

Measure Applications
Partnership

Dual Eligible
Beneficiaries Workgroup
Web Meeting



NATIONAL
QUALITY FORUM

December 20, 2013

Welcome

Meeting Objectives

- Review and discuss the results of MAP Post-Acute Care/Long-Term Care, Hospital, and Clinician Workgroup deliberations on pre-rulemaking input to HHS
- Provide additional cross-cutting input to MAP Coordinating Committee regarding the applicability and appropriateness of measures for dual eligible beneficiaries

Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chair: Alice Lind, MPH, BSN

Organizational Members

American Association on Intellectual and Developmental Disabilities	Margaret Nygren, EdD
American Federation of State, County and Municipal Employees	Sally Tyler, MPA
American Geriatrics Society	Jennie Chin Hansen, RN, MS, FAAN
American Medical Directors Association	Gwendolen Buhr, MD, MHS, MEd, CMD
Center for Medicare Advocacy	Alfred Chiplin Jr., Esq, JD, MDiv
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Humana, Inc.	George Andrews, MD, MBA, CPE
L.A. Care Health Plan	Jennifer Sayles, MD, MPH
America's Essential Hospitals	Steven Counsell, MD
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National Health Law Program	Leonardo Cuello, JD
National PACE Association	Adam Burrows, MD
SNP Alliance	Richard Bringewatt

Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts

Substance Use	Mady Chalk, MSW, PhD
Disability	Anne Cohen, MPH
Emergency Medical Services	James Dunford, MD
Care Coordination	Nancy Hanrahan, PhD, RN, FAAN
Medicaid ACO	Ruth Perry, MD
Measure Methodologist	Juliana Preston, MPA
Home & Community Based Services	Susan Reinhard, RN, PhD, FAAN
Mental Health	Rhonda Robinson Beale, MD
Nursing	Gail Stuart, PhD, RN

Federal Government Members

Agency for Healthcare Research and Quality	D.E.B. Potter, MS
CMS Federal Coordinated Healthcare Office	Cheryl Powell
Health Resources and Services Administration	Samantha Meklikr, MPP
Administration for Community Living	Jamie Kendall
Substance Abuse and Mental Health Services Administration	Lisa Patton, PhD
Veterans Health Administration	Daniel Kivlahan, PhD

Pre-Rulemaking Convening Activities

All-MAP	• December 4
PAC/LTC	• December 10
Hospital	• December 11-12
Clinician	• December 18-19
Dual Eligible Beneficiaries	• December 20
Coordinating Committee	• January 7-8

Liaison Approach for Pre-Rulemaking

- Modeling last year's successful approach, MAP identified liaisons from the Dual Eligible Beneficiaries Workgroup to participate in each of the setting-specific workgroups during pre-rulemaking deliberations.
 - Liaisons represent this workgroup's perspective during strategic discussions and review of measures under consideration.
 - Today, the experience from the other meetings will be shared with you.
 - Results from our discussion will be shared with the Coordinating Committee on January 8, 2014.

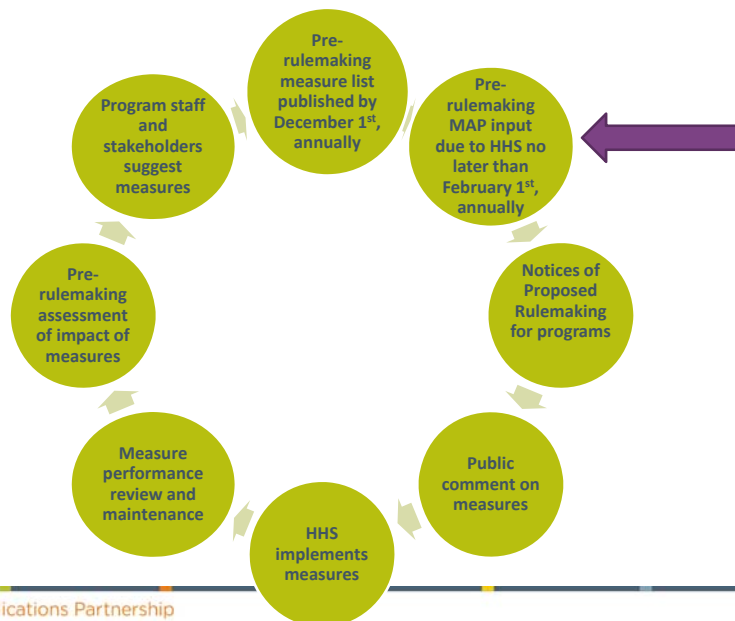
MAP Pre-Rulemaking and Influence of the Family of Measures for Dual Eligible Beneficiaries

Affordable Care Act Statutory Requirements

HHS publishes the Measures Under Consideration by December 1 annually

- MAP convenes to provide input on the selection of quality and efficiency measures under consideration by HHS;
- MAP submits a report to HHS by February 1
 - Recommendations and rationale for the of quality and efficiency measures
- Every 3 years, NQF completes an impact assessment report.
 - First report submitted March 2012. The next impact assessment report is scheduled for March 2015.

HHS Measure Selection and Implementation Process



2013 “Measures Under Consideration” List

Workgroup Review	CMS Program	Number of Measures
PAC/LTC Workgroup	End Stage Renal Disease Quality Improvement Program	20
	Home Health Quality Reporting	4
	Hospice Quality Reporting	0
	Inpatient Rehabilitation Facility Quality Reporting	8
	Long-Term Care Hospital Quality Reporting	3
Hospital Workgroup	Ambulatory Surgical Center Quality Reporting	3
	Hospital Acquired Condition Payment Reduction (ACA 3008)	4
	Hospital Inpatient Quality Reporting	11
	Hospital Outpatient Quality Reporting	6
	Hospital Readmission Reduction Program	3
	Hospital Value-Based Purchasing	14
	Inpatient Psychiatric Facility Quality Reporting	10
	Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	6
	Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	6
	Medicare and Medicaid EHR Incentive Program for Eligible Professionals	37
Clinician Workgroup	Medicare Shared Savings Program	100
	Medicare Physician Quality Reporting System (PQRS)	110
	Physician Feedback/Quality and Resource Utilization Reports	161
	Physician Value Based Payment Modifier	161
	Physician Compare	110

MAP’s Pre-Rulemaking Approach

1. Build on MAP’s prior recommendations
2. Evaluate each finalized program measure set using MAP Measure Selection Criteria
3. Evaluate measures under consideration for what they would add to the program measure sets
4. Identify high-priority measure gaps for programs and settings

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, with an emphasis on *measure sets*.
- Per HHS' request, a MAP Measure Selection Criteria and Impact Task Force met earlier this year to advise the Coordinating Committee about refinements to the MSC, emphasizing:
 - Applying lessons learned from the past two years
 - Integrating the Guiding Principles developed by the Clinician and Hospital Workgroups during the previous pre-rulemaking cycle

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.
- Removed extraneous content, including the "Response Option" rating scales for each criterion or sub-criterion.

Revised MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Evaluate Measures Under Consideration

MAP will indicate a decision and rationale for each measure under consideration:

Decision Category	Decision Description	Rationale (Example)
Support	Indicates measures under consideration that should be added to a program measure set in the current rulemaking cycle.	<ul style="list-style-type: none"> • Measure addresses a previously identified measure gap • Measure is included in a MAP Family of Measures • Measure promotes parsimony and alignment across public and private sectors
Do Not Support	Indicates measures that are not recommended for inclusion in a program measure set.	<ul style="list-style-type: none"> • Measure is not appropriately specified or tested for the population, setting, or level of analysis • A different measure better address the topic
Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into a program measure sets when contingent factor(s) are met.	<ul style="list-style-type: none"> • Measure should receive NQF endorsement before being used in the program • Measure requires modification before use in the program • Measure needs testing for the setting before use in the program

MAP Family of Measures for Dual Eligible Beneficiaries

NQF Number and Status	Measure Name
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
0007 Endorsed	NCQA Supplemental Items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)
0008 Endorsed	Experience of Care and Health Outcomes (ECHO) Survey
0018 Endorsed	Controlling High Blood Pressure
0022 Endorsed	Use of High Risk Medications in the Elderly
0027 Endorsed	Medical Assistance with Smoking and Tobacco Use Cessation
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0032 Endorsed	Cervical Cancer Screening
0034 Endorsed	Colorectal Cancer Screening
0043 Endorsed	Pneumonia Vaccination Status for Older Adults
0097 Endorsed	Medication Reconciliation
0101 Endorsed	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls
0105 Endorsed	Antidepressant Medication Management (AMM)
0111 Endorsed	Bipolar Disorder: Appraisal for Risk of Suicide
0176 Endorsed	Improvement in Management of Oral Medications
0201 Endorsed	Pressure Ulcer Prevalence (hospital acquired)
0202 Endorsed	Falls with Injury
0228 Endorsed	3-Item Care Transition Measure (CTM-3)
0326 Endorsed	Advance Care Plan
0418 Submitted	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

MAP Family of Measures for Dual Eligible Beneficiaries

NQF Number and Status	Measure Name
0419 Endorsed	Documentation of Current Medications in the Medical Record
0420 Endorsed	Pain Assessment and Follow-Up
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0486 Endorsed	Adoption of Medication e-Prescribing
0553 Endorsed	Care for Older Adults – Medication Review
0554 Endorsed	Medication Reconciliation Post-Discharge
0557 Submitted	HBIPS-6 Post Discharge Continuing Care Plan Created
0558 Submitted	HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge
0573 Endorsed	HIV Screening: Members at High Risk of HIV
0576 Endorsed	Follow-Up after Hospitalization for Mental Illness
0640 Endorsed	HBIPS-2 Hours of Physical Restraint Use
0641 Endorsed	HBIPS-3 Hours of Seclusion Use
0646 Endorsed	Reconciled Medication List Received by Discharged Patients
0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients
0648 Endorsed	Timely Transmission of Transition Record
0649 Endorsed	Transition Record with Specified Elements Received by Discharged Patients
0674 Endorsed	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

MAP Family of Measures for Dual Eligible Beneficiaries

NQF Number and Status	Measure Name
0682 Endorsed	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine
0692 Endorsed	CAHPS® Nursing Home Survey: Long-Stay Resident Instrument
0709 Endorsed	Proportion of Patients with a Chronic Condition That Have a Potentially Avoidable Complication During a Calendar Year
0710 Endorsed	Depression Remission at Twelve Months
0712 Endorsed	Depression Utilization of the PHQ-9 Tool
0729 Endorsed	Optimal Diabetes Care
1626 Endorsed	Patients Admitted to ICU Who Have Care Preferences Documented
1659 Endorsed	Influenza Immunization
1768 Endorsed	Plan All-Cause Readmissions
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
1902 Endorsed	Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy
1909 Endorsed	Medical Home System Survey (MHSS)
1927 Endorsed	Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
1932 Endorsed	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications (SSD)
2091 Endorsed	Persistent Indicators of Dementia without a Diagnosis—Long Stay
2092 Endorsed	Persistent Indicators of Dementia without a Diagnosis—Short Stay
2111 Endorsed	Antipsychotic Use in Persons with Dementia
2152 Submitted	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Highest Priority Gap Areas for Dual Eligible Beneficiaries

Updated July 2013

- Goal-directed, person-centered care planning and implementation
- Shared decision-making
- Systems to coordinate healthcare with non-medical community resources and service providers
- Beneficiary sense of control/autonomy/self-determination
- Psychosocial needs
- Community integration/inclusion and participation
- Optimal functioning (e.g., improving when possible, maintaining, managing decline)

PAC/LTC Workgroup Progress

PAC/LTC Programs and Measures Under Consideration

Meeting occurred on December 10, 2013

Programs	Number of Measures Under Consideration
Home Health Quality Reporting	4
Nursing Home Quality Initiative and Nursing Home Compare Measures	0
Inpatient Rehabilitation Facility Quality Reporting (IRF)	8
Long-Term Care Hospital Quality Reporting (LTCH)	3
Hospice Quality Reporting	0
End Stage Renal Disease Quality Management (ESRD)	21

MAP PAC/LTC Workgroup Themes

- The PAC/LTC Workgroup priorities for measurement match well with the Dual Eligible Beneficiaries Workgroup.
- Deliberations encouraged better-aligned incentives across programs and care settings
 - Highlighted the importance of communication across providers and harmonization of measures across settings
 - Discussed the importance and challenges of preventive care across settings
- Some finalized measures are experiencing implementation challenges: workgroup encouraged development of pain outcome measure
- Encouraged use of hospice and palliative care measures in the hospital setting

Measures under consideration for PAC/LTC from the Family of Measures for Dual Eligible Beneficiaries

NQF # and Endorsement	Measure Title	Program in Which Measure Is Under Consideration	Decisions
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	End-Stage Renal Disease Quality Incentive Program	Support
0418 Endorsed	Screening for Clinical Depression	End-Stage Renal Disease Quality Incentive Program	Support
0420 Endorsed	Pain Assessment and Follow-Up	End-Stage Renal Disease Quality Incentive Program	Support
0674 Endorsed	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Inpatient Rehabilitation Facilities Quality Reporting	Conditional Support

Other Relevant Measures Under Consideration for PAC/LTC

Additional MUCs relate to concepts emphasized by Duals Workgroup:

- Functional Outcome Measures of mobility and self-care
 - 2 measures of change
 - 2 measures of score at discharge “meeting or exceeding” expected result
 - Currently in development
 - Intended for use in LTCHs and IRFs
- Counseling on physical activity in older adults (#0029) for ESRD program
- Re-hospitalization or ED use during first 30 days of home health
 - Currently being tested

Perspective from Liaison to PAC/LTC Workgroup

Discussion

Do workgroup members generally agree with the outcomes of the PAC/LTC meeting?

Hospital Workgroup Progress

Hospital Programs and Measures Under Consideration

Programs	Number of Measures Under Consideration
Hospital Inpatient Quality Reporting (IQR)	11
Hospital Value-Based Purchasing (VBP)	14
Hospital Outpatient Quality Reporting (OQR)	6
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)	6
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	6
Inpatient Psychiatric Facility Quality Reporting	10
Hospital Readmission Reduction Program	3
Hospital-Acquired Conditions (HAC) Payment Reduction	4
Medicare Shared Savings Program (MSSP)	15
Ambulatory Surgical Center (ASC) Quality Reporting	3

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Measures under consideration for Hospital from the Family of Measures for Dual Eligible Beneficiaries

NQF # and Status	Measure Title	Program in Which Measure Is Under Consideration	Decision
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Inpatient Psychiatric Hospital Quality Reporting	Do Not Support
1659 Endorsed	Influenza Immunization	Inpatient Psychiatric Hospital Quality Reporting; Meaningful Use	Conditional Support for both programs
1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Hospital Readmission Reduction Program	Split Decision

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Inpatient Psychiatric Facility Quality Reporting Program

Measures Under Consideration primarily suggested by SAMHSA

- Workgroup reviewed five measures currently in development that relate to screening
 - Strengths: screening must be completed within one day
 - Weaknesses: duplicative of other measures; flu shot and tobacco cessation measures may not resonate with consumers, may be checkbox/low bar measures
- Workgroup did not support or conditionally supported measures under consideration for this program.
- Workgroup proposed that HHS consider as alternatives Joint Commission suites of TOB and SUB measures currently in the final stages of NQF endorsement.

Hospital Outpatient Quality Reporting Program

- Two measure concepts under consideration:
 - No Individual Psychotherapy: number of episodes of care with no units of individual psychotherapy or psychiatric testing billed
 - Group Therapy: number of episodes of care with only group therapy billed
- Intended to be relevant to the partial hospitalization population.
- Hospital Workgroup did not support for OQR – wanted evidence about relative merits of individual vs. group therapy and recommended measures be submitted for endorsement
- ***Does this Workgroup have additional input?***

Cross-Program Considerations for Palliative Care

At suggestion of PAC/LTC Workgroup, Hospital Workgroup considered palliative care measures for hospital programs

- MAP requests that HHS consider measures for use in the Inpatient Quality Reporting Program (IQR) and the PPS-Exempt Cancer Hospital Reporting Program.
- Four measures were supported:
 - #1641 – Treatment Preferences
 - #1634 – Hospice and Palliative Care – Pain Screening
 - #1637 – Hospice and Palliative Care – Pain Assessment
 - #0326 – Advance Care Plan

Discussion

Do workgroup members generally agree with the outcomes of the Hospital meeting?

Clinician Workgroup Progress

Clinician Programs with Measures Under Consideration

Programs	Number of Measures Under Consideration
Physician Quality Reporting System (PQRS)	110
Physician Compare	110
Physician Feedback/Value-Based Payment Modifier (VBPM)	161
Medicare and Medicaid EHR Incentive Program for Eligible Professionals (MU-EP)	37
Medicare Shared Savings Program (MSSP)	100

Measures under consideration for the Clinician programs from the Family of Measures for Dual Eligible Beneficiaries

NQF # and Status	Measure Title	Program(s) in Which Measure Is Under Consideration	Decisions
0005 Endorsed	CAHPS Clinician/ Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program	TBD
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	Medicare Shared Savings Program	TBD

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MAP Clinician Workgroup Themes

- TBD based on this week's meeting

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Perspective from Liaison to the Clinician Workgroup

Discussion

***Do workgroup members generally agree with
the outcomes of the Clinician meeting?***

Opportunity for Public Comment

Summary and Next Steps

Important Dates

- January 7-8: MAP Coordinating Committee Meeting
- January 13-27: **Public Comment** on MAP Pre-Rulemaking Report
- February 1: MAP Pre-Rulemaking **Report Due**
- Mid-February: **Public Comment** on Duals Report
- February 28: Dual Eligibles Beneficiaries Workgroup **Report Due**
- Mid-March: **Web Meeting** of Dual Eligible Beneficiaries Workgroup
- April 10-11: **In-Person Meeting** of Dual Eligible Beneficiaries Workgroup

Thank You!