NATIONAL QUALITY FORUM

Meeting Summary

MAP Coordinating Committee In-Person Meeting
January 8-9, 2013

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Tuesday, January 8, and Wednesday, January 9, 2013. An online archive of the meeting is available.

MAP's 2013 Pre-Rulemaking Report can be accessed here. The report contains detailed information on MAP's input to HHS on measures under consideration.

Coordinating Committee Members in Attendance:

Please see attachment for a list of members in attendance.

Welcome and Review of Meeting Objectives

Session led by MAP Coordinating Committee Co-Chairs, George Isham and Beth McGlynn.

- The primary objectives of the meeting were to:
    - Review progress on measure alignment through the lenses of the National Quality Strategy (NQS), 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 (PAC/LTC) settings.
    - Discuss feedback loops about measure use, impact, and implementation experience.

NQF 2013 Planning

Session led by Gerry Shea, Interim CEO, NQF.

- Mr. Shea provided an overview of issues currently experienced when recommending and relating measures to the NQS. To assist in addressing these issues, Mr. Shea discussed NQF's 2013 priority solution areas:
    - Move from identifying measure gaps to helping fill them by stimulating creation of the highest priority measures;
    - Replace ad hoc review panels for measures with standing ones;
    - Host a process among, and provide technical assistance to, purchasers and payers trying to agree on a common set of measures of value;
    - Build a network of feedback loops to gather reliable and real-time data on measure use and usefulness;
    - Expand the "eMeasures Collaborative," a problem solving forum for developers, vendors, and users of electronic measurement;

    - Continue support for the Stand for Quality effort for Congressional funding of measure development and endorsement; and
    - Create a comprehensive measurement framework for tackling affordability and a set of metrics of success.
- Coordinating Committee discussion emphasized engaging EHR vendors through the eMeasures Collaborative.
- Discussion also highlighted the importance of reducing reporting burden for providers.
- Mr. Shea recognized the multivariate problem of reporting burden presented by committee members and underscored that the NQF's 2013 priority areas will attempt to address this through measure alignment and collaboration.

Program Measure Alignment

Session led by George Isham. Additional presentations by Tom Valuck, Senior Vice President, Strategic Partnerships, NQF; Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair; and Gerry Shea.

- Dr. Valuck presented MAP's progress to-date on measure alignment between HHS programs and NQS priorities. To date, MAP has evaluated progress toward aligned measurement across multiple dimensions including: alignment of measures in HHS programs with the NQS priorities, promotion of alignment by the MAP Families of Measures, alignment through the use of a core set of measures across settings for the dual eligible beneficiary population, and alignment of cost of care measures across settings.
- Ms. Lind then reviewed the input provided by the Dual Eligible Beneficiaries Workgroup to the MAP Clinician, Hospital, and Post-Acute Care/Long-Term Care (PAC/LTC) Workgroups during their deliberations on the selection of relevant measures for the dual eligible beneficiaries population that could be recommended and used in federal programs. She then provided additional cross-cutting input to the MAP Coordinating Committee regarding the applicability and appropriateness of measures for dual eligible beneficiaries drawing on measures from the Evolving Core Set of Measures for Dual Eligible Beneficiaries.
- Mr. Shea presented a recent healthcare purchaser and payer initiative known as "Buying Value" that is using existing resources, such as the MAP Families of Measures, a national survey of health plans, and requirements for Stage Two of the Meaningful Use program, to identify aligned performance measures to be used more consistently by purchasers.
- Dr. Isham presented how MAP's concept of families of measures contributed to national leaders' dialogue at a recent Institute of Medicine (IOM) workshop on identifying core population-level metrics within the complex, multilevel, and adaptive healthcare delivery system. The IOM workshop illuminated many perspectives about the application of performance measures and how to achieve alignment.
- Committee discussion focused on measure alignment, shared accountability, population health, and measuring "systemness." Additional discussions included the importance of capturing patient experience in healthcare.

High Priority Measure Gaps and NQF's Collaborative Initiative for Gap-Filling

Session led by Beth McGlynn. Additional presentations by Allen Leavens, Senior Director, Strategic Partnerships, NQF; and Helen Burstin, Senior Vice President, Performance Measures, NQF.

- Dr. Allen Leavens presented on MAP's previous work on identifying measure gaps through its various convening activities. In addition, Dr. Leavens highlighted how MAP has taken initial steps toward gap-filling by moving toward prioritization of high-leverage opportunities, and involving measure developers in discussions about gaps.
- Dr. Helen Burstin presented on a collaborative approach for gap-filling. The initiative will build on the 2012 NQF Measure Gap Analysis and Recommendations for Action Report, which includes a summary and analysis of measure gaps identified across the National Priorities Partnership (NPP), MAP, and NQF measure endorsement projects, and lays out a path for NQF's work on gap-filling for this year and next year.
- Dr. Burstin also highlighted that NQF is exploring ways to heighten collaboration through creation of a virtual "measure incubator," which will allow stakeholders addressing measurement gaps to collaborate with measure funders, developers, EHR vendors, healthcare systems with advanced measures, and local/regional collaboratives.
- The Coordinating Committee expressed strong support for NQF playing a coordination role in gap-filling and working closely with measure developers early in the development process in the role of "coach" to address gaps, rather than only as "referee" during endorsement.

MAP Pre-Rulemaking Approach

Session led by Beth McGlynn. Additional presentation by Tom Valuck.

- Dr. Valuck reviewed the four step pre-rulemaking approach for 2013:
    - Building on MAP's prior recommendations;
    - Evaluating each finalized program measure set using MAP's Measure Selection Criteria;
    - Evaluating measures under consideration for what they would add to the program measure sets; and
    - Identifying and prioritizing gaps for programs and settings.
- Dr. Valuck also explained new aspects of pre-rulemaking this year, such as the role of the MAP's families of measures and core measure sets, as well as development of a rationale for MAP decisions on each measure.

Finalize Pre-Rulemaking Recommendations for Hospital Programs

Session led by George Isham and Frank Opelka, MAP Hospital Workgroup Chair.

- Dr. Opelka provided an overview of the Hospital Workgroup's review of 9 hospital programs with varying purposes and constructs:
    - Inpatient Quality Reporting Program
        - Reviewed 20 measures under consideration
    - Hospital Value-Based Purchasing Program
        - Reviewed 17 measures under consideration

    - Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use)
        - Reviewed 1 measure under consideration
    - Hospital Readmission Reduction Program
        - Reviewed 6 measures under consideration
    - Hospital-Acquired Condition Payment Reduction Program
        - Reviewed 25 measures under consideration
    - PPS-Exempt Cancer Hospital Quality Reporting Program
        - Reviewed 19 measures under consideration
    - Inpatient Psychiatric Facility Quality Reporting Program
        - Reviewed 5 measures under consideration
    - Hospital Outpatient Quality Reporting Program
        - Reviewed 7 measures under consideration
    - Ambulatory Surgical Center Quality Reporting Measure Set
        - Reviewed 5 measures under consideration
- In reviewing measures for use in the various hospital programs, Dr. Opelka discussed key issues related to hospital performance measurement:
    - A large number of the measures on HHS' list were under consideration for more than one program or previously finalized in another program. This highlighted the need to differentiate valuable measure alignment from unnecessary measurement duplication.
    - As these programs move from pay-for-reporting to pay-for-performance approaches, performance measures selected for the programs should be more rigorous to match the increasing level of accountability.
- MAP determined that the complex relationships among hospital programs must be considered when applying measures to the various programs.
- To address the key issues, the Hospital Workgroup developed Guiding Principles for Applying Measures to Hospital programs and then applied those principles to the programs. The principles are not absolute rules, rather they are meant to be used in conjunction with program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. The principles will inform future revisions to the Measure Selection Criteria.
    - Pay-for-Reporting Programs
        - Important to gain experience with measures in a public reporting program before applying them to pay-for-performance programs.
        - Measures for public reporting should generate useful information to support consumer and purchaser decision-making and also guide provider improvement efforts.
    - Pay-for-Performance Programs
        - For pay-for-performance programs that include an improvement component in the payment structure, such as Hospital Value-Based Purchasing (HVBP), certain measures are more appropriate than for programs without an improvement incentive.

        - Measures should address areas of known variation with opportunities for improvement.
        - Measures for which the benchmark is uncertain, and may not be zero, may also be more appropriate for programs with an improvement incentive, rather than for other types of payment adjustment programs.
        - To capture the value aspect of value-based purchasing, measures of clinical quality, particularly outcomes, should be linked to cost of care measures.
    - Pay-for-performance programs that include only reductions in their payment structures, such as the Hospital Readmission Reduction and Hospital-Acquired Condition Payment Reduction Programs, send strong incentive signals to avoid readmissions and HACs.
        - Measures for these programs should address high incidence, severity, or cost areas where there is variation in quality with opportunities for improvement.
        - When selecting measures for these programs, program implementers should consider whether a measure is used within other pay-for-performance programs.

Finalize Pre-Rulemaking Recommendations for Clinician Programs

Session led by George Isham and Mark McClellan, MAP Clinician Workgroup Chair.

- Dr. McClellan provided an overview of the over 700 measures under consideration that the Clinician Workgroup reviewed for clinician programs:
    - Physician Quality Reporting System (PQRS)
        - Reviewed over 200 measures under consideration that would be new to clinician measurement programs.
        - Reviewed existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program to accommodate hospital-based physicians.
    - Physician Compare
        - Reviewed measures under consideration and existing measures for PQRS.
    - Value-Based Payment Modifier (VBPM)
        - Reviewed measures under consideration and existing measures for PQRS.
    - Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
        - Reviewed 2 measures under consideration.
- In reviewing measures for use in the Physician Quality Reporting System (PQRS), Physician Compare, the Value- Based Payment Modifier (VBPM), and the Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use), Dr. McClellan discussed key issues related to clinician performance measurement:
    - Overarching goal is to engage clinician participation in meaningful quality reporting.

        - To date, participation has been low; in 2010, only 25% of eligible clinicians participated in PQRS.
        - Participation is imperative as significance of performance measurement increases over time.
        - Balance between encouraging clinician participation and reducing clinician reporting burden.
- To address the key issues, the Clinician Workgroup developed Guiding Principles for Applying Measures to Clinician programs and then applied those principles to the programs.
    - Quality Reporting Programs (i.e., PQRS)
        - Measures should be used in PQRS to obtain experience before being used in public reporting and payment incentive programs.
        - PQRS should be more broadly inclusive of measures to encourage clinician participation.
    - Public Reporting (i.e., Physician Compare)
        - Include NQF-endorsed measures that are meaningful to consumers and purchasers (i.e., have face validity), to meet public reporting purpose of supporting consumer and purchaser decision-making.
        - Encourage a parsimonious set of measures that all clinicians can report.
    - Payment Incentive (i.e., Value-Based Payment Modifier)
        - Should ideally drive toward value by linking the outcomes most important to patients with measures of cost of care.
        - NQF-endorsed measures strongly preferred.
        - Measures should have been reported in a national program (i.e., PQRS) for a year.
    - Meaningful Use
        - Balance broad inclusion of measures applicable to a variety of clinician specialties with identifying measures that promote performance improvement.
        - Include NQF-endorsed measures that have eMeasure specifications.
        - As health IT becomes more effective and interoperable, measures should focus on a demonstrated and meaningful impact on care.
- Given the large number of measures under consideration and the complexity of the task, MAP identified specific measures for PQRS and Meaningful Use, but did not identify specific measures for inclusion in Physician Compare or VBPM. Illustrations of measures MAP would likely support for inclusion in Physician Compare and VBPM were provided.
- CMS encouraged MAP to develop the guiding principles in lieu of individual measure recommendations for Physician Compare and VBPM, and indicated that having the principles will provide a valuable foundation for measure selection for clinician programs.

Finalize Pre-Rulemaking Recommendations for Post-Acute/Long-Term Care Programs

Session led by Beth McGlynn and Carol Raphael, MAP PAC/LTC Workgroup Chair.

- Ms. Raphael provided an overview of 74 measures under consideration across 6 PAC/LTC programs reviewed by the PAC/LTC Workgroup:
    - Long-Term Care Hospital Quality Reporting Program
        - Reviewed 29 measures under consideration
    - Inpatient Rehabilitation Facility Quality Reporting Program
        - Reviewed 10 measures under consideration
    - End Stage Renal Disease Quality Improvement Program
        - Reviewed 21 measures under consideration
    - Hospice Quality Reporting Program
        - Reviewed 7 measures under consideration
    - Nursing Home Quality Initiative and Nursing Home Compare Program
        - Reviewed 5 measures under consideration
    - Home Health Quality Reporting Program
        - Review 2 measures under consideration
- In reviewing the measures, Ms. Raphael discussed key issues related to performance measurement in PAC/LTC settings:
    - Measurement should be standardized and also be aligned with other acute settings, such as hospitals.
    - Alignment must be balanced with consideration for the heterogeneity of patient needs across settings.
    - Robust risk adjustment methodologies are needed to address the variability of patient populations across settings.
    - For programs that distinguish patient populations as short-stay and long-stay, opportunities to prudently combine the two, accounting for patient variations, should be explored, as well as determining if any of the measures could be applied to other PAC/LTC programs.
    - MAP continues to recognize that the lack of an information infrastructure across PAC/LTC settings, which are not eligible for Meaningful Use incentives, remains an impediment to measurement.
- In addition to the MAP Measure Selection Criteria, MAP's Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement and Performance Measurement Coordination Strategy for Hospice and Palliative Care served as guides for MAP's pre-rulemaking decisions for the PAC/LTC programs.

Feedback Loops about Measure Use, Impact, and Implementation Experience

Session led by Beth McGlynn and Tom Valuck.

- Dr. Valuck discussed how the MAP Strategic Plan for 2012-2015 emphasized the need to engage stakeholders more deeply in MAP's work. Dr. Valuck specified that in 2013, MAP will establish feedback loops, or two-way exchanges of information about measure implementation, use, and impact, to inform MAP's recommendations and to determine how to better meet the measure selection needs of public- and private-sector performance measurement programs.

- The Coordinating Committee agreed that establishing feedback loops is an important undertaking and encouraged a targeted approach when collecting information. Members suggested engaging the Medicare Qualified Entities and regional collaboratives as potentially good sources of measurement use and implementation information.

MAP Approach and Progress to Date: Round Robin Discussion

Session led by George Isham and Tom Valuck.

- The meeting concluded with a discussion regarding the pre-rulemaking process and opportunities for enhancement, including the following recommendations:
    - Enhancing current decision categories by potentially creating a new category, "Conditional Support."
    - Developing standing committees for off-season work.
    - Encouraging clinician shared accountability, as well as other attribution methodologies, especially when dealing with low denominator populations.
    - Establishing a feedback loop with CMS to understand how many measures MAP will be reviewing and what the goals are to proactively prepare for rulemaking.

Next Steps

Session led by Beth McGlynn.

- Dr. McGlynn noted that the MAP Pre-rulemaking report will be available for a two-week public comment period January 14-28. The final Pre-rulemaking Report will be submitted to HHS on February 1, 2013.
- Additionally, Dr. McGlynn highlighted that the MAP Dual Eligible Beneficiaries Interim Report is undergoing a public comment period through January 30, 2013.

MAP Coordinating Committee and Workgroup Members in Attendance

Co-Chair	George Isham
Co-Chair	Elizabeth McGlynn
ORGANIZATIONAL MEMBERS (VOTING)	
AARP	Joyce Dubow
Academy of Managed Care Pharmacy	Marissa Schlaifer
AdvaMed	Stephen Brotman
American College of Physicians	David Baker (day 1)
American College of Surgeons	Frank Opelka
America's Health Insurance Plans	Aparna Higgins
American Hospital Association	Rhonda Anderson
American Medical Association	Carl Sirio (day 1 by phone) Sub: Jennifer Meeks (day 1 & all 2)
American Medical Group Association	Sam Lin
American Nurses Association	Marla Weston
Catalyst for Payment Reform	Sub: Andrea Dilweg
Consumers Union	Lisa McGiffert
Federation of American Hospitals	Charles Kahn (day 1) Sub: Jayne Chambers (day 2)
LeadingAge	Cheryl Phillips
Maine Health Management Coalition	Elizabeth Mitchell
National Association of Medicaid Directors	Foster Gesten
National Partnership for Women and Families	Christine Bechtel (day 2) Sub: Tanya Alteras (day 1)
Pacific Business Group on Health	William Kramer
INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)	
Subject matter expert: Child Health	Richard Antonelli
Subject matter expert: Population Health	Bobbie Berkowitz
Subject matter expert: Rural Health	Ira Moscovice
Subject matter expert: Mental Health	Harold Pincus

Subject matter expert: Post-Acute/Home Health/Hospice	Carol Raphael (day 2)
FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	
AHRQ	Nancy Wilson
CDC	Gail Janes
CMS	Patrick Conway
HRSA	Ahmed Calvo
ONC	Kevin Larsen (day 1) Sub: Kelly Cronin (day 2)
ACCREDITATION/CERTIFICATION LIAISONS (NON-VOTING)	
American Board of Medical Specialties	Sub: Eric Holmboe
NCQA	Peggy O'Kane
The Joint Commission	Sub: Margaret Vanamringe (day 1)