

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

MEASURE APPLICATIONS PARTNERSHIP
Coordinating Committee
Convened by the National Quality Forum

Summary of In-Person Meeting #5

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on January 5-6, 2012. For those interested in reviewing an online archive of the web meeting, please access the link below:

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

Coordinating Committee Members in Attendance at the Meeting:

George Isham (Co-Chair)	William Kramer, Pacific Business Group on Health (phone)
Elizabeth McGlynn (Co-Chair)	Sam Lin, American Medical Group Association
Rhonda Anderson, American Hospital Association	Elizabeth Mitchell, Maine Health Management Coalition
Richard Antonelli [subject matter expert: child health]	Ira Moscovice [subject matter expert: rural health]
David Baker, American College of Physicians	Steven Brotman, AdvaMed
Christine Bechtel, National Partnership for Women and Families	Peggy O’Kane, National Committee for Quality Assurance
Bobbie Berkowitz [subject matter expert: population health]	Frank Opelka, American College of Surgeons
Marissa Schlaifer, Academy of Managed Care Pharmacy	Doris Peter, Consumers Union
Ahmed Calvo, Health Resources and Services Administration	Cheryl Phillips, LeadingAge
Mark Chassin, The Joint Commission	Harold Pincus [subject matter expert: mental health]
Patrick Conway, Centers for Medicare & Medicaid Services	Carol Raphael [subject matter expert: post-acute care/home health/hospice]
Suzanne Delbanco, Catalyst for Payment Reform	Chesley Richards, Centers for Disease Control and Prevention
Joyce Dubow, AARP	Joshua Seidman, Office of the National Coordinator for HIT
Aparna Higgins, America’s Health Insurance Plans	Gerald Shea, AFL-CIO
Eric Holmboe, American Board of Medical Specialties (substitute for Christine Cassel)	Carl Sirio, American Medical Association
Chip Kahn, Federation of American Hospitals	Maureen Dailey, American Nurses Association (substitute for Marla Weston)

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This was the fifth in-person meeting of the Coordinating Committee. The primary objectives of the meeting were to:

- Review input from MAP workgroups regarding measure sets under consideration by Department of Health and Human Services (HHS) for federal programs;
- Consider opportunities for alignment across programs, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination measures;
- Identify measure gaps for each federal program measure set; and
- Finalize input to HHS on measures for use in federal programs in MAP's Pre-rulemaking Report.

(MAP's Pre-rulemaking Report can be accessed [here](#). The report contains detailed information on MAP's input to HHS on the measures under consideration.)

Coordinating Committee Co-Chairs, George Isham and Beth McGlynn, began the meeting with a welcome and review of the meeting objectives.

Following the opening remarks, Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented MAP's approach to the pre-rulemaking process. Dr. Hwang reviewed the finalized MAP Measure Selection Criteria. She also described the role of the Coordinating Committee in assessing the measures under consideration for pre-rulemaking by HHS. The final report containing MAP's conclusions is due to HHS on February 1, 2012. Tom Valuck, Senior Vice-President, Strategic Partnerships, NQF, provided an overview of the framework section of the MAP Coordinating Committee Pre-Rulemaking Report reaction draft. Dr. Valuck highlighted that the National Quality Strategy (NQS) is a guiding principle for MAP's work, and discussed core measures sets as a way to bridge the current "siloes" federal programs.

Coordinating Committee members suggested the need for longer-term strategic thinking with a greater focus on person-centeredness and greater alignment in measurement activities across public and private sectors.

Considerations for Dual Eligible Beneficiaries

The Dual Eligible Beneficiaries Workgroup met and reviewed the MAP workgroups' findings following conclusion of the PAC/LTC, Clinician, and Hospital Workgroup meetings. Alice Lind, Chair of the MAP Dual Eligible Beneficiaries Workgroup, and Sarah Lash, Senior Program Director, NQF, discussed how the MAP Post-Acute/Long-Term Care (PAC/LTC), Clinician, Hospital Workgroups' deliberations included the high leverage areas previously identified by the Dual Eligible Beneficiaries Workgroup. Ms. Lind discussed the overall impact of the dual eligible beneficiaries draft core set. She highlighted that ten measures from the draft core set were supported by the workgroups for inclusion in federal programs. Additionally, Ms. Lind mentioned that the workgroups discussed the role of stratification in identifying disparities experienced by dual eligible beneficiaries. This is a topic that will be further discussed at the February 21-22, 2012 Dual Eligible Beneficiaries Workgroup in-person meeting.

Coordinating Committee discussion revolved around how the output of the Dual Eligible Beneficiaries Workgroup serves as a good example of person-centered measurement across populations and settings. In their deliberations, the Committee reviewed and emphasized the established five high-leverage opportunities for the improvement of quality of care for dual eligible beneficiaries (i.e., Care Coordination, Quality of Life, Screening and Assessment, Structural Measures, and Mental Health and Substance Use). Other comments included the need to address measurement gaps for mental health.

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Clinician Performance Measurement Programs

Mark McClellan, Clinician Workgroup Chair, and Aisha Pittman, Senior Project Manager, NQF, provided an overview of the December Clinician Workgroup meeting. This included identifying gaps, emphasis on alignment among federal programs and the private sector, and consideration of the core measure set generated by the MAP Dual Eligible Beneficiaries Workgroup.

Key points from discussions included how federal programs should augment measure alignment between public and private sectors. To accomplish this, the Clinician Workgroup cited the use of existing Maintenance of Certification (MOC) requirements and clinical registries in clinician performance measurement programs. Additionally, the Committee discussed how over time, as HIT becomes more effective and interoperable, the Meaningful Use program should have a greater focus on HIT-sensitive measures (i.e., measures that provide information on whether electronic health records are changing care processes) and HIT-enabled measures (i.e., measures that require data from multiple settings/providers or are longitudinal and would require an HIT-enabled collection platform to be fully operational).

The Coordinating Committee made one of the following three conclusions for each measure or measure concept:

Support the measure

MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program.

Support the direction of the measure

MAP supports the measure concept; however, further development, testing, or implementation feasibility must be addressed before inclusion in the associated federal program.

Do not support the measure

Measure is not recommended for inclusion in the associated federal program.

The following table displays the conclusions of the Coordinating Committee regarding the clinician performance measurement programs. There were no measures under consideration for the Medicare Shared Savings Program for 2012 federal rulemaking.

Clinician Program	Measures Under Consideration	Support	Do Not Support	Support Direction
Value-Based Payment Modifier	7	0	0	7
Physician Quality Reporting	153	17	120*	16
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	92	67	25*	0
Medicare Shared Savings Program	0	n/a	n/a	n/a

* MAP did not have full measure specifications to complete its evaluation for many of these measures, so could not support them at this time.

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Post-Acute/Long-Term Care (PAC/LTC) Performance Measurement Programs

Carol Raphael, PAC/LTC Workgroup Chair, and Aisha Pittman provided an overview of the December PAC/LTC Workgroup meeting. Ms. Raphael's presentation included a review of the 12-priority core measure concepts and noted that the workgroup emphasized functional status, goal attainment, and experience of care measures. Functional status is a high-priority gap across all programs, as assessing function and change in function over time serves as a baseline for tailoring care for individuals and population subsets. A second prominent gap is measures that incorporate the patient, family, and caregiver experience and their involvement in shared decision-making. Ms. Raphael noted that many of the PAC/LTC core concepts are gaps across all of the federal PAC/LTC performance measurement programs.

Committee members discussed the limited number of measures of changes in functional status; whether personalized care goals are established and attained; and patient, family, and caregiver experience in federal PAC/LTC programs. It was suggested that measure gaps can potentially be addressed by adapting existing performance measures from Nursing Home Compare or Home Health Compare, which would also promote alignment. Finally, there was discussion regarding how the measure set should address aspects of care beyond clinical care, by including a health-related quality of life measure and exploring available depression screening measures.

The following table displays the conclusions of the Coordinating Committee regarding the PAC/LTC performance measurement programs. There were no Measures Under Consideration for the Nursing Home Compare and Home Health Quality Reporting programs for 2012 federal rulemaking.

PAC-LTC Program	Measures Under Consideration	Support	Do Not Support	Support Direction
Nursing Home Compare	0	n/a	n/a	n/a
Home Health Quality Reporting	0	n/a	n/a	n/a
Inpatient Rehabilitation Facility Quality Reporting	8	0	0	8
Long-Term Care Hospital Quality Reporting	8	0	0	8
Hospice Quality Reporting	6	6	0	0

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End Stage Renal Disease Quality Management	5	3	1	1
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Hospital Performance Measurement Programs

Frank Opelka, Hospital Workgroup Chair, and Lindsay Lang, Senior Project Manager, NQF, provided an overview of the December Hospital Workgroup meeting. Dr. Opelka highlighted that the workgroup had a high preference for NQF-endorsed measures when deliberating on the measures under consideration.

Key points of discussion included how composite measures offer a comprehensive picture of patient care for a specific condition or an overall institution and how component scores also provide important information. There was emphasis on how measures should align across programs addressing similar settings of care; for example, encouraging greater overlap between Hospital Inpatient Quality Reporting and PPS-exempt Cancer Hospital Reporting Program measures. Finally, there was discussion on how patient safety is a high priority area for all stakeholder groups represented within MAP, and MAP strongly encouraged the use of NQF-endorsed safety measures where available.

The following table displays the conclusions of the Coordinating Committee regarding the hospital performance measurement programs. There were no measures under consideration for the Hospital Outpatient Quality Reporting and Ambulatory Surgical Center Quality Reporting programs for 2012 federal rulemaking.

Hospital Program	Measures Under Consideration	Support	Do Not Support	Support Direction
Hospital Inpatient Quality Reporting	22	9	3	10
Hospital Value-Based Purchasing	13	3	9	1
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHS	36	27	9	0
Hospital Outpatient Quality Reporting	0	n/a	n/a	n/a
Ambulatory Surgical Center Quality Reporting	0	n/a	n/a	n/a

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Inpatient Psychiatric Facility Quality Reporting	6	6	0	0
PPS Exempt Cancer Hospitals	5	5	0	0

Alignment Across Programs and Prioritization of Gap Areas

Connie Hwang provided an overview of the themes that emerged throughout the pre-rulemaking analyses. Dr. Hwang highlighted that care coordination emerged as an alignment theme throughout discussions. In particular, measures related to care transitions, readmissions, and post-discharge medication reconciliation were underscored and supported for inclusion in several programs under 2012 federal rulemaking.

Feedback and MAP Future Direction

The meeting concluded with a discussion regarding the pre-rulemaking process and the Coordinating Committee provided the following suggestions for the future direction of MAP:

- Identify the opportunity to integrate work of the National Priorities Partnership (NPP) to pursue the objectives of the National Quality Strategy;
- Request additional information on measure use and other information on measures under consideration during pre-rulemaking activities;
- Desire further work to resolve measurement gaps; and
- Request feedback loops with CMS and the private sector

Next Steps

The next meeting of the MAP Coordinating Committee will be March 15, 2012, in Washington D.C.