



Measure Applications Partnership
Pre-Rulemaking Report: Reaction Draft
Segment 2
(High-Priority Measures Gaps and NQF's
Collaborative Initiative for Gap Filling, and
Feedback Loops)

MAP COORDINATING COMMITTEE IN-PERSON MEETING

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

Performance measure gaps are a vital issue for a wide variety of stakeholders, as highlighted in the 2012 MAP Families of Measures report. MAP has played a key role in identifying measure gaps through its various activities. In addition, MAP has taken initial steps to promote gap-filling by moving toward prioritization of high-leverage opportunities, offering more discrete suggestions for measure development, and involving measure developers in discussions about gaps. However, much work remains to be done by many entities to accelerate accomplishment of closing the gaps.

To push beyond gap identification, NQF will be pursuing a collaborative initiative for gap-filling in 2013. The initiative will bring together measure developers and end users to not only prioritize identified gaps, but to also stimulate rapid progression of promising measures from development and testing, to endorsement and use, across public and private sectors. The objective of the initiative is to establish NQF as central to solving the problem of filling gaps in the measures needed to assess improvement and value.

MAP's Identification of High-Priority Measure Gaps

The 2012 MAP Families of Measures report described common gap themes and barriers to gap-filling. It detailed how MAP can work to better characterize gaps, provide more granular recommendations, and clarify which gaps are most important. Inherent in this process is the need for considering the anticipated benefit of addressing a specific gap weighed against the costs (financial, time, and potential unintended consequences). In addition, the report pointed to gaps at various stages along the measure lifecycle—from conceptualization, to development and testing, and then on to endorsement, implementation, and monitoring. Key entities that play essential roles in gap-filling may be able to influence some of these steps more readily than others.

In creating the initial families of measures, MAP set the stage for building a repository of measures that target the most important opportunities for improvement, in many cases across multiple settings and populations. MAP Families of Measures include high-priority gaps, in addition to identifying the best available measures for a priority topic or condition. Measure developers attended and participated in the MAP meetings held to create the measure families. During the dialog between MAP members and measure developers, developers shared plans for new measures in the development pipeline, and MAP members provided developers with a better understanding of the gaps MAP identified as highest priority to address.

During the December 2012 MAP pre-rulemaking workgroup meetings, a synthesized list of measure gaps was provided to support deliberations. The MAP list of measure gaps is composed of gaps collated from all previous MAP reports, representing cumulative findings over the past two years. The MAP list categorizes gaps according to the National Quality Strategy priority areas. Using the list as a guide, workgroup members were able to build off their prior efforts by affirming persistent gaps and also identifying additional priority gap areas.

MAP's Pre-Rulemaking Findings on Gaps

The MAP pre-rulemaking process includes review of currently finalized program measure sets to identify gaps to be filled by available measures (i.e., an implementation gap) or by measures that need to be developed (i.e., a development gap). MAP's iterative review of the program measure sets and its list of

previously identified measure gaps facilitate identification of both measure implementation and measure development gaps.

A current example of MAP recommending a measure under consideration for a program to fill a previously identified gap is the Clinician Workgroup's support of NQF #0469 (PC-01 Elective Delivery) for the PQRS program. This measure is included in the MAP Safety Family of Measures, and expanding its use helps to address a previously identified gap in measuring obstetrical adverse events. Another example of progress on gap-filling is MAP's support for measures incorporating patient-reported outcomes (PRO). These measures help fill gaps in assessing the patient's perspective of the care experience. The Hospital Workgroup supported NQF #0228 (CTM-3), a PRO measure that also addresses a gap in measuring care transitions. Similarly, NQF #0258 (CAHPS In-Center Hemodialysis Survey) is a PRO measure supported by the PAC/LTC Workgroup for inclusion in the ESRD Quality Reporting program that also assesses person-centered communication, a separate but related gap area. Both the CTM-3 measure and the CAHPS measures are in the MAP Care Coordination and Dual Eligible Beneficiaries Families of Measures.

Despite the relatively large number of measures under consideration by MAP workgroups, members indicated that many measure gaps remain. In general, the types of gaps raised were consistent with those that MAP has previously identified. For example: a need for more outcome measures; insufficient coverage of certain populations, such as children or the underserved; measures that are not specified at the desired level of analysis; insufficient measures that go beyond a "checkbox" approach to assessing whether high standards of care are being met; a lack of composite measures for multifaceted topics; and a relative dearth of measures addressing certain specialty areas, such as mental and behavioral health. Each of the NQS priority areas remains affected to some degree by persistent measure gaps.

During this year's pre-rulemaking process, the areas on MAP's list of previously identified gaps were validated and some nuances were added. For instance, the Clinician Workgroup indicated that measures need to reflect a more diverse set of outpatient conditions, and the group struggled to find available measures that adequately balance issues under the control of individual clinicians versus the larger health system. One member of the Hospital Workgroup advocated that MAP Families of Measures should be used to fill some implementation gaps, even when those measures are not on HHS' list of measures under consideration for certain programs. An example provided for this point was NQF #0646 (Reconciled Medication List Received by Discharged Patients), which is in the MAP Safety Family of Measures and addresses a gap in medication safety but was not under consideration for any acute care hospital programs.

NQF's Collaborative Initiative for Gap-Filling

NQF has determined that a coordinated strategy for addressing measure gaps will be an area of focus for the organization in 2013, and has been planning a collaborative initiative for gap-filling. NQF intends to play a stronger role in bringing together the various essential entities from across the measure development and endorsement continuum to address gaps. In addition, NQF recently completed a summary and analysis of measure gaps identified across initiatives of the NPP, MAP, and NQF measure endorsement projects. The comprehensive Gaps Report that was a product of this work includes recommended action steps for addressing measure gaps.

The first major recommendation derived from the Gaps Report emphasizes using existing measures wisely. While all stakeholders agree that measurement gaps persist and many are crucial, the ultimate goal should be achieving high-value, parsimonious sets of measures. Excessive numbers of measures, measures that overlap, and measures that have low net benefit lead to data collection and reporting burden, as well as confusing signals about healthcare quality. Reducing measure use burden is a priority within NQF 2013 planning efforts. Aligning use of existing measures that meet the most important needs and are effective at driving improvement across settings and populations will help to demonstrate the highest-priority needs for efficient gap-filling.

The second recommendation from NQF's Gaps Report and part of NQF 2013 planning is to accelerate progress on the "next generation" of measures. The newer types of measures are often complex, but may be able to address multiple priority gap areas. Examples of these "measures that matter" include composites, PRO measures, resource use measures, and eMeasures. NQF 2013 planning has placed a particular emphasis on the latter, since eMeasures hold much promise to reduce burden and improve timeliness of quality reporting in the future. All of these measures will still need to meet the NQF endorsement criteria to ensure they are suitable for widespread use. However, it may be possible to speed up the availability of endorsed measures that may initially be used only for internal reporting, rather than public reporting or payment incentives, by having graded levels of endorsement.

The third recommendation in the Gaps Report is that collaboration must be stronger to make optimal progress on closing measure gaps. This is also an integral component of NQF's 2013 plan for a more coordinated initiative on gap-filling. The resources available to fund measure development, testing, and endorsement are finite, so stakeholders need to establish agreement on the highest priority measurement issues, overcoming barriers to address them, and avoiding duplicative measure development efforts. Emphasis on improved collaboration should include stronger partnerships between stakeholders focused on gaps and those who fund, develop, test, endorse, and implement measures. The work includes proactive outreach to developers and connecting developers to test beds. Regularly convening measure developers for discussions with the individuals who can elucidate the highest-priority gaps and solutions for filling them at in-person meetings yields more rapid progress. NQF is also exploring ways to heighten collaboration through creation of virtual "measure incubators," which would allow stakeholders interested in addressing measurement gaps to come together on a more frequent and convenient basis.

MAP plays an important role in identifying and filling gaps in measure use. MAP's work on identifying families of measures is already paying dividends by promoting high-value measures for parsimonious and aligned measure sets. To date, MAP has identified measure families for safety, care coordination, cardiovascular disease, diabetes, cancer, hospice, and dual eligible beneficiaries. In 2013, MAP has proposed identifying additional measure families for affordability, population health, patient and family engagement, and behavioral/mental health. Also during 2013, MAP will be engaging with stakeholders in new ways. MAP will be putting feedback loops in place to gather input on measure implementation experience. For example, MAP may learn that measures it has recommended to address gaps may subsequently be found to need modifications to be feasible for particular applications, or to avoid unintended consequences. In addition, NQF will be working closely with stakeholders to prioritize measure gaps.

In summary, MAP's work to date on measure gaps is starting to bear fruit. But while progress has begun, persistent gaps continue to frustrate measurement efforts. NQF is moving to an activist role in gap-filling by bringing together the entities that are essential partners in accomplishing the mutual objective of moving measurement toward those measures that will accelerate improvement in quality and value. MAP has the capability, in coordination with NQF's larger initiative, to influence ongoing progress in filling measure gaps through its specific recommendations and by enhancing collaboration with other stakeholders.

Feedback Loops

The MAP Strategic Plan for 2012-2015 emphasizes the need to engage stakeholders more deeply in MAP's work. Specifically in 2013, MAP will establish feedback loops for two-way exchange 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. This section presents important items to consider when constructing feedback loops, including essential characteristics, intended purposes, information sources, and channels for exchange of information.

The recent Institute of Medicine Report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, cites the creation of feedback loops as essential for continuous learning and system improvement. A continuously learning system uses information to change and improve its actions and outputs over time. Ideally, the exchange of information through feedback loops is systematic, standardized, real-time, two-way, occurs among all levels of the system, and takes best advantage of information technology.

Standardized information about measure implementation, use, and impact serves many purposes for MAP, other aspects of NQF's work, HHS, and the broader field. For example, information about measure use across public- and private-sector programs will help MAP to ensure that its recommendations for measure selection are resulting in alignment. The NQF endorsement process collects information through measure maintenance about the implementation experience and intended and unintended effects of specific measures every three years. Measure developers want to understand unintended consequences from measurement so they can modify their measures where necessary. HHS and other program implementers need information about measure impact to evaluate their programs. Measure end users are particularly interested in feasibility and data collection burden and in sharing their implementation experiences with program implementers.

Establishing feedback loops is an expensive endeavor, and in an era of constrained resources, it is practical to build on information sources that are already available. MAP has used HHS' uptake in proposed and final rules of MAP's recommendations from the first round of pre-rulemaking as a feedback loop to assess the effectiveness of MAP's recommendations. The MAP strategic plan also calls for a formal evaluation of its processes and impact. Many other information sources could be developed into feedback loops; for example:

- Measure use and results from private health plans, purchaser coalitions, and regional alliances;
- Information from program implementers, such as CMS and The Joint Commission, about experience with the measures used in their programs;
- Information about diagnostic acumen and maintenance of certification from the Medical Specialty Boards;
- Data and measurement results from clinical registries and Medical Specialty Societies;
- NPP's recommendations on measures for the NQS, its action pathways, and its online action registry;
- Measure-specific information submitted through the NQF endorsement process for measure maintenance;
- Structured input about measure implementation experience received through the NQF Quality Positioning System (QPS);
- Barriers to the use of measures raised through the NQF Councils;
- AHRQ's National Healthcare Quality and Disparities Reports and Medical Expenditure Panel Survey (MEPS);
- CMS' National Impact Assessment of Medicare Quality Measures;
- CDC's National Health and Nutrition Examination Survey (NHANES) and Behavioral Risk Factor Surveillance System (BRFSS); and
- Measure results from the Veterans Health Administration.

There are many channels for facilitating two-way exchange of information among stakeholders. Information can be pushed to a repository through routine submission, or can be pulled into a repository through targeted outreach. Information technology and knowledge management techniques are important to ensure that data collection and storage are systematic and standardized to ease analysis and dissemination of information. Surveys are widely used to collect standardized information; for example, AHIP and QASC have recently used surveys to collect information about measure use. Other possible mechanisms for active information exchange include focus groups, listening sessions, online discussion forums, and learning networks.

The MAP Coordinating Committee is asked to discuss the following questions, in the context of feedback loops for understanding and improving measure implementation, use, and impact:

- What are the most important purposes for measure feedback loops to meet? The most important information for MAP to obtain or share?
- What are the essential characteristics for measure feedback loops?
- What existing or new information sources about measures should measure feedback loops be built on? Who holds that information?
- What channels for obtaining and sharing information about measures would be the most useful? The most practical mechanisms for exchange?
- What resources are available to support the implementation of measure feedback loops?
- What feedback mechanisms or information sources about measures do MAP members already have in place?

- What structured questions should NQF ask (e.g., through QPS, endorsement maintenance, NPP, MAP) about measure implementation experience, use, and impact?