MEASURE APPLICATIONS PARTNERSHIP
COORDINATING COMMITTEE
Convened by the National Quality Forum

Summary of In-Person Meeting #6

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Thursday, March 15, 2012. For those interested in reviewing an online archive of the web meeting, please click here.

Committee Members in Attendance at the March 15, 2012 Meeting:

George Isham (Co-Chair)	Chip Kahn, Federation of American Hospitals
Elizabeth McGlynn (Co-Chair)	William Kramer, Pacific Business Group on Health
Rhonda Anderson, American Hospital Association	Kevin Larsen, Office of the National Coordinator for HIT
Richard Antonelli [subject matter expert: child health] (phone)	Sam Lin, American Medical Group Association
David Baker, American College of Physicians	Ira Moscovice [subject matter expert: rural health]
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
Steven Brotman, AdvaMed	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: health IT]
Maureen Dailey, American Nurses Association (substitute for Marla Weston)	Chesley Richards, Centers for Disease Control and Prevention
Suzanne Delbanco, Catalyst for Payment Reform	Marissa Schlaifer, Academy of Managed Care Pharmacy
Joyce Dubow, AARP	Gerald Shea, AFL-CIO
Tom Granatir, American Board of Medical Specialties (substitute for Christine Cassel)	Carl Sirio, American Medical Association (phone)
Aparna Higgins, America's Health Insurance Plans	Nancy Wilson, Agency for Healthcare Research and Quality

The primary objectives of the meeting were to:

- Review proposed MAP scope of work for 2012-13
- Review findings of the MAP Hospital, Dual Eligible Beneficiaries, and Post-Acute Care/Long-Term Care (PAC/LTC) Workgroups on measures for PPS-exempt cancer hospitals, the dual eligible beneficiary population, and hospice care
- Finalize input to HHS on performance measurement coordination strategies for PPS-exempt cancer hospitals, the dual eligible beneficiary population, and hospice care

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

Proposed MAP Scope of Work for 2012-2013
George Isham presented the proposed MAP scope of work and key deliverables for 2012-2013, noting that this work is tentative and has not yet been approved by HHS. In his presentation, Dr. Isham highlighted that the proposed work was guided by discussions and recommendations of the MAP Coordinating Committee and workgroups during the first year of MAP. Some of the recommendations included strengthening connections with the National Priorities Partnership (NPP), as well as other groups, to pursue mutual objectives under the National Quality Strategy (NQS). Additional recommendations included obtaining measure use and impact information to guide decision making, and doing a deeper dive into measure gap-filling strategies. Dr. Isham discussed the of establishment of time-limited, content-focused Task Forces that will advise the Coordinating Committee on: (1) a 3-year strategic plan for MAP, and (2) "families of measures," topically-related sets of available measures and measure gaps that span programs, care settings, and levels of analysis. The Task Forces will be selected by the Coordinating Committee co-chairs from existing MAP Coordinating Committee and workgroup members.

Dr. Isham then reviewed MAP's annual pre-rulemaking process. A similar approach to year one will be taken with an additional tactic of monitoring uptake of recommendations to inform subsequent pre-rulemaking deliberations. MAP will continue to utilize the Clinician, Hospital, PAC/LTC, and Dual Eligible Beneficiaries Workgroups to complete the pre-rulemaking task. MAP will also enhance its decision making support to further increase capacity to gather, present, and maintain information about measures.

Coordinating Committee members discussed the continued importance of aligning the work of MAP with the work of the NPP and the NQS, in addition to building on work that has already been accomplished. There was also discussion about the importance of a MAP strategic plan to aid in outlining a process for identifying and filling gaps. Furthermore, there was an emphasis on ensuring that the future work of MAP captures meaningful information regarding end-user experience with implementing performance measures. Finally, discussion ensued around assessing the impact of the MAP recommendations and how to clearly communicate the work of MAP.

Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals
Frank Opelka, Chair of the Hospital Workgroup, presented the workgroup findings and the draft report on a performance measurement coordination strategy for PPS-exempt cancer hospitals. Dr. Opelka briefly discussed the history of PPS-exempt cancer hospitals and explained that the Affordable Care Act establishes a new program requiring these hospitals to publicly report quality data. The Hospital Workgroup recommendations for a performance measurement coordination strategy focused on three major areas: priorities for measure performance in cancer care; a core set of available measures plus measure development, endorsement, and implementation gaps; and data and HIT considerations.

The Hospital Workgroup recommended that the measurement strategy for PPS-exempt cancer hospitals look beyond one specific setting (i.e., PPS-exempt cancer hospitals) and address the whole patient across the entire cancer care episode. Furthermore, the Hospital Workgroup underscored that patient well-being and experience should be the focus of measurement, ensuring that patients remain central to measuring and improving overall quality of cancer care.

Dr. Opelka outlined the priorities for cancer care measurement and a cancer core measure set that the workgroup had established. He also highlighted the recognized gap areas for cancer care, including patient outcomes, cost and efficiency of care, health and well-being, and safety. Finally, Dr. Opelka presented the challenges and promising practices in data and HIT considerations for cancer care that the Hospital Workgroup had identified.

The Coordinating Committee discussed refinements to the report.. The Committee strongly emphasized the need for cross-cutting measures applicable to all cancer patients rather than measures applicable to only certain types of cancer. Additionally, the Committee discussed whether screening measures should be included in the core set as the majority of patients seen in PPS-exempt cancer hospitals have already been diagnosed. The Coordinating Committee stressed the need to align measurement activities in PPS-exempt cancer hospitals with measurement in acute care hospitals where cancer patients also receive care. Specifically, the Committee advised that cancer care measures should be included within the IQR measure set and that appropriate IQR measures should be applied to PPS-exempt cancer hospitals as a first step to aligning cancer care quality measurement. The Committee also noted the need to take a person-centered view of cancer care measurement and recommended that the core measure set include patient experience measures and measures associated with psychosocial well-being and mental health. The Committee discussed the need to incorporate measures for hospice and palliative care to ensure care is addressed across the entire episode. The Committee stated that the recommendations of this report could serve as a model for addressing measurement issues for other chronic illnesses. Finally, the Committee recommended focusing the scope of the report on PPS-exempt cancer hospitals.

Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries
Alice Lind, Chair of the Dual Eligible Beneficiaries Workgroup, presented the contents of the workgroup draft report on measures for the dual eligible beneficiary population. Ms. Lind began her presentation with a review of the guiding principles and the five high leverage opportunities (i.e., Care Coordination, Quality of Life, Screening and Assessment, Structural Measures, and Mental Health and Substance Use) that contributed to the measurement approach. She also discussed three related sets of measures, developed by the workgroup that can be used to measure quality within the dual eligible beneficiary population. These included a revised core set of possible measures, a starter set of available measures that are best for short-term implementation, and an expansion set of measures that require modification before being applied to this population.

Additionally, Ms. Lind presented the workgroup's process for identifying and prioritizing measure gap areas. A major gap area for this population is a set of measures to evaluate the quality of Medicaid Home and Community-Based Services (HCBS). Measure scans have revealed promising concepts, but due to a lack of standardization across states and HCBS sub-populations, endorsement and application of the measures may be difficult. Ms. Lind highlighted that each potential use of measures has its own purpose, resource constraints, type of authority or influence, and data capabilities. Going forward, the workgroup will seek to provide more clarity around measure alignment and the current and potential uses of measures in the field.

Coordinating Committee member discussion focused on the implementation challenges associated with measuring a heterogeneous population that accesses multiple settings of care. The members offered different tactics to segment the population to improve measurement and identify high-need sub-populations. Furthermore, members discussed the prioritized gaps list, emphasizing connecting the medical delivery system with long-term care services and supports.

After discussion, the Coordinating Committee recommended adding three measures to the starter set.

Performance Measurement Coordination Strategy for Hospice Care
Carol Raphael, Chair of the PAC/LTC Workgroup, presented the workgroup draft report on a performance measurement coordination strategy for hospice care. Ms. Raphael discussed that improving hospice and palliative care provides an opportunity to advance two priorities of the National Quality Strategy: person- and family-centered care, and effective communication and care coordination. Ms. Raphael presented details on the Medicare Hospice Benefit and the new reporting requirement in the Affordable Care Act for hospice programs to submit quality data. MAP had previously provided input to HHS on measures related to hospice care through its 2012 Pre-Rulemaking Report.

Ms. Raphael explained the workgroup's decision to expand the scope of the report to include palliative as well as hospice care, and provided insight into the unique aspects of hospice and palliative care that needed to be considered in creating a performance measurement coordination strategy. The report identified 28 measure concepts for hospice and palliative care that focused on patients' and families' needs and preferences, measured across settings of care and diverse providers. Following this section of the presentation, Ms. Raphael discussed the available measures identified by the workgroup that address high-leverage measure concepts for both settings. The workgroup had noted measures that were ready for immediate application, as well as measures that could potentially be applied for application to broader settings or programs. To conclude, Ms. Raphael discussed the measurement gaps identified by the workgroup, such as access issues, comprehensive assessment of patients, patient education and support, and timeliness /responsiveness of care.

Coordinating Committee members discussed how hospice and palliative care's team-based approach should put the patient at the center of the team. The Committee emphasized that patient preference is critical in this population; however, there are currently few measures to assess non-clinical care aspects of hospice and palliative care. Discussion highlighted the measurement areas where more emphasis may be needed, specifically cost, patient activation, appropriateness of care, and care setting. Finally, there was discussion on gleaning lessons learned from this approach and extrapolating to other MAP activities, specifically around the emphasis on person- and family-centered care.

The meeting concluded with a discussion of next steps. The next meeting of the Coordinating Committee will be a web meeting in mid-May 2012.