measures in this area. • Neurology (Parkinson’s and Epilepsy)- the finalized measures do not contain endorsed measures in this area. • Patient Experience– the finalized measures contain 1 endorsed measure in this area. • Perinatal- the finalized measures contain 4 endorsed measures in this area. • Prevention: Screening- the finalized measures do not contain endorsed measures in this area. • Chronic Obstructive Pulmonary Disease (COPD)- the finalized measures contain 2 endorsed measures in this area • Surgery (Cardiac, Vascular)– the finalized measures contain 9 cardiac and 1 vascular endorsed measures in this area. • Renal (Testing)- the finalized measures do not contain endorsed measures in this area. 	
Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) Program Measures		
14. Review program summary and previously finalized measures;	<ul style="list-style-type: none"> • 41 measures are finalized; 92 measures are under consideration. • Summary of the program measures against the MAP Measure Selection Criteria: <ul style="list-style-type: none"> • All finalized measures are NQF-endorsed. 	The workgroup noted that a focus of the Meaningful Use program is to encourage HIT adoption to enhance interoperability and enable collection of HIT-sensitive information. The

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<p>additional input on the program measures.</p>	<p>Approximately seventy percent of the measures under consideration are NQF-endorsed.</p> <ul style="list-style-type: none"> • The finalized measures address all of the NQS priorities except for Person- and Family-Centered Care. The measures under consideration address all of the NQS priority areas. • The finalized measures are heavily populated by process measures; no structural, cost, or patient experience measures. The measures under consideration are predominately process measures with a few outcome measures and no cost, structural, or patient experience measures. • Six of the finalized measures and 20 of the measures under consideration enable measurement across the episode of care. • Parsimony is fairly adequately addressed. All of the finalized measures align with at least one other existing program; many of these address multiple programs. Roughly one-third of the measures under consideration do not align with any other program. • Most (38) measures finalized are under consideration for the Value-Modifier program measures. • The finalized Meaningful Use program measures include the following: <ul style="list-style-type: none"> • Asthma– 3 measures • Cancer– 4 measures • Infectious Disease: Sexually Transmitted– 1 measure • Cardiovascular Conditions– 9 measures • Diabetes– 9 measures • HEENT– 2 measures 	<p>workgroup agreed that Meaningful Use measures should be patient-centered, cross-cutting measures (e.g., across diseases/conditions, specialties, settings) to enhance interoperability and coordination from a patient perspective. Alternatively, the Meaningful use measures could be very broad, capturing both cross-cutting and disease-specific eMeasures.</p> <p>The workgroup developed two options for further consideration by the Coordinating Committee:</p> <p>Option 1: Meaningful Use measures include a broad set of measurement options:</p> <ul style="list-style-type: none"> • Support the inclusion of NQF-endorsed measures that have e-specifications. • As noted in for Value-Modifier and PQRS measures, in future years, CMS should focus on measure families with a specific focus on alignment across federal programs and with the private sector. <p>Option 2: Meaningful Use measures focus on cross-cutting measures:</p>

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	<ul style="list-style-type: none"> • Musculoskeletal: Low Back Pain– 1 measure • Mental Health– 1 measure • Prenatal Care– 2 measures • Prevention– 6 measures • Weight Assessment– 1 measure 	<ul style="list-style-type: none"> • Support the inclusion of NQF-endorsed cross-cutting measures: <ul style="list-style-type: none"> ○ NQF #0097 Post-discharge Medication Reconciliation ○ NQF #0418 Screening for Clinical Depression and Follow-up Plan ○ NQF #0710 Depression Remission at Twelve Months ○ NQF #0711 Depression Remission at Six Months ○ NQF #0712 Depression Utilization of PHQ-9 Tool • In addition, propose that the Meaningful Use program allow physicians to get credit for electronically reporting measures through PQRS. NQF-endorsed measures that are not cross-cutting could be added to the PQRS measures if they are not currently part of PQRS. • With this option, it is unclear whether women’s and child health measures should be added to PQRS only or to both

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		<p>PQRS and Meaningful Use. PQRS is a Medicare program, so these measures may not be applicable to that program.</p> <p>The workgroup noted that measures which do not have e-specifications will need to be re-tooled as an eMeasure prior to inclusion in the Meaningful Use program.</p>
<p>15. Forty measures under consideration are NQF-endorsed and used in other programs.</p>	<p><u>Oncology</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0382 Oncology: Radiation Dose Limits to Normal Tissues • NQF #0383 Oncology: Medical and Radiation– Plan of Care for Pain • NQF #0384 Oncology: Medical and Radiation– Pain Intensity Quantified • NQF #0388 Prostate Cancer: Three-Dimensional (3D) Radiotherapy <p><u>ESRD</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0321 End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis • NQF #0323 End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients <p><u>Cardiovascular</u>- 9 cardiovascular measures in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0066 Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes 	<p>See discussion in line-item 14.</p>

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	<p>and/or Left Ventricular Systolic Dysfunction (LVSD)</p> <ul style="list-style-type: none"> • NQF #0079 Heart Failure: Left Ventricular Function (LVF) Assessment • NQF #0507 Stenosis Measurement in Carotid Imaging Studies <p><u>Safety</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0022 Drugs to be Avoided in the Elderly • NQF #0058 Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use • NQF #0069 Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use • NQF #0101 Falls: Screening for Fall Risk • NQF #0239 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients) • NQF #0271 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures) <p><u>Osteoporosis/Osteoarthritis</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0045 Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • NQF #0046 Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older • NQF #0048 Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older • NQF #0050 Osteoarthritis (OA): Function and Pain Assessment • NQF #0051 Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications <p><u>Urinary</u>- Not addressed in the finalized measures.</p>	

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	<ul style="list-style-type: none"> • NQF #0098 Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older • NQF #0100 Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older <p><u>COPD</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0102 Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy <p><u>Mental Health</u>- 1 depression measure in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0103 Major Depressive Disorder (MDD): Diagnostic Evaluation • NQF #0104 Major Depressive Disorder (MDD): Suicide Risk Assessment • NQF #0418 Screening for Clinical Depression and Follow-up Plan <p><u>Hepatitis</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0399 Hepatitis C: Hepatitis A Vaccination in Patients with HCV • NQF #0400 Hepatitis C: Hepatitis B Vaccination in Patients with HCV • NQF #0401 Hepatitis C: Counseling Regarding Risk of Alcohol Consumption <p><u>HIV/AIDS</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0405 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis • NQF #0406 HIV/AIDS: Adolescent and Adult Patients with 	

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	<p style="text-align: center;">HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy</p> <p><u>Radiology</u>- Not addressed in the finalized measures</p> <ul style="list-style-type: none"> • NQF #0508 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening • NQF #0510 Radiology: Exposure Time Reported for Procedures Using Fluoroscopy <p><u>Melanoma</u>- Not addressed in the finalized measures</p> <ul style="list-style-type: none"> • NQF #0561 Melanoma: Coordination of Care • NQF #0562 Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma <p><u>Cataracts</u>- Not addressed in the finalized measures</p> <ul style="list-style-type: none"> • NQF #0564 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures • NQF #0565 Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery <p><u>Back pain</u>- 1 measure in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0322 Back Pain: Initial Visit <p><u>ENT</u>- Not addressed in the finalized measures.</p> <ul style="list-style-type: none"> • NQF #0653 Acute Otitis Externa (AOE): Topical Therapy • NQF #0654 Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use 	
<p>16. Six measures under consideration are NQF-endorsed and</p>	<p><u>Mental Health</u></p> <ul style="list-style-type: none"> • NQF #0710 Depression Remission at Twelve Months • NQF #0711 Depression Remission at Six Months • NQF #0712 Depression Utilization of the PHQ-9 Tool 	<p>See discussion in line-item 14.</p> <p>Note: NQF #0710, 0711, 0712 and #0097 are viewed as patient-centered</p>

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<p>are under consideration in other programs.</p>	<p><u>ENT</u></p> <ul style="list-style-type: none"> • NQF #0655 Otitis Media with Effusion: Antihistamines or decongestants– Avoidance of Inappropriate Use • NQF #0656 Otitis Media with Effusion: Systemic corticosteroids– Avoidance of Inappropriate Use <p><u>Medication Reconciliation</u></p> <ul style="list-style-type: none"> • NQF #0097 Post-discharge Medication Reconciliation 	<p>and cross-cutting; therefore HIT-enabled and most appropriate for Meaningful Use.</p>
<p>17. Seventeen measures under consideration are NQF-endorsed and are not used in other programs.</p>	<p><u>Cardiovascular</u></p> <ul style="list-style-type: none"> • NQF #1525 Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy <p><u>Diabetes</u></p> <ul style="list-style-type: none"> • NQF #0519 Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • NQF #0110 Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use • NQF #0112 Bipolar Disorder: Level-of-Function Evaluation <p><u>Imaging</u></p> <ul style="list-style-type: none"> • NQF #0312 LBP: Repeat Imaging Studies • NQF #0513 Use of Contrast: Thorax CT <p><u>Hepatitis</u></p> <ul style="list-style-type: none"> • NQF #0412 Hepatitis B Vaccination 	<p>See discussion in line-item 14.</p> <p>Note: Measures that are NQF-endorsed and fill gaps in PQRS should be added to PQRS.</p> <p>Note: Depending on implementation option, women’s and child health measures may need to be added to PQRS, Meaningful Use or both.</p>

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	<p><u>Women's Health</u></p> <ul style="list-style-type: none"> • NQF #0608 Pregnant Women Who Had HBsAg Testing • NQF #1401 Maternal Depression Screening <p><u>Pediatrics</u></p> <ul style="list-style-type: none"> • NQF #0060 Annual Pediatric Hemoglobin A1C testing • NQF #0106 Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents • NQF #0107 Management of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents • NQF #0108 Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication • NQF #1335 Children Who Have Dental Decay or Cavities • NQF #1365 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment • NQF #1419 Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers <p><u>HIV/AIDS</u></p> <ul style="list-style-type: none"> • NQF #0403 Medical Visit 	
<p>18. Twelve measures under consideration are not NQF-endorsed but are used in PQRS.</p>	<p>Two measures are currently under review for NQF endorsement:</p> <p>#1733 Falls: Plan of Care</p> <p>#1730 Falls: Risk Assessment</p> <ul style="list-style-type: none"> • Address an issue from the MAP dual eligible beneficiaries core measure set. <p>One measure under review for NQF endorsement, and currently is not recommended for endorsement:</p>	<p>Measures should be submitted for and complete NQF endorsement. If they are endorsed, they could be considered for future years, depending on outcome of discussion in line-item 14.</p>

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	<p>Hypertension: Blood Pressure Control</p> <p>One measure has had NQF endorsement removed: NQF #0246 Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports</p> <p>Eight measures have not been submitted for NQF endorsement:</p> <ul style="list-style-type: none"> • Dementia: Caregiver Education and Support • Dementia: Counseling Regarding Risks of Driving • Dementia: Counseling Regarding Safety Concerns • Dementia: Functional Status Assessment • Dementia: Staging of Dementia • Rheumatoid Arthritis: Functional Status Assessment • Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (Overuse Measure) • Dementia: Cognitive Assessment 	
<p>19. Seventeen measures under consideration are not NQF-endorsed and not used in other programs.</p>	<p>Two measures are currently under review for NQF endorsement:</p> <ul style="list-style-type: none"> • NQF #1633 Adult Kidney Disease: Blood Pressure Management • Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA)- Hemoglobin Level > 12.0 g/dL <p>Fifteen measures have not been submitted for NQF endorsement. They address the following disease conditions:</p> <ul style="list-style-type: none"> • Chronic Wound Care- 2 measures • Imaging- 2 measures • Health Status/Wellness- 4 measures • Blood Pressure- 2 measures • Depression- 1 measure • Cholesterol- 1 measure 	<p>Measures should be submitted for and complete NQF endorsement. If they are endorsed, they could be considered for future years, depending on outcome of discussion in line-item 14.</p>

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	<ul style="list-style-type: none"> • Adverse Drug Events- 1 measure • Glaucoma- 1 measure 	
Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set		
<p>20. Review program summary and previously finalized measures; additional input on the program measure set</p>	<ul style="list-style-type: none"> • 33 measures are finalized. • Summary of the program measure set against the MAP Measure Selection Criteria: <ul style="list-style-type: none"> ○ Most of the measures in the set are NQF-endorsed. ○ The measures address all of the NQS priorities except for making care more affordable. ○ The measure set is populated by process, outcome, and patient experience measures, but no cost or structural measures. ○ Approximately half of the measures within this set enable measurement across the episode of care. ○ Parsimony is not achieved very well in this set. About half of the measures do not appear in any other federal programs. • The finalized set contains the following: <ul style="list-style-type: none"> ○ Provider EHR Qualification– 1 measure ○ COPD– 1 measure ○ CAHPS– 2 measures ○ Cardiovascular conditions– 8 measures ○ Diabetes– 6 measures ○ Safety (Falls)– 1 measure ○ Medication Reconciliation– 1 measure ○ Prevention– 6 measures ○ Readmission– 1 measure ○ Depression– 1 measure 	<p>Overall, the workgroup agreed that this measure is a step closer to the ideal measure set compared to the other clinician programs as it:</p> <ul style="list-style-type: none"> • Includes patient experience • Contains a balance of process and outcome measures • Focuses on the key quality issues for the Medicare population <p>The workgroup noted that while the measure set lacks cost measures, the goal of this program is to make care more affordable by sharing savings across settings. Thus, it may not be necessary to include cost measures in this program.</p> <p>The finalized measure set contains measures that are not NQF-endorsed. Those measures should be submitted for endorsement. If they are not endorsed, they should be removed from the measure set.</p>

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		<p>The workgroup noted that some measure gaps in the Medicare Shared Savings Program measure set are also present in other clinician program measures; however, population-level measure gaps, such as community supports and patient-reported measures of health and functional status, experience, and activation, are particularly important gap areas to address for this program.</p>