

# Measure Applications Partnership Coordinating Committee Web Meeting #1

# Friday, April 8, 2011 10:00 am – 12:00 pm EST

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



# Welcome & Introductions

## **Presenters**



#### Beth McGlynn, Committee Co-Chair

Director, Kaiser Permanente Center for Effectiveness and Safety Research

#### George Isham, Committee Co-Chair

Medical Director and Chief Health Officer, HealthPartners

#### **Charles Kahn**

President, Federation of American Hospitals

#### Debra Ness

President, National Partnership for Women and Families

#### Janet Corrigan

President and Chief Executive Officer, NQF

#### Tom Valuck

Senior Vice President, Strategic Partnerships, NQF

#### Nalini Pande

Senior Director, Strategic Partnerships, NQF

# Web Meeting Agenda



- Welcome & Introductions
- Context for the Role of the MAP
- Measure Applications Partnership
- Upcoming Work
- Next Steps

## **MAP** Coordinating Committee Membership

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George Isham, MD, MS

chairs Elizabeth McGlynn, PhD, MPP

**Organization Representative** 

# **Organizational Members**

AARP

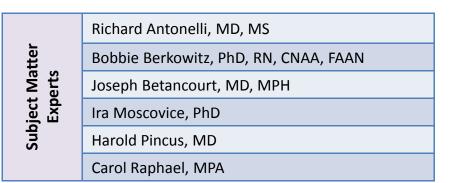
AdvaMed AFL-CIO America's Health Insurance Plans American College of Physicians American College of Surgeons American Hospital Association American Medical Association American Medical Group Association American Nurses Association **Catalyst for Payment Reform Consumers Union Federation of American Hospitals** LeadingAge Maine Health Management Coalition National Association of Medicaid Directors National Partnership for Women and Families Pacific Business Group on Health

Academy of Managed Care Pharmacy

Joyce Dubow, MUP
Judith A. Cahill
Michael A. Mussallem
Gerald Shea
Aparna Higgins, MA
David Baker, MD, MPH, FACP
Frank G. Opelka, MD, FACS
Gary L. Gottlieb, MD, MBA
Carl A. Sirio, MD
Sam Lin, MD, PhD, MBA, MPA, MS
Marla J. Weston, PhD, RN
Suzanne F. Delbanco, PhD
Steven Findlay, MPH
Charles N. Kahn III
Cheryl Phillips, MD, AGSF
Elizabeth Mitchell
Foster Gesten, MD
Christine A. Bechtel, MA
William E. Kramer, MBA

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## MAP Coordinating Committee Membership



t	Agency for Healthcare Research and Quality	t	Nancy J. Wilson, MD, MPH
Imei	Centers for Disease Control and Prevention	ive	Chesley Richards, MD, MPH
Government embers	Centers for Medicare & Medicaid Services	Government esentative	Karen Milgate, MPP
	Health Resources and Services Administration	<b>U</b>	Victor Freeman, MD, MPP
Federal	Office of Personnel Management/FEHBP	Federal Repr	John O'Brien
Feo	Office of the National Coordinator for HIT	Thomas Tsang, MD, MPH	
\ u	American Board of Medical Specialties	Christine Cassel, MD	
reditation tification sons	National Committee for Quality Assurance	Christine Cassel, MD Margaret E. O'Kane, MPH	
Accredit Certifica Liaisons	The Joint Commission	Mark R. Chassin, MD, FACP, MPP, MPH	

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# Objectives



- Set context for the role of the MAP
- Establish Coordinating Committee charge
- Describe initial tasks of the MAP
- Prepare for the first in-person Coordinating Committee meeting



# Context for the Role of the MAP

Verbal Remarks from:

Janet Corrigan President and Chief Executive Officer, NQF

**Charles Kahn** President, Federation of American Hospitals

**Debra Ness** President, National Partnership for Women and Families



# **Discussion & Questions**



# **Opportunity for Public Comment**



# Measure Applications Partnership

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Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (currently 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)

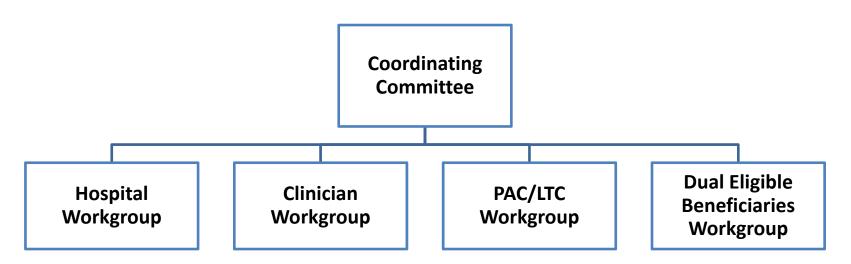
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- Provide input to HHS/CMS on the selection of available measures for public reporting and performance-based payment programs
- Identify gaps for measure development and endorsement
- Encourage alignment of public and private sector programs and across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



## Measure Applications Partnership: 2-Tiered Structure



#### **Purpose:**

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

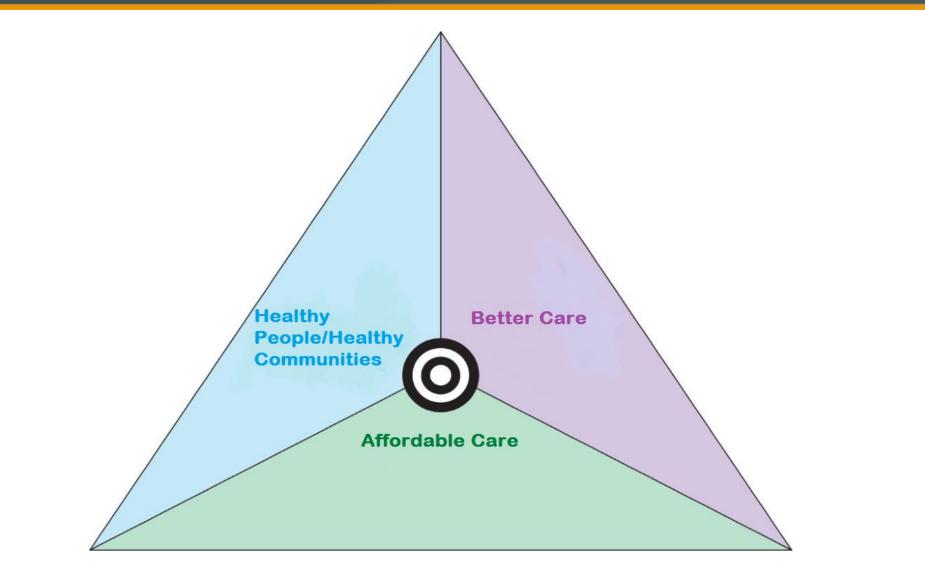
•Set the strategy for the two-tiered Partnership

•Give direction to and ensure alignment among the MAP advisory workgroups



# Decision-Making Framework

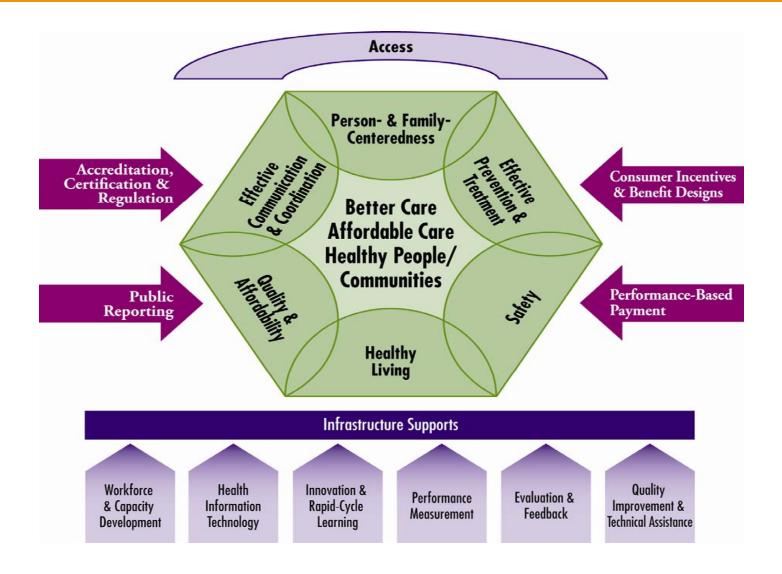
#### HHS Aims for the National Quality Strategy



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#### HHS National Quality Strategy





- National priorities for performance improvement from the National Quality Strategy
- High priority conditions
- Patient-focused episodes of care model

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# High Impact Conditions

#### **Medicare Conditions**

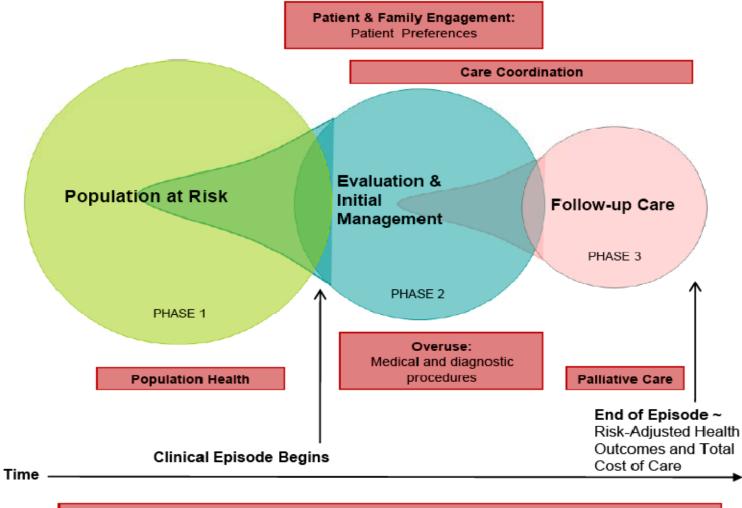
	Condition	Votes
1.	Major Depression	30
2.	Congestive Heart Failure	25
3.	Ischemic Heart Disease	24
4.	Diabetes	24
5.	Stroke/Transient Ischemic Attack	24
6.	Alzheimer's Disease	22
7.	Breast Cancer	20
8.	Chronic Obstructive Pulmonary Disease	15
9.	Acute Myocardial Infarction	14
10.	Colorectal Cancer	14
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 <sup>th</sup> percentile BMI for age)	27
Risk of developmental delays or behavioral	20
problems	
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	4
skin allergies)	
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

#### **Patient-Focused Episodes of Care Model**





Safety



# **Decision-Making Criteria**

# Measure Selection Criteria Project Arnold Milstein, MD, MPH, Principal Investigator April 8, 2011

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

- public reporting
- payment programs
- program monitoring and evaluation

# Process

#### Project team shall:

- Assemble historical criteria sets
- Crosswalk & synthesize criteria domains and elements
- Construct criteria stress tests per existing and emerging quality measures
- Apply stress tests in 4 categories: ambulatory, hospital, long-term care and Medicaid-Medicare dual eligible
- Evaluate findings with key informants
- Provide input to the MAP Coordinating Committee for consideration and adoption of measure selection criteria.

# Deliverables



•Scan of conceptual criteria for selecting measures for public reporting, payment programs, and program monitoring and evaluation

•Synthesis of scanned criteria and proposal of a criteria set, taking into account various uses, settings and units of analysis

•**Report** describing the above deliverables and processes

# Project Team

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**Stanford University (Principal Investigator)** •Arnold Milstein, MD, MPH **UC** Davis •Patrick Romano, MD **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



# **Discussion** & Questions



# **Opportunity for Public Comment**



# **Upcoming Work**

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# Task 15.1



# Measures to be Implemented Through the Federal Rulemaking Process

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

## **Coordinating Committee**



#### Measures For Use in the Improvement of Physician Performance

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

# Clinician Workgroup will advise the Coordinating Committee



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

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

## PAC/LTC Workgroup will advise the Coordinating Committee



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

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

# Hospital Workgroup will advise the Coordinating Committee



## Measures For Use in Quality Reporting for Hospice Care

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

# PAC/LTC Workgroup will advise the Coordinating Committee



#### 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	Interim report containing framework for performance measurement for dual eligible	Draft Interim Report: September 2011 Final Interim Report:
provided to Medicare-Medicaid dual eligible beneficiaries.	beneficiaries	Final Interim Report: October 1, 2011
	Final report containing potential new performance measures to fill gaps in measurement for dual	Draft Report: May 2012
	eligible beneficiaries	Final Report: June 1, 2012

Dual Eligible Beneficiaries Workgroup will advise the Coordinating Committee

# Task 15.4



#### Measurement Strategy for Readmissions and Healthcare-Acquired Conditions Across Public and Private Payers

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

# Ad Hoc Safety Workgroup will advise the Coordinating Committee



# **Discussion** & Questions



# **Opportunity for Public Comment**



# Next Steps

May 3-4	• Convene the Coordinating Committee for an in-person meeting to review the overarching MAP goals, create the charges for the workgroups, review the decision making criteria and framework for pre-rulemaking input and provide guidance to the workgroups on the HACs and readmissions work.
2011	
May 13,	• Convene an all-MAP web meeting for all workgroups to introduce the workgroups to the MAP project, build understanding of the workgroup charges, and review the readmissions and HACs issues.
2011	
June 16,	• Convene the Coordinating Committee for a web meeting to review key issues related to Clinician and Dual Eligible Beneficiaries Workgroups' input and review the decision-making criteria and framework for pre-rulemaking input.
2011	
June 20-	• Conduct an in-person meeting to discuss the Clinician and Dual Eligible Beneficiaries Workgroups' input and finalize the decision making criteria and framework for pre- rulemaking input.
21, 2011	

# **Meeting Schedule**



Coordinating Committee In-Person Meeting #1: May 3-4, 2011 (Washington, DC)

> All MAP Web Meeting: May 13, 2011 2:00 pm-4:00 pm EST

Coordinating Committee Web Meeting #2: June 16, 2011 1:30-3:30pm EST

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