Measure Applications Partnership

Coordinating Committee Web Meeting

September 11, 2013

NATIONAL QUALITY FORUM

Welcome

Meeting Objectives

- Review proposed revisions to the MAP Measure Selection Criteria (MSC)
- Review proposed MAP approach for assessing potential measure impact

Proposed revisions to the MAP Measure Selection Criteria

MAP Measure Selection Criteria

Background

- MAP initially developed the Measure Selection Criteria (MSC) prior to the first round of pre-rulemaking activities in 2011, primarily to guide decisions on recommendations for measure use in federal programs
- The MSC were designed to help determine if a given group of measures demonstrated the characteristics of an "ideal" program measure set.
- The MAP Strategic Plan calls for continual evolution of the MSC; MAP members have recognized the need to:
  - Apply lessons learned from the past two years
  - Integrate the Guiding Principles developed by the Clinician and Hospital Workgroups during the 2012-13 pre-rulemaking cycle

MAP Measure Selection Criteria and Impact Task Force

Charge

- Advise the Coordinating Committee about potential refinements to the MAP Measure Selection Criteria (MSC) to optimize their overall utility, with particular emphasis on integrating key elements of the Hospital and Clinician Guiding Principles developed during 2012-13 pre-rulemaking
- Respond to HHS' request that MAP assess the potential impact of including measures under consideration in program measure sets

MAP Measure Selection Criteria and Impact Task Force

Objectives

1. Evaluate revised Measure Selection Criteria to determine if they have integrated the workgroup guiding principles and the existing Measure Selection Criteria (MSC) most effectively
2. Establish whether any general changes beyond integration of the guiding principles are needed for the MSC, including direction on how the MSC should be applied
3. Promote opportunities to inform the CMS measure selection criteria, given that both sets of criteria are evolving in an iterative manner
4. Simplify the MSC (and its Interpretative Guide), where possible
5. Establish guidance for the type of prospective input that MAP can feasibly provide regarding potential measure impact, to most effectively inform HHS rulemaking

MAP Measure Selection Criteria and Impact Task Force

Process for Measure Selection Criteria Revisions

- July 31: Task force met by teleconference to discuss proposed revisions—based on integration with the Clinician and Hospital Workgroup Guiding Principles and other MAP input—and to provide further input
- August 21: Task force met by teleconference to review additional revisions that were made based on task force feedback
- September 11: Joint task force and Coordinating Committee web meeting to discuss revised criteria
- October 3: Coordinating Committee in-person meeting to finalize revisions to the criteria
- October 31: Final revised criteria are due to HHS

MAP Measure Selection Criteria Revision Process

Initial MSC revisions based on Guiding Principles and other MAP input

Draft MSC revision #1

MSC and Impact Task Force Teleconference #1 – July 31, 2013

Draft MSC revision #2

MSC and Impact Task Force Teleconference #2 – August 21, 2013

Draft MSC revision #3

Coordinating Committee September 11 Web Meeting and October 4 In-Person Meeting

MSC final revisions

Revised Measure Selection Criteria Due to HHS by October 31, 2013

Proposed Revisions to the Measure Selection Criteria

Overarching Changes

- Added a preamble to emphasize that the criteria are meant as guidance rather than rules; application should be to *measure sets,* not individual measures; and focus should be placed on filling important measure gaps and promoting alignment
- More consistent use of terminology and formatting
- Removal of extraneous content, including the "Response Option" rating scales for each criterion or sub-criterion

Current Measure Selection Criterion #1

Criterion 1.

- Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

Proposed Revisions to Measure Selection Criterion #1

Revised Criterion 1.

- NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization.

Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

Proposed Revisions to Measure Selection Criterion #1

Rationale for Proposed Changes to Criterion 1

- While some flexibility in the short-term is reasonable to meet program needs, the bar should be raised over time
- Revised language prioritizes endorsed measures, while allowing for practical program-specific goals

Current Measure Selection Criterion #2

Criterion 2.

- Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

Subcriterion 2.1 Safer care

Subcriterion 2.2 Effective care coordination

Subcriterion 2.3 Preventing and treating leading causes of mortality and morbidity

Subcriterion 2.4 Person- and family-centered care

Subcriterion 2.5 Supporting better health in communities

Subcriterion 2.6 Making care more affordable

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree: NQS priority is adequately addressed in the program measure set

Proposed Revisions to Measure Selection Criterion #2

Revised Criterion 2.

- Program measure set adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

Sub-criterion 2.1 Better care, demonstrated by patient-centeredness, care coordination, safety, and effective treatment

Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being

Sub-criterion 2.3 Affordable care

Proposed Revisions to Measure Selection Criterion #2

Rationale for Proposed Changes to Criterion 2

- Incorporates the three aims of the National Quality Strategy (NQS); not every measure precisely matches the NQS priorities

Current Measure Selection Criterion #3

Criterion 3.

- Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program's intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

Proposed Revisions to Measure Selection Criterion #3

Criterion 3. – Removed from Measure Selection Criteria

Rationale for Removal:

- Needed to address "high-leverage opportunities", in addition to high-impact conditions
- Phrasing of the example populations was too CMS-focused and needed to be broadened
- Once these changes were made, the language was redundant with other criteria, such as Criteria 2 and 4

Current Measure Selection Criterion #4

Criterion 4.

- Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

Subcriterion 4.1 Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2 Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3 Program measure set is applicable to the program's population(s)

Proposed Revisions to Measure Selection Criterion #4

Revised Criterion 3. (formerly Criterion 4)

- Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

Sub-criterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s)

Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers

Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)

Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.

Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

Proposed Revisions to Measure Selection Criterion #4

Rationale for Proposed Changes to Criterion 4

- Revised to reflect the Clinician and Hospital Workgroup Guiding Principles
- Language added to account for eMeasures
- "Unintended consequences" language modified to make it meaningful and realistic in the context of MAP's role

Current Measure Selection Criterion #5

Criterion 5.

- Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1 Outcome measures are adequately represented in the program measure set

Subcriterion 5.2 Process measures are adequately represented in the program measure set

Subcriterion 5.3 Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

Subcriterion 5.4 Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5 Structural measures and measures of access are represented in the program measure set when appropriate

Proposed Revisions to Measure Selection Criterion #5

Revised Criterion 4. (formerly Criterion 5)

- Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.

Sub-criterion 4.1 In general, preference should be given to measure types that address specific program needs

Sub-criterion 4.2 Public reporting program measure sets should emphasize measures of patient experience and patient-reported outcomes

Sub-criterion 4.3 Payment program measure sets should include outcome measures linked to cost measures to capture value

Proposed Revisions to Measure Selection Criterion #5

Rationale for Proposed Changes to Criterion 5

- Language tightened to focus on the primary objective of the criterion – selecting an appropriate mix of measures for the specific program for which they are being considered
  - Balance between outcome measures and process measures linked to outcomes

Current Measure Selection Criterion #6

Criterion 6.

- Program measure set enables measurement across the person-centered episode of care

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1 Measures within the program measure set are applicable across relevant providers
Subcriterion 6.2 Measures within the program measure set are applicable across relevant settings
Subcriterion 6.3 Program measure set adequately measures patient care across time

Proposed Revisions to Measure Selection Criterion #6

Revised Criterion 5. (formerly Criterion 6)

- Program measure set enables measurement of person-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination

Sub-criterion 5.2 Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives

Sub-criterion5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

Proposed Revisions to Measure Selection Criterion #6

Rationale for Proposed Changes to Criterion 6

- Language modified to account for the long-term care perspective (i.e., addition of "services" terminology)
- Language modified to create more specific and descriptive sub-criteria about what "person-centered care and services" means

Current Measure Selection Criterion #7

Criterion 7.

- Program measure set includes consideration for healthcare disparities

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each sub-criterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

Proposed Revisions to Measure Selection Criterion #7

Revised Criterion 6. (formerly Criterion 7)

- Program measure set includes consideration for healthcare disparities and cultural competency

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Sub-criterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

Proposed Revisions to Measure Selection Criterion #7

Rationale for Proposed Changes to Criterion 7

- Revised language addresses the issue of discrimination within a measurable framing (i.e., “cultural competency”)

Current Measure Selection Criterion #8

Criterion 8.

- Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])
2 NQF,

Proposed Revisions to Measure Selection Criterion #8

Revised Criterion 7. (formerly Criterion 8)

- Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

Proposed Revisions to Measure Selection Criterion #8

Rationale for Proposed Changes to Criterion 8

- Revised language calls out alignment (e.g., between programs and measure sets) as a significant part of MAP's goal to be parsimonious in selecting measures

Discussion

Proposed MAP approach for assessing potential measure impact

Assessing Potential Measure Impact

Background

- The Affordable Care Act requires HHS to assess the impact of quality and efficiency measures used in federal healthcare programs
- HHS has requested that MAP provide input on the potential impact of quality measures under consideration that MAP recommends for future use in federal programs

Assessing Potential Measure Impact

Why Assess Potential Measure Impact

1. MAP seeks to achieve quality improvement, transparency, and value in pursuit of the National Quality Strategy's three aims
2. MAP identifies performance gaps and recommends measures for program measure sets that provide incentives to fill those gaps
3. **MAP must predict the extent to which measures are likely to impact performance in particular programs and thereby close the identified performance gaps (assessing impact)**
4. MAP needs feedback about its progress on closing gaps

Assessing Potential Measure Impact

How to Assess Potential Measure Impact

1. Clearly define "impact"
   - Use NQS as a guiding framework
   - Use RE-AIM framework

Reach	To what extent do the quality measures address the CMS populations of interest?
Effectiveness	Have the outcomes of measures improved in relations to the three aims?
Adoption	What changes have occurred in provider behavior and in health system behavior in response to the measurement programs?
Implementation	To what extent did CMS implement the program as initially intended?
Maintenance	Has performance changed over time? What factors are associated with those changes? Which measures are lagging and among which providers?

Assessing Potential Measure Impact

How to Assess Potential Measure Impact

2. Examine the extent to which measures under consideration can help program measure sets meet the MAP Measure Selection Criteria (MSC), particularly through **increasing measure alignment** and **closing priority performance gaps**

Assessing Potential Measure Impact

How to Assess Potential Measure Impact

3. Closely integrate with parallel efforts that have related objectives for assessing measure impact
   - CMS Technical Expert Panel
   - Strengthened feedback loops
     - QPS portfolios
     - Open commenting on measures
     - Reaching out to measure developers and other stakeholders

Complementary Roles of CMS Technical Expert Panel and MAP Assessment of Measure Impact

	CMS TEP	MAP
Perspective	Retrospective evaluation	Prospective evaluation
Composition	Primarily academic and technical experts	Broad multi-stakeholder group with diverse backgrounds
Primary Anticipated Output	Detailed analyses of impact, which may be at the individual measure level	Broad assessment of the potential impact of adding new measures under consideration to measure sets
Cross-Effort Representation	George Isham – TEP co-chair; Allen Leavens – TEP member; CMS staff	George Isham – Coordinating Committee co-chair; Allen Leavens – NQF staff; CMS staff
Funding	CMS contract with HSAG	No separate funding beyond CMS funding of MAP pre-rulemaking activities

Discussion

Opportunity for Public Comment

Summary and Next Steps

Save the Dates – Upcoming MAP Coordinating Committee Meetings

In-Person Meeting

October 3, 2013

All MAP Web Meeting

December 4, 2013 (1-3pm EST)

In-Person Meeting

January 7-8, 2014