



MAP Coordinating Committee: Pre-Rulemaking Discussion Guide

Meeting Objectives:

- Review **progress on measure alignment** through the lenses of the National Quality Strategy, MAP Families of Measures, MAP Dual Eligible Beneficiaries Workgroup recommendations, Buying Value initiative, and IOM Core Metrics workshop.
- Consider **high-priority measure gaps** and **NQF's collaborative initiative for gap-filling**.
- Finalize **recommendations to HHS on measures for use in federal programs** for the hospital, clinician, and post-acute care/long-term care settings.
- Discuss **feedback loops** about measure use, impact, and implementation experience.

Day 1: January 8, 2013

| | Time | Topic | Considerations |
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| 1. | 8:30 am | Breakfast | |
| 2. | 9:00 am | Welcome and Review Meeting Objectives | |
| 3. | 9:15 am | NQF 2013 Planning | <i>Refer to Tab 3</i> |
| 4. | 9:30 - 11:45 am | Progress on Measure Alignment | <i>Refer to Tab 4</i> |
| 5. | 9:30 am | National Quality Strategy and MAP Families of Measures and discussion | |
| 6. | 10:00 am | MAP Dual Eligible Beneficiaries Workgroup Recommendations and discussion | |

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| 7. | 10:45 am | Buying Value Initiative and discussion | |
| 8. | 11:15 am | IOM Core Metrics Workshop and discussion | |
| 9. | 11:45 am | Opportunity for Public Comment | |
| 10. | 12:00 pm | LUNCH | |
| 11. | 12:30 pm | High-Priority Measure Gaps and NQF's Collaborative Initiative for Gap-Filling | <i>Refer to Previously Identified Gaps document (Reference Tab)</i> |
| 12. | 1:30 pm | MAP Pre-Rulemaking Approach | <i>Refer to Pre-Rulemaking Reaction Draft Segment 1 (Tab 2)</i> |
| 13. | 1:45 – 4:00 pm | Finalize Pre-Rulemaking Recommendations for Hospital Programs | <i>Refer to Tab 5</i> |
| 14. | 1:45 pm | Overview of Programs Evaluated by Hospital Workgroup | <p>The Hospital Workgroup considered 9 hospital programs with varying purposes and constructs:</p> <ul style="list-style-type: none"> • Inpatient Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 20 measures under consideration • Hospital Value-Based Purchasing Program <ul style="list-style-type: none"> ○ Reviewed 17 measures under consideration • Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use) <ul style="list-style-type: none"> ○ Reviewed 1 measure under consideration • Hospital Readmission Reduction Program <ul style="list-style-type: none"> ○ Reviewed 6 measures under consideration • Hospital-Acquired Condition Payment Reduction Program <ul style="list-style-type: none"> ○ Reviewed 25 measures under consideration • PPS-Exempt Cancer Hospital Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 19 measures under consideration |

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| | | | <ul style="list-style-type: none"> • Inpatient Psychiatric Facility Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 5 measures under consideration • Hospital Outpatient Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 7 measures under consideration • Ambulatory Surgical Center Quality Reporting Measure Set <ul style="list-style-type: none"> ○ Reviewed 5 measures under consideration |
| 15. | 1:50 pm | Overarching Themes from Hospital Workgroup Discussions | <p>Two key issues were identified by the Hospital Workgroup:</p> <ul style="list-style-type: none"> • Need to distinguish effective alignment across programs from undesirable overlap of measures • As programmatic structures evolve from pay-for-reporting to pay-for-performance approaches, performance measurement should be more rigorous to match the increasing level of accountability <p>Encouraged by CMS, the Hospital Workgroup developed Guiding Principles for Applying Measures to Hospital Programs to address these challenges (see Guiding Principles document).</p> <ul style="list-style-type: none"> • The Hospital Workgroup is seeking additional guidance from the Coordinating Committee on these issues: <ul style="list-style-type: none"> ○ Some Hospital Workgroup members believed certain measures should not be considered for payment programs until after those measure are reported on Hospital Compare for a period of time. Other members thought that approach could delay timely use. <ul style="list-style-type: none"> ▪ For example, the Workgroup supported the direction of MRSA and C. difficile measures, rather than supporting them, for HVBP and the HAC Program though both measures are NQF-endorsed and have been finalized for the IQR program. ○ Some Hospital Workgroup members believed that measures should not be included in more than one payment program, while others supported including high-value measures in more than one payment program. <ul style="list-style-type: none"> ▪ Concerns were raised regarding potential unintended consequences related to multiple payment adjustments – unnecessary additional treatments (i.e., inappropriate use of antibiotics), gaming of measures – balancing measures may need to be applied ○ Some Hospital Workgroup members preferred all-cause outcome measures to various condition- or procedure-specific outcomes, such as mortality and readmissions. Others believed that condition- and procedure-specific measures are appropriate, particularly for |

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| | | | high-volume, high-cost conditions and procedures. |
| 16. | 2:35 pm | Pre-Rulemaking Input on the Inpatient Quality Reporting Program Measure Set | <p>The Hospital Workgroup reviewed 20 measures under consideration for the Hospital Inpatient Quality Reporting (IQR) program, a pay-for-reporting program for acute care hospitals.</p> <ul style="list-style-type: none"> • Overarching considerations for the IQR program: <ul style="list-style-type: none"> ○ Used to gain experience with data collection and reporting of performance scores ○ Maintain a program set that balances conciseness and comprehensiveness ○ Encouraged inclusion of cancer and behavioral health measures from the PCHQR and IPFQR programs to better align measurement for these populations • Measures currently finalized=61 • Measures under consideration=20 <ul style="list-style-type: none"> ○ Support=14 ○ Support direction=2 ○ Do not support=3 ○ Split=1 • Gaps addressed: <ul style="list-style-type: none"> ○ Supported measures addressing affordability and care transitions ○ Supported adding pediatric and maternal/child health measures to expand the populations covered by IQR • ACTION ITEM: There is 1 measure under consideration for which the workgroup did not reach a majority vote regarding inclusion in the IQR Program: <ul style="list-style-type: none"> ○ Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization <ul style="list-style-type: none"> ▪ The workgroup was split regarding whether to include this measure in IQR at this time (4 Support, 5 Support direction, 2 Do not support). ▪ While the workgroup was generally supportive of measuring COPD mortality, some members were concerned that this measure does not exclude palliative care patients and that functional status is not included in the risk-adjustment even though it is the biggest predictor of COPD mortality. |

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| | | | <ul style="list-style-type: none"> • ACTION ITEM: While not included on the list of measures under consideration from HHS, one public commenter raised an additional measure for consideration by the Coordinating Committee for inclusion in IQR: <ul style="list-style-type: none"> ○ NQF #0471 PC-02 Cesarean Section <ul style="list-style-type: none"> ▪ This measure is part of The Joint Commission maternity bundle recommended by the National Priorities Partnership ▪ This measure is part of the MAP Safety Family • 6 measures were recommended for phased removal from IQR. Measures addressing pneumonia, cardiovascular disease, and VTE were identified. <ul style="list-style-type: none"> ○ Measures recommended for phased removal=6 <ul style="list-style-type: none"> ▪ NQF endorsement removed=2 ▪ NQF endorsement placed in reserve status=3 ▪ Measure is likely "topped out"=1 |
| 17. | 3:00 pm | Pre-Rulemaking Input on the Hospital Value-Based Purchasing Program Measure Set | <p>The Hospital Workgroup reviewed 17 measures under consideration for Hospital Value-Based Purchasing (HVBP), a pay-for-performance program in which hospitals receive the higher of two scores, one based on their performance relative to other hospitals and the other reflecting their improvement over time.</p> <ul style="list-style-type: none"> • Overarching considerations for the HVBP program: <ul style="list-style-type: none"> ○ Emphasize areas of critical importance for high performance and quality improvement ○ Ideally link clinical quality and cost measures to capture value ○ Keep measure set parsimonious to avoid diluting the payment incentives • Measures currently finalized=19 • Measures under consideration=17 <ul style="list-style-type: none"> ○ Support=10 ○ Support direction=6 ○ Do not support=1 • Gaps addressed: <ul style="list-style-type: none"> ○ Supported measures addressing prevention, affordability, and care transitions ○ Strongly supported the direction of ED throughput measures, noting reliability concerns |

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| | | | <p>regarding the 2 measures under consideration</p> <ul style="list-style-type: none"> • 2 measures were recommended for phased removal from HVBP. These measures address blood cultures prior to antibiotics and discharge instructions for heart failure patients <ul style="list-style-type: none"> ○ Both measures had NQF endorsement removed |
| 18. | 3:05 pm | Pre-Rulemaking Input on Hospital Meaningful Use Program Measure Set | <p>The Hospital Workgroup reviewed 1 measure under consideration for the Hospital Meaningful Use Program, a pay-for-reporting program for hospitals.</p> <ul style="list-style-type: none"> • Overarching considerations for the Hospital Meaningful Use program: <ul style="list-style-type: none"> ○ Program is quite complex and hospitals have difficulty understanding and implementing program requirements ○ Many hospitals are undergoing initial implementation of EHRs and are working to ensure clinicians can access and operate the systems effectively, with the future expectation of demonstrating meaningful use ○ One member noted concerns regarding comparability of performance scores calculated using data collected through manual chart abstraction versus automated electronic collection methods • ACTION ITEM: The Hospital Workgroup did not reach a majority vote regarding inclusion of the 1 measure under consideration for the MU Program. The unresolved issue is: <ul style="list-style-type: none"> ○ M3040 Appropriate Monitoring of Patients Receiving PCA <ul style="list-style-type: none"> ▪ The workgroup was split regarding whether or not to include this measure in MU at this time (6 Support direction; 6 Do not support). ▪ The workgroup debated whether this measure improves pain management as the measure concept is to ensure appropriate monitoring of PCA given ADE and safety issues. The workgroup also stated that the measure should be submitted for and receive NQF endorsement. <ul style="list-style-type: none"> • One public commenter supported the measure, noting the importance of ensuring patient safety using patient-controlled analgesia by continuous electronic monitoring as recommended by the Anesthesia Patient Safety Foundation • Another public commenter expressed reservations about instituting mandatory electronic monitoring of patients using PCA on general nursing |

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| | | | <p>units. The decentralized layout of general nursing units and alarm fatigue may make alarms ineffective.</p> <ul style="list-style-type: none"> • Measures currently finalized=29 • Measures under consideration=1 • The Hospital Workgroup identified 5 measures for phased removal from the MU Program: <ul style="list-style-type: none"> ○ 2 measures related to heart disease were also identified from removal from IQR because they now have NQF endorsement in reserve status. ○ 2 additional measures have lost NQF endorsement and were not supported for inclusion in other hospital programs. ○ A measure addressing healthy term newborns was identified for phased removal at this time while the developer makes changes to the measure specifications; however, the Hospital Workgroup strongly supported the direction of this measure. |
| 19. | 3:20 pm | Pre-Rulemaking Input on the Hospital Readmission Reduction Program Measure Set | <p>The Hospital Workgroup reviewed 6 measures under consideration for the Hospital Readmission Reduction Program, a pay-for-reporting program that penalizes hospitals found to have an excessive number of readmissions.</p> <ul style="list-style-type: none"> • Salient points of MAP’s Guidance for the Selection of Avoidable Admission and Readmission Measures emphasized by the workgroup: <ul style="list-style-type: none"> ○ Measures for this program should exclude planned readmissions ○ Measure should be stratified by factors such as race, gender, and socioeconomic status to enable fair comparisons. <ul style="list-style-type: none"> ▪ The workgroup stated that monitoring or use of balancing measures may also be needed due to the multi-factorial nature of readmissions • Measures currently finalized=3 • Measures under consideration=6 <ul style="list-style-type: none"> ○ Support=4 ○ Support direction=1 ○ Do not support=1 |
| 20. | 3:25 pm | Pre-Rulemaking Input on Hospital-Acquired Condition | The Hospital Workgroup reviewed 25 measures under consideration to help shape the initial program |

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| | | Payment Reduction Program Measure Set | <p>measure set for this pay-for-performance program.</p> <ul style="list-style-type: none"> • Overarching considerations for the HAC Program: <ul style="list-style-type: none"> ○ The workgroup’s deliberations focused on the issue of overlapping incentives and potential unintended consequences from additive payment adjustments. ○ Concerns were raised regarding inclusion of some serious reportable events, as the occurrence of just one of these events could result in a hospital receiving the payment adjustment. ○ Given the high stakes nature of the program, the workgroup strongly preferred NQF-endorsed measures. <ul style="list-style-type: none"> ▪ The workgroup preferred the CDC-NHSN measures since they do not use administrative claims data and have been well tested, vetted, and publically reported. • Measures currently finalized=0 • Measures under consideration=25 <ul style="list-style-type: none"> ○ Support=6 ○ Support direction=11 ○ Do not support=8 |
| 21. | 3:35 pm | Pre-Rulemaking Input on the PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set | <p>The Hospital Workgroup reviewed 19 measures under consideration for the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program, a pay-for-reporting program.</p> <ul style="list-style-type: none"> • Overarching considerations for the PCHQR Program: <ul style="list-style-type: none"> ○ The workgroup reinforced the need for alignment of this program with IQR and OQR ○ Some of the measures supported for PCHQR may be considered “topped out” in other programs, but potential performance variation within these facilities are not known <ul style="list-style-type: none"> ▪ For example, NQF #0528 Prophylactic Antibiotic Selection for Surgical Patients has very high performance scores in IQR; however, should be included in PCHQR to determine whether there is a need for improvement in PPS-exempt cancer hospitals • Measures currently finalized= 5 • Measures under consideration=19 <ul style="list-style-type: none"> ○ Support=17 |

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| | | | <ul style="list-style-type: none"> ○ Support direction=2 ● Gaps addressed: <ul style="list-style-type: none"> ○ Supported additional SCIP safety measures and 2 measures related to pain management ○ Strongly supported the direction of the HCAHPS measure (while a cancer-specific CAHPS survey module is piloted) ○ Supported the direction of a measure related to affordability |
| 22. | 3:40 pm | Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set | <p>The Hospital Workgroup reviewed 5 measures under consideration for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program, a pay-for-reporting program.</p> <ul style="list-style-type: none"> ● Overarching considerations for the PCHQR Program: <ul style="list-style-type: none"> ○ The workgroup reinforced the need for alignment of this program with IQR ○ Workgroup members continued to encourage broader responsibility of hospitals for their patients even after discharge from the facility ● Measures currently finalized=6 ● Measures under consideration=5 <ul style="list-style-type: none"> ○ Support=1 ○ Do not support=1 ○ Support direction=3 ● Gaps addressed: <ul style="list-style-type: none"> ○ Supported measures related to patient follow-up after hospitalization ○ Supported the direction of the Inpatient Consumer Survey (ICS) measure of patient experience |
| 23. | 3:45 pm | Pre-Rulemaking Input on the Hospital Outpatient Quality Reporting Program Measure Set | <p>The Hospital Workgroup reviewed 7 measures under consideration for the Hospital Outpatient Quality Reporting (OQR) program, a pay-for-reporting program</p> <ul style="list-style-type: none"> ● Overarching considerations for the OQR Program: <ul style="list-style-type: none"> ○ The workgroup supported HHS' efforts to align the OQR and ASCQR program measure sets. They also noted that OQR measures should be aligned with ambulatory measures in |

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| | | | <p>programs such as PQRs and Physician Compare.</p> <ul style="list-style-type: none"> • Measures currently finalized=24 • Measures under consideration=7 <ul style="list-style-type: none"> ○ Support=4 ○ Insufficient Information=1 ○ Support direction=2 • Gaps addressed: <ul style="list-style-type: none"> ○ Supported the inclusion of additional patient safety measures ○ Supported a patient-reported outcome measure for inclusion • 1 measure addressing patients leaving the ED without being seen was recommended for phased removal from OQR because NQF endorsement had been removed. |
| 24. | 3:50 pm | Pre-Rulemaking Input on the Ambulatory Surgical Center Quality Reporting Program Measure Set | <p>The Hospital Workgroup reviewed 5 measures under consideration for the Ambulatory Surgical Center Quality Reporting (ASCQR) program, a pay-for-reporting program.</p> <ul style="list-style-type: none"> • Overarching considerations for the ASCQR Program: <ul style="list-style-type: none"> ○ The workgroup supported HHS’ efforts to align the ASCQR and OQR program measure sets. ○ ASCs should be included within a broader system-wide approach to measuring performance and improving care. ○ Considering the wide variety of procedures now being performed in ASCs, the workgroup found this program measure set to be inadequate and encouraged swift progress in developing, testing, and endorsing applicable measures. <ul style="list-style-type: none"> ▪ One member pointed out that these measures are specified for the individual clinician or group practice level of analysis and not for the facility level, a concern reinforced by one public commenter. The public commenter noted that clinicians are already reporting these 5 measures under consideration in the PQRs program and that this duplicate reporting increases provider burden without making new quality data available. Because these are clinician-level measures, clinicians should report these measures. |

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| | | | <ul style="list-style-type: none"> • Measures currently finalized=8 • Measures under consideration=5 <ul style="list-style-type: none"> ○ Support=2 ○ Insufficient information=1 ○ Support direction = 2 |
| 25. | 4:00 pm | Opportunity for Public Comment | |
| 26. | 4:15 pm | Day 1 Summary | |

Day 2: January 9, 2013

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| 27. | 8:00 am | Breakfast | |
| 28. | 8:30 am | Welcome and Review of Day 1 | |
| 29. | 8:45 – 11:00 am | Finalize Pre-Rulemaking Recommendations for Clinician Programs, including Medicare Shared Savings Program and Cost Measures | Refer to Tab 6 |
| 30. | 8:45 am | MAP Guidance on the Application of Resource Use Measures | <p>MAP has continually cited resource use and efficiency measures as critical measure gaps. Additionally, several federal public reporting programs and value-based purchasing initiatives have statutory requirements to include measures of cost, resource use, or efficiency. MAP workgroups reviewed the following resource use measures under consideration and concluded:</p> <p>MAP Clinician Workgroup ‘supports direction’ of the following measures. They should ideally be linked with outcome measures, and should be reviewed for endorsement:</p> <ul style="list-style-type: none"> • Total Per Capita Cost Measure (currently finalized) • Condition-Specific Per Capita Cost Measures for COPD, Diabetes, HF, and CAD (currently finalized) • Episode Grouper: Acute Myocardial Infarction (AMI) • Episode Grouper: Coronary Artery Bypass Graft (CABG) • Episode Grouper: Percutaneous Coronary Intervention (PCI) • Episode Grouper: Coronary Artery Disease • Episode Grouper: Congestive Heart Failure (CHF) • Episode Grouper: Chronic Obstructive Pulmonary disease (COPD) • Episode Grouper: Asthma • Episode Grouper: Pneumonia <p>MAP Hospital Workgroup reviewed the following measures under consideration:</p> <ul style="list-style-type: none"> • Medicare Spending Per Beneficiary—supported the measure noting that it meets a statutory requirement for the program. • AMI episode of care (inpatient hospitalization + 30 days post-discharge)—supported the direction |

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| | | | <p>noting that the episode approach needed further development.</p> <p>MAP PAC/LTC Workgroup ‘supports direction’ of Medicare Spending Per Beneficiary for Long-Term Care Hospitals (LTCHs); this measure excludes the LTCH population, but conceptually a spending per beneficiary measure is needed for this setting.</p> <p>MAP provided additional guidance on the application of resource use measures:</p> <ul style="list-style-type: none"> • Resource use measures ideally should be linked with outcome measures. • To be patient-centered, resource use and efficiency measurement approaches should address individuals with multiple chronic conditions. For example, emerging methods of assessing resource use for patients with multiple chronic conditions may include methods for rolling up procedural episodes into acute episodes, or acute episodes into chronic episodes, in order to gain a better understanding of the total cost for a patient. MAP requests that the resource use endorsement Steering Committee consider how condition-specific measures address multiple chronic conditions when evaluating measures for endorsement. • Resource use approaches should align across populations and settings, using the same measure when feasible. To support alignment across settings, MAP requests that the resource use endorsement Steering Committee consider how risk-adjustment and attribution methodologies could align across populations and settings. <p><i>What are the best uses for per capita cost approaches?</i></p> <ul style="list-style-type: none"> • <i>Best uses for condition-specific per capita cost measures?</i> • <i>Best uses for total per capita cost measures?</i> <p><i>What are the best uses for episode-based approaches (e.g., condition-specific grouper)?</i></p> <p><i>What types of quality measures should be used with the cost/resource measures under consideration to provide a broader understanding of efficiency?</i></p> |
| 31. | 9:15 am | Future MAP Affordability Family of Measures | <p>MAP has proposed to identify an Affordability Family of Measures that will:</p> <ul style="list-style-type: none"> • Identify available measures and gaps related to affordability—including overuse, appropriateness, resource use, and efficiency. • Determine whether any private sector resource use measures, which are becoming more widely used, could be applied to federal programs in addition to determining the best uses for various |

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| | | | <p>resource use approaches (e.g., episode-based approaches versus per capita approaches).</p> <ul style="list-style-type: none"> Identify specific quality measures to link with resource use measures, and provide additional guidance for monitoring unintended consequences and mitigating risks. |
| 32. | 9:20 am | Overview of Programs Evaluated by Clinician Workgroup | <p>Clinician Workgroup reviewed over 700 measures for consideration in clinician programs</p> <ul style="list-style-type: none"> Physician Quality Reporting System (PQRS) <ul style="list-style-type: none"> Over 200 measures under consideration that would be new to clinician measurement programs. Existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program were considered to accommodate hospital-based physicians. Physician Compare <ul style="list-style-type: none"> Reviewed measures under consideration and existing measures for PQRS. Value-Based Payment Modifier (VBPM) <ul style="list-style-type: none"> Reviewed measures under consideration and existing measures for PQRS. Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) <ul style="list-style-type: none"> Reviewed 2 measures under consideration. |
| 33. | 9:25 am | Clinician Performance Measurement Programs—Key Issues | <p>Clinician Workgroup identified 2 key issues regarding clinician performance measurement:</p> <ul style="list-style-type: none"> Engaging clinician participation in meaningful quality reporting—the significance of performance measurement increases over time: clinicians who do not participate in PQRS will begin receiving payment penalties in 2015; clinician performance data will be publicly available on Physician Compare in 2015; and the VBPM will be applicable to all clinicians in 2017. Reducing clinician reporting burden resulting from a lack of alignment across federal programs and between public- and private-sector programs. <p>Accordingly, MAP recommends to:</p> <ul style="list-style-type: none"> Leverage measurement data for multiple purposes (e.g., aligning with MOC programs, registries, clinician performance measurement programs conducted by health plans). Identify for all clinician specialties measures that are considered clinically relevant. Identify a set of measures that all clinicians could report across programs, regardless of specialty (e.g., cross-cutting NQS priorities). |
| 34. | 9:30 am | Clinician Performance Measurement Programs—Guiding Principles | <p>The Clinician Workgroup determined that pay-for-reporting programs should be broadly inclusive of clinically relevant measures to encourage participation by clinicians of all specialties. The measures for public reporting and payment incentive programs should be more targeted toward outcomes, with the goal of linking outcomes with cost measures for value-based payment incentives.</p> |

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| | | | Refer to the Guiding Principles for Applying Measures to Clinician Programs. |
| 35. | 10:00 am | Application of Guiding Principles— PQRS | <p>Review of over 200 measures that are new to clinician reporting:</p> <ul style="list-style-type: none"> • Support—54 measures <ul style="list-style-type: none"> ○ 52 NQF-endorsed measures ○ 2 measures that are not NQF-endorsed but support alignment (composites used in an MOC program) • Support Direction—86 measures that are not NQF-endorsed <ul style="list-style-type: none"> ○ Over half support alignment (used in registries) ○ Others are highlighted as promising measure concepts (e.g., address appropriateness, readmissions) • Do Not Support—141 measures that are not NQF-endorsed <ul style="list-style-type: none"> ○ 9 measures overlap with finalized or ‘supported’ measures ○ 10 measures had NQF endorsement removed or were submitted for endorsement and were not endorsed ○ Clinician Workgroup had findings on 49 of 122 remaining measures <p>Review of finalized measure set:</p> <ul style="list-style-type: none"> • ‘Phased removal’ of 44 measures that had NQF endorsement removed or were submitted for endorsement and were not endorsed. <p><i>Do the Clinician Workgroup’s recommendations achieve the balance of needing measures that are relevant to all clinician specialties with the need to drive performance improvement and minimize clinician reporting burden?</i></p> <p><i>Are there additional recommendations regarding the types of measures for inclusion in PQRS?</i></p> |
| 36. | 10:15 am | Application of Guiding Principles—Physician Compare, VBPM | <ul style="list-style-type: none"> • Given the overwhelming number of measures under consideration (over 700) for Physician Compare and VBPM, CMS encouraged MAP to develop the Guiding Principles in lieu of individual measure recommendations, and indicated that having the principles will provide a valuable foundation for measure selection for clinician programs. • Review illustrations of measures MAP would likely support for inclusion in Physician Compare and |

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| | | | <p>VBPM based on the Guiding Principles.</p> <p><i>What additional input should MAP provide on measures for use in Physician Compare and VBPM in this pre-rulemaking cycle? The MAP Clinician Workgroup proposed reconvening to identify specific measures for use in Physician Compare and VBPM.</i></p> <p><i>How can MAP best apply the Guiding Principles in future pre-rulemaking cycles? For example, should MAP convene technical expert panels to provide a preliminary review of measures by condition prior to convening the Clinician Workgroup?</i></p> |
| 37. | 10:40 am | Application of Guiding Principles—Meaningful Use | <ul style="list-style-type: none"> • Clinician Workgroup reviewed 2 measures under consideration for the Meaningful Use Program, a payment incentive program to encourage adoption and use of EHRs. <ul style="list-style-type: none"> ○ MAP did not support both measures, stating they overlap with concepts addressed by other measures in the final measure set and the assessment and management of health risks should not be limited to the context of an annual wellness visit. <ul style="list-style-type: none"> ▪ M3041 Annual Wellness Assessment: Assessment of Health Risks (Draft) ▪ M3042 Annual Wellness Assessment: Management of Health Risks (Draft) • 5 finalized measures had NQF endorsement removed and are recommended for ‘phased removal.’ <ul style="list-style-type: none"> ○ Asthma Control, Hypertension: Blood Pressure Control, Pre-Natal Anti-D Immune Globulin, Heart Failure, Pre-Natal Screening for HIV • 1 finalized measure was identified as ‘support direction.’ This measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines. MAP recommends maintaining the measure in the program but not requiring reporting. Reporting can resume once the updated measure is endorsed. <ul style="list-style-type: none"> ○ M1990 Breast Cancer Screening |
| 38. | 10:50 am | System Performance Measurement—Pre-rulemaking Input on Medicare Shared Savings Program Measure Set | <p>System-level measurement provides an opportunity to:</p> <ul style="list-style-type: none"> • Assess performance across settings where patients or populations are receiving care, leading to a truly patient-centered approach to measurement. • Assess topics that may be difficult to measure at setting-specific levels of analyses due to small numbers or difficulty attributing patients to providers. <p>MAP recommends that system-level measure sets align with the measures used for setting-specific</p> |

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| | | | <p>performance measurement programs to leverage measurement data, decrease provider data collection burden, and align care delivery goals across programs.</p> <ul style="list-style-type: none"> • Medicare Shared Savings Program (MSSP) <ul style="list-style-type: none"> ○ No measures under consideration for this program. ○ Reviewed by Clinician Workgroup and Hospital Workgroups. • MAP recommends the addition of 4 Medicare Advantage 5-Star Quality Reporting Program measures to the MSSP to support alignment: <ul style="list-style-type: none"> ○ NQF #0037 Osteoporosis testing in older women ○ NQF #0053 Osteoporosis management in women who had a fracture ○ NQF #0553 Care for Older Adults – Medication Review ○ NQF #0576 Follow-Up After Hospitalization for Mental Illness • 2 finalized measures are not NQF-endorsed: <ul style="list-style-type: none"> ○ M1170 Risk-Standardized, All Condition Readmission—recommended to be submitted for endorsement. ○ M1204 ACO 21 Preventive Care and Screening: Screening for High Blood Pressure—recommended for ‘phased removal’ as another finalized NQF-endorsed measure assesses the outcome, blood pressure control. • ACTION ITEM: Coordinating Committee input is requested on 1 finalized measure that is not NQF-endorsed: <ul style="list-style-type: none"> ○ M1990 Breast Cancer Screening—measure was previously endorsed and is currently undergoing updates to reflect current breast cancer screening guidelines. <ul style="list-style-type: none"> ▪ MAP Clinician Workgroup recommended maintaining the measure in all clinician/system programs but not requiring reporting. Reporting can resume once the updated measure is endorsed. ▪ MAP Hospital Workgroup recommended ‘phased removal’; MAP should review the measure again once it is endorsed. ○ <i>What should MAP’s recommendation be regarding the Breast Cancer Screening measure?</i> |
| 39. | 11:00 am | Opportunity for Public Comment | |
| 40. | 11:15 am -12:00 | Finalize Pre-Rulemaking Recommendations for Post- | <i>Refer to Tab 7</i> |

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| | pm and 12:30-1:15 pm | Acute Care/Long-Term Care Programs | |
| 41. | 11:15 am | Overview of Programs Evaluated by PAC/LTC Workgroup | <p>PAC/LTC Workgroup reviewed 74 measures under consideration across 6 PAC/LTC programs:</p> <ul style="list-style-type: none"> • Long-Term Care Hospital Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 29 measures under consideration • Inpatient Rehabilitation Facility Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 10 measures under consideration • End Stage Renal Disease Quality Improvement Program <ul style="list-style-type: none"> ○ Reviewed 21 measures under consideration • Hospice Quality Reporting Program <ul style="list-style-type: none"> ○ Reviewed 7 measures under consideration • Nursing Home Quality Initiative and Nursing Home Compare Program <ul style="list-style-type: none"> ○ Reviewed 5 measures under consideration • Home Health Quality Reporting Program <ul style="list-style-type: none"> ○ Review 2 measures under consideration |
| 42. | 11:20 am | PAC/LTC Performance Measurement Programs—Key Issues | <ul style="list-style-type: none"> • Measurement should align across PAC/LTC settings, as well as with other acute settings such as hospitals. The PAC/LTC Workgroup suggests robust risk adjustment methodologies, to address the variability of patient populations across settings. • Measures should be expanded beyond focusing on single settings or conditions to address complexities of the PAC/LTC population. Functional status, care coordination, shared decision-making are measurement areas that address the needs of the PAC/LTC population from a patient perspective. • Need for a robust health IT infrastructure to reduce data collection and reporting burden for providers and to enhance care coordination and transmission of information essential to better patient care. • Admission/readmission measures should be standardized across settings, yet customized to address the unique needs of the heterogeneous population. The workgroup also suggests that shared accountability across settings be considered when utilizing results from admission and readmission measures so that providers are not unfairly penalized. • Cost measures should be included in all PAC/LTC programs, particularly total cost of care. |

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| 43. | 11:35 am | Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set | <ul style="list-style-type: none"> • The PAC/LTC Workgroup supported the direction of 23 measures that address the PAC/LTC core measure concepts but are not ready for implementation in the LTCH setting. • The workgroup supported the direction of 1 cost measure Medicare Spending per Beneficiary, noting that the measure under consideration would exclude most of the LTCH population. The workgroup also recommended that additional measures be added to address cost (e.g., appropriateness). • The workgroup did not support 5 measures under consideration that did not address PAC/LTC core concepts or had lost NQF endorsement. • Measures under consideration=29 <ul style="list-style-type: none"> ○ Support=0 ○ Support direction= 24 ○ Do not support= 5 |
| 44. | 11:45 am | Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set | <ul style="list-style-type: none"> • The PAC/LTC Workgroup found the program measure set too limited and needs to be enhanced by addressing the core concepts applicable to IRFs and safety issues with high incidence in this setting (e.g., MRSA, falls, CAUTI, and C. difficile). <ul style="list-style-type: none"> ○ The workgroup supported 2 measures that address CAUTI and C. difficile. • The workgroup supported the direction of 3 functional status outcome measures and 1 avoidable admissions measure, noting that the measures are important but are still in development. • ACTION ITEM: The workgroup did not support 3 immunization measures noting that they are low-impact measures for this setting. The workgroup recommended looking at the impact of immunization measures across settings before adding new immunization measures to programs. Other programs have immunization measures that are currently finalized. The measures under consideration are: <ul style="list-style-type: none"> ○ NQF #0431 Influenza vaccination coverage among healthcare personnel ○ NQF #0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) ○ NQF #0682 Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) • <i>Should patient and staff immunization measures be used across performance measurement</i> |

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| | | | <p><i>programs for PAC and LTC settings?</i></p> <ul style="list-style-type: none"> • The workgroup did not support 1 CLABSI measure, which has a low incidence in this setting. • Measures under consideration=10 <ul style="list-style-type: none"> ○ Support=2 ○ Support direction= 4 ○ Do not support= 4 |
| 45. | 12:00 pm | LUNCH | |
| 46. | 12:30 pm | Pre-Rulemaking Input on End Stage Renal Dialysis Quality Improvement Program Measure Set | <ul style="list-style-type: none"> • The PAC/LTC Workgroup reiterated its previous recommendation that the measure set expand beyond dialysis procedures to include non-clinical aspects of care, such as care coordination. • The workgroup supported NQF #0258 CAHPS In-Center Hemodialysis Survey, the only measure under consideration addressing a cross-cutting topic. • The workgroup supported 11 measures under consideration to meet the statutory requirement of including measures of dialysis adequacy. • The workgroup supported the direction of 9 clinically-focused measures under consideration that address statutory requirements but need to be submitted for NQF endorsement. • The workgroup recommended exploring whether the clinically-focused measures could be combined in a composite measure for assessing optimal dialysis care. • The workgroup did not support 1 measure because its NQF endorsement has been removed. • Measures under consideration=21 <ul style="list-style-type: none"> ○ Support=11 ○ Support direction=9 ○ Do not support=1 |
| 47. | 12:45 pm | Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set | <ul style="list-style-type: none"> • All of the measures under consideration are included in the MAP Hospice Family of Measures, so the PAC/LTC Workgroup supported including the measures in the hospice program. • The workgroup also recommends that other measures in the hospice measure family be added to the measure set, specifically the following measure: <ul style="list-style-type: none"> ○ NQF #1647 Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did |

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| | | | <p>not want to discuss</p> <ul style="list-style-type: none"> • Measures under consideration=7 <ul style="list-style-type: none"> ○ Support=8 ○ Support direction=0 ○ Do not support=0 |
| 48. | 12:55 pm | Pre-Rulemaking Input on Nursing Home Quality Initiative Program and Nursing Home Compare Measure Set | <ul style="list-style-type: none"> • The PAC/LTC Workgroup supported the direction of 2 measures that address the PAC/LTC core concept of inappropriate medication use and noted that measures should have as few diagnoses excluded as possible. Also, balancing measures should be incorporated into the program set to mitigate unintended consequences. <ul style="list-style-type: none"> ○ Percentage of Long Stay Residents Who are Receiving Antipsychotic Medication ○ Percentage of Short Stay Patients Who Have Antipsychotics Started – Incidence • The workgroup supported the direction of 2 measures addressing avoidable admissions, a core measure concept. The workgroup recognized the importance of measuring readmissions in the nursing home setting but would prefer fewer measures to address readmissions across settings. <ul style="list-style-type: none"> ○ SNF Hospital Readmission Reduction Measure - Short Stay ○ Percent of long-stay residents who are hospitalized during the reporting period • The workgroup supported 1 measure that assesses whether short-stay residents are discharged to the community, noting that it addresses an important goal for nursing home patients and their caregivers; however, the measure should be submitted for NQF endorsement. <ul style="list-style-type: none"> ○ Percentage of residents discharged to the community • Measures under consideration=5 <ul style="list-style-type: none"> ○ Support=1 ○ Support direction=4 ○ Do not support=0 |
| 49. | 1:05 pm | Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set | <ul style="list-style-type: none"> • The PAC/LTC Workgroup did not support either measure under consideration addressing admission/readmission for Home Health Quality Reporting, noting that while they address the PAC/LTC core concept of avoidable admissions; this information is already collected for other measures currently finalized for the program set. <ul style="list-style-type: none"> ○ Rehospitalization during first 30 days of Home Health ○ Home Health Emergency Department Use without Readmission |

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| | | | <ul style="list-style-type: none"> • The workgroup noted that the large measure set reflects the heterogeneity of home health population; however, consideration should be given to make the measure set more parsimonious. • Measures under consideration=2 <ul style="list-style-type: none"> ○ Support=0 ○ Support direction=0 ○ Do not support=2 |
| 50. | 1:15 pm | Feedback Loops about Measure Use, Impact, and Implementation Experience | <i>Refer to MAP Pre-Rulemaking Reaction Draft Segment 2 (Tab 2).</i> |
| 51. | 2:00 pm | MAP Approach and Progress to Date: Round-Robin Discussion | <p>Coordinating Committee members are asked to provide feedback on the following questions:</p> <ul style="list-style-type: none"> ▪ As we near the end of the second year of MAP's work, what feedback do you have about the structure, processes, and deliverables? ▪ What guidance do you have for enhancing MAP's function? |
| 52. | 2:45 pm | Opportunity for Public Comment | |
| 53. | 2:55 pm | Next Steps | |
| 54. | 3:00 pm | Adjourn for the Day | |