

## **Measure Applications Partnership Guiding Principles for Applying Measures to Hospital Programs**

### **Pay for Reporting**

#### Inpatient Quality Reporting

- Gain experience collecting and publically reporting measures, then consider for payment programs, unless compelling evidence suggests a measure should be applied to payment programs more rapidly
- Particularly salient points from the MAP Measure Selection Criteria:
  - NQF-endorsed measures are preferred over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
  - Include measures that are meaningful to consumers, purchasers, and providers to fulfill the program's public reporting purpose
  - To minimize burden and confusion, keep the program measure set parsimonious, focusing on measures that address the NQS priorities and high-impact conditions

### **Pay for Performance**

#### Hospital Value-Based Purchasing

- Include measures that address areas of variation in quality and opportunities for improvement
- Certain measures are more appropriate for the Hospital Value-Based Purchasing program, given the improvement component, than for payment adjustment programs:
  - Topics where hospitals are earlier in their improvement efforts
  - There is evidence of potential unintended consequences; include balancing measures when unintended consequences are anticipated
  - Optimal benchmark for the topic is yet to be determined—may not be zero
- Particularly salient points from the MAP Measure Selection Criteria:
  - NQF-endorsed measures are strongly preferred for payment programs; measures that are not NQF-endorsed should be submitted for endorsement or removed
  - Include outcome measures, ideally linked with cost measures to capture value
  - To avoid diluting the incentive, keep the program measure set parsimonious, focusing on areas of performance that need improvement or are important to reward for high attainment

Readmission Reduction and HAC Payment Adjustment Programs

- Include measures that address high prevalence, severity, or cost areas where there is variation in quality and opportunity for improvement
- Consider overlapping incentives and potential unintended consequences of additive penalties (e.g., overuse of antibiotics to avoid any healthcare-acquired infection)
- Particularly salient points from the MAP Measure Selection Criteria:
  - NQF-endorsed measures are strongly preferred for payment programs; measures that are not NQF-endorsed should be submitted for endorsement or removed
  - Include measures that address high-impact conditions
  - Include measures of preventable harm, to fulfill the program's purpose
  - Include measures that cross the patient-centered episode of care
- Particularly salient points from MAP Guidance for the Selection of Avoidable Admission and Readmission Measures:
  - Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination
  - Readmission measures should exclude planned readmissions
  - Program implementers should consider stratifying readmission measures by factors such as race, gender, and socioeconomic status to enable fair comparisons

Additional Considerations

- If a composite is selected for a program, then individual measures that are part of the composite should not be included in the program.
- Prior to application, measures under consideration for a program should be tested for reliability and validity with data from the relevant population.
- Program implementers should be sensitive to hospitals with low patient volumes when applying program structures and measure sets.
- Program implementers should monitor to identify and mitigate potential unintended consequences.