



MAP Hospital Workgroup Web Meeting
June 10, 2013 | 1:00 pm – 3:00 pm ET

Participant Instructions:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL: nqf.commpartners.com.
2. Under “Enter a meeting,” type in the meeting number **389011** and click on “Enter.”
3. In the “Display Name” field, type in your first and last name and click on “Enter Meeting.”
4. Dial **1-855-454-7912** and use confirmation code **70736563**. If you need technical assistance, you may press *0 to alert an operator or send an email to nqf@commpartners.com.

Meeting Objectives:

- Provide input on one measure proposed for the Inpatient Psychiatric Facility Quality Reporting Program.
- Provide input on three measures proposed for the Hospital-Acquired Condition Reduction Program.

1:00 pm	Welcome, Introduction of New Members, and Review of Meeting Objectives <i>Frank Opelka, Workgroup Chair</i>
1:10 pm	Inpatient Psychiatric Facility Quality Reporting Program Measure <ul style="list-style-type: none">○ Review proposed measure and results of pre-meeting exercise○ Discuss and finalize input on proposed measure
1:30 pm	HAC Reduction Program Measures <ul style="list-style-type: none">○ Review proposed measures and results of pre-meeting exercise○ Discuss and finalize input on proposed measures
2:20 pm	Consider Composite Measure Alternate Approach for HAC Reduction Program <ul style="list-style-type: none">○ Review composite alternative; discuss and finalize input
2:45 pm	Opportunity for Public Comment
2:55 pm	Next Steps <i>Erin O'Rourke, Project Manager, Strategic Partnerships, NQF</i>
3:00 pm	Adjourn

Measure Applications Partnership Hospital Workgroup

Ad Hoc Review Web Meeting

June 10, 2013



NATIONAL
QUALITY FORUM

Agenda

- **Welcome, Introduction of New Members, and Review of Meeting Objectives**
- **Inpatient Psychiatric Facility Quality Reporting Program Measure**
 - Review proposed measure and results of pre-meeting exercise
 - Discuss and finalize input on proposed measure
- **HAC Reduction Program Measures**
 - Review proposed measures and results of pre-meeting exercise
 - Discuss and finalize input on proposed measures
- **Consider Composite Measure Alternate Approach for HAC Reduction Program**
 - Review composite measure alternative; discuss and finalize input

Meeting Objectives

- Provide input on one measure proposed for the Inpatient Psychiatric Facility Quality Reporting Program.
- Provide input on three measures proposed for the HAC Reduction Program.

Inpatient Psychiatric Facility Quality Reporting Program Measure

Inpatient Psychiatric Facility Quality Reporting Program

- **Program Type:**
 - Pay for Reporting – Information will be reported on the Hospital Compare website
- **Incentive Structure:**
 - Inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2% of their annual PPS updates for non-participation
- **Statutory Requirements for Measures:**
 - Should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - Preference should be given to NQF-endorsed measures
 - HHS can add or replace measures in appropriate cases
 - Should strive to meet all six National Quality Strategy priority areas

Measure Under Review for IPFQR

Did you do a patient experience of care survey on your patients?

FY 2014 IPPS Proposed Rule:

- CMS proposed this structural measure to gather information from inpatient psychiatric facilities and units participating in the IPFQR Program regarding assessment of patient experience
 - Uses “Yes/No” standardized instrument
 - For “Yes” answers, CMS requests that the name of the survey administered be provided
- Submission will be voluntary, but mandatory in future rulemaking

Measure Under Review for IPFQR

MAP's Prior Input

- Patient and family engagement and experience of care is an NQS priority area currently not met by this program
- Previously, MAP supported inclusion of the Inpatient Consumer Survey of Inpatient Behavioral Healthcare Services (NQF #0726) measure for this program
 - CMS noted concern regarding reporting and information collection burden in the IPPS proposed rule

Exercise Results

- Fundamentally important to gain the patient's perspective of care
 - Priority measure gap area and begins to address NQS priorities
 - Good starting point toward gaining the patient's perspectives
 - Helpful to know if a survey was done
- Does not assess if anything was done with the results, if any outcomes improved, or provide meaningful information that would tell consumers, purchasers or providers about the quality of care
- Should set the bar higher when it comes to patient engagement
 - Concerns with lack of NQF endorsement and specifications
 - "Check-the-box" measure
- Potential implementation issues and concerns for patient privacy

Workgroup Recommendation

Should the measure “Did you do a patient experience of care survey on your patients?” be included in the Inpatient Psychiatric Facility Quality Reporting Program?

- Support
- Support Direction
- Do Not Support

HAC Reduction Program Measures

Hospital-Acquired Condition Reduction Program

- **Program Type:**
 - Pay for Performance – Information will be reported on the Hospital Compare website beginning FY 2015
- **Incentive Structure:**
 - Hospitals scoring in the highest quartile for rates of HACs will have their Medicare payments reduced by 1 percent for all DRGs
- **Statutory Requirements for Measures:**
 - Measures should address the same conditions as the HAC “no-pay” policy and any other conditions HHS deems appropriate

Hospital-Acquired Condition Reduction Program

FY 2014 IPPS Proposed Rule creates two domains:

- **Domain 1: AHRQ Patient Safety Indicators**
 - Proposed approach includes 6 individual AHRQ PSI measures
 - » This ad hoc review involves 3 of these measures
 - Alternate approach includes one composite AHRQ PSI measure
- **Domain 2: CDC NHSN measures (same for both approaches)**
- The two domains would be equally weighted to create a total HAC score that will be used to determine payment adjustments

Domain 1: AHRQ PSI Measures Proposed Approach

Domain 1: AHRQ Patient Safety Indicators

Proposed Approach: 6 individual measures	Prior MAP Recommendation
PSI-3 Pressure ulcer rate	Did not review
PSI-5 Foreign object left in body	Support
PSI-6 Iatrogenic pneumothorax rate	Did not review
PSI-10 Postoperative physiologic and metabolic derangement rate	Did not review
PSI-12 Postoperative PE/DVT rate	Support
PSI-15 Accidental puncture and laceration rate	Support

Domain 2: CDC NHSN Measures

Domain 2: CDC NHSN Measures

Measure	MAP Prior Recommendation
CAUTI (FY 2015)	Support
CLABSI (FY 2015)	Support
SSI (FY 2016)	Support
MRSA (FY 2017)	Support direction
<i>Clostridium difficile</i> infection (CDI) (FY 2017)	Support direction

Measures Under Review for HAC Reduction Program

MAP has been asked to provide input on three measures for the Domain 1 Proposed Approach

- These measures were not previously reviewed during 2013 pre-rulemaking
 - PSI-3 Pressure ulcer rate
 - PSI-6 Iatrogenic pneumothorax rate
 - PSI-10 Postoperative physiologic and metabolic derangement rate

Measures Under Review for HAC Reduction Program

PSI-3 Pressure ulcer rate

- Not NQF-endorsed as an individual measure
- MAP reviewed this measure for the Safety Family
 - Concern about using claims data
 - Concern about the validity of the measure
- Includes patients with stage III and IV pressure ulcers
 - Aligns with the “no pay” program
- Measure has exclusions for present on admission
- Performance results:
 - 2009 NIS Comparative Data: 0.41/1000

Exercise Results

- Pressure ulcers are an important condition to address
- Pressure ulcer rates are already widely reported and improvement is achievable
- Concerns about the lack of NQF-endorsement
- Needs to be consistent with the CMS HAC rate measure currently in use
- Concerns about the use of claims data
 - Coding is inconsistent and can underreport pressure ulcers

Workgroup Recommendation

Should the measure PSI-3 Pressure ulcer rate be included in the HAC Reduction Program?

- Support
- Support Direction
- Do Not Support

Measures Under Review for HAC Reduction Program

PSI-6 Iatrogenic pneumothorax rate

- NQF-endorsed
- MAP reviewed this measure for the Safety Family
 - Concern that the denominator should be limited to patients at risk
 - Concern about small numbers
- Measure has exclusions for present on admission
- Performance Data:
 - 2009 NIS Comparative Data: 0.43/1000

Exercise Results

- Measure is NQF-endorsed
- Inclusion will drive attention to these rates and attention to procedures for central line insertion and monitoring of adverse events
- Unlikely to be mis-coded or not identified on admission
- Measure may be better suited for performance improvement than payment as it has a weak positive predictive value
- Concerns about that the denominator is not epidemiologically sound
- The majority of hospitals will not have enough data to achieve the low end of modest reliability

Workgroup Recommendation

Should the measure PSI-6 Iatrogenic pneumothorax rate be included in the HAC Reduction Program?

- Support
- Support Direction
- Do Not Support

Measures Under Review for HAC Reduction Program

PSI-10 Postoperative physiologic and metabolic derangement rate

- Not NQF-endorsed
- MAP has not previously reviewed this measure
- Includes patients with physiologic and metabolic derangements (secondary diabetes with ketoacidosis, diabetes with ketoacidosis, diabetes with hyperosmolarity, diabetes with other coma); OR acute renal failure in any secondary diagnosis field AND with ICD-9-CM procedure code for dialysis
- Measure has exclusions for present on admission
- Performance data:
 - 2009 NIS Comparative Data: 0.52/1000

Exercise Results

- Concerns about the lack of NQF-endorsement
 - Measure was removed from PSI-90 during NQF review
 - Measure needs to be more rigorously evaluated
 - No data on reliability and validity
- Actionability of this measure is unclear
 - Condition may be unavoidable in particular populations
 - Measure may be better suited for internal quality improvement
- Measure should undergo public reporting before inclusion in a pay for performance program

Workgroup Recommendation

Should the measure PSI-10 Postoperative physiologic and metabolic derangement rate be included in the HAC Reduction Program?

- Support
- Support Direction
- Do Not Support

Composite Measure Alternate Approach for HAC Reduction Program

Domain 1: AHRQ Composite Measure Alternate Approach

Domain 1: AHRQ Patient Safety Indicators

Alternate Approach: 1 composite of 8 measures	Prior MAP Recommendation
PSI-90: <ul style="list-style-type: none"> • PSI-3 Pressure ulcer rate • PSI-6 Iatrogenic pneumothorax rate • PSI-7 Central venous catheter-related blood stream infection rate • PSI-8 Postoperative hip fracture rate • PSI-12 Postoperative PE/DVT rate • PSI-13 Postoperative sepsis rate • PSI-14 Wound dehiscence rate • PSI-15 Accidental puncture and laceration rate 	Support direction

Domain 2: CDC NHSN Measures

Domain 2: CDC NHSN Measures	
Measure	MAP Prior Recommendation
CAUTI (FY 2015)	Support
CLABSI (FY 2015)	Support
SSI (FY 2016)	Support
MRSA (FY 2017)	Support direction
<i>Clostridium difficile</i> infection (CDI) (FY 2017)	Support direction

Domain 1: Proposed vs. Alternate Approach

- Proposed Approach
 - Avoids overlap between the two domains
 - » CLABSI and SSI would be in both domains using the Alternate Approach
 - Would likely yield simpler results to interpret
- Alternate Approach
 - PSI-90 is NQF-endorsed
 - Use of composite could eliminate concerns regarding small numbers

Composites vs. Individual Measures

- MAP has generally supported the use of composites
 - Provide a comprehensive picture of patient care
 - Help overcome the issue of small numbers
- Concerns about use of composites:
 - Implementation issues
 - Methodology used for weighting components
 - Usefulness of aggregated information
 - » Providers need the ability to parse out component scores to determine what aspects of care require improvement
- Including a composite measure as well as individual components in more than one program could result in confusion from overlapping incentives

Exercise Results

- Proposed Approach
 - Includes important conditions not included elsewhere
 - Individual scores are more actionable and meaningful
 - Allow variations to be more visible to consumers and purchasers
- Alternate Approach
 - Composites may provide better measure stability and reduce data collection burden
 - Issue of rare events and small numbers can be addressed through composite use

Opportunity for Public Comment

Next Steps

Inpatient Psychiatric Facilities Quality Reporting Program

Program Type:

Pay for Reporting – Information will be reported on the Hospital Compare website.¹

Incentive Structure:

Inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) Prospective Payment System (PPS) update for non-participation.²

Care Settings Included:

Inpatient Psychiatric Facilities (IPFs) required to report in the program include inpatient psychiatric hospitals or psychiatric units paid under the IPF PPS. The IPF Quality Reporting Program applies to freestanding psychiatric hospitals, government-operated psychiatric hospitals and distinct psychiatric units of acute care hospitals and critical access hospitals. The IPF Quality Reporting Program does not apply to children's hospitals, which are paid under a different system.

Statutory Mandate:

Section 1886(s)(4) of the Social Security Act as amended by sections 3401(f) and 10322(a) of the Affordable Care Act (ACA) requires CMS to establish quality measures required for the IPF Quality Reporting Program.

Statutory Requirements for Measures:

The IPF Quality Reporting Program was required to begin with performance measures established by CMS by October 1, 2012 for FY 2014. Section 1886(s)(4)(D)(i) of the Act requires that any measure specified by the Secretary must have been endorsed by the entity with a contract under section 1890(a) of the Act (e.g., NQF). However, the Secretary may specify a measure that is not so endorsed as long as due consideration is given to NQF endorsed measures.³

The measures should address, as fully as possible, the six priorities of the National Quality Strategy (NQS). The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and cost of care measures.

Additional Program Considerations:

The FY 2014 IPPS proposed rule included four new measures that are proposed for the FY 2016 year and subsequent years:

Measure Title	Prior MAP Recommendation
Alcohol Use Screening	Support direction (pending NQF endorsement)
Alcohol and Drug Use: Assessing Status After Discharge	Support direction (pending NQF endorsement)
Follow-up After Hospitalization for Mental Illness (NQF #0576)	Support
Did you do a patient experience of care survey on your patients?	Did not review

MAP Prior Program-Specific Input:

- Improving person-centered psychiatric care, such as assessing patient and family/caregiver experience and engagement and establishing relationships with community resources, is a priority measure gap area. MAP supported the Inpatient Consumer Survey (ICS) measure for inclusion in this program.
- MAP encouraged alignment, as appropriate, of measures for this psychiatric care-specific program with IQR measures to ensure that the quality of care for other medical conditions remains high for patients treated in these facilities and units. Further, MAP supported the extension of psychiatric care quality measurement to outpatient settings, particularly EDs, and inpatient hospitals without psychiatric units.
- MAP supported measures related to patient follow-up after hospitalization, signaling the broader responsibility of hospitals for patient outcomes even after discharge from the facility.

Currently Finalized Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	All six finalized measures in the program set are endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Three NQS priorities are addressed (Safety, Communication/Care Coordination, and Patient/Family Engagement).
3. Program measure set adequately addresses high-impact conditions relevant to the	There are no high-impact conditions directly

program's intended population(s)	addressed by this measure set.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	One measure aligns with the Long-term Care Hospital Quality Reporting Program.
5. Program measure set includes an appropriate mix of measure types	Only process measures were included within the measure set.
6. Program measure set enables measurement across the person-centered episode of care	Measures within the program address care within and discharge from the inpatient setting.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes six measures total.

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>

² <http://www.cms.gov/Medicare/medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>

³ IPPS FY 2014 Proposed Rule

Hospital-Acquired Condition Reduction Program

Program Type:

Pay for Performance – Information will be reported on the Hospital Compare website beginning FY 2015.¹

Incentive Structure:

Hospitals scoring in the highest quartile for rates of hospital acquired conditions (HACs) as compared to the national average will have their Medicare payments reduced by 1.0 percent for all DRGs.²

The Inpatient Prospective Payment System (IPPS) FY 2014 Proposed Rule creates two domains: Domain 1) Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) and Domain 2) Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) measures. The two domains would be equally weighted to create a total HAC score that will be used to determine payment penalties.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS).

Statutory Mandate:

Section 3008 of the Affordable Care Act established this new payment adjustment for HACs.

Statutory Requirements for Measures:

The conditions addressed by this program are the same as those already selected for the current HAC non-payment policy and any other conditions acquired during a hospital stay that HHS deems appropriate. The conditions included in the non-payment policy at this time are³:

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma (i.e., fractures, dislocations, intracranial injuries, crushing injuries, burn, other injuries)
- Manifestations of Poor Glycemic Control (i.e., diabetic ketoacidosis, nonketotic hyperosmolar coma, hypoglycemic coma, secondary diabetes with ketoacidosis)
- Catheter-Associated Urinary Tract Infection (UTI)
- Vascular Catheter-Associated Infection
- Surgical Site Infection, Mediastinitis Following Coronary Artery Bypass Graft (CABG):
- Surgical Site Infection Following Bariatric Surgery for Obesity (i.e., laparoscopic gastric bypass, gastroenterostomy, laparoscopic Gastric Restrictive Surgery)
- Surgical Site Infection Following Certain Orthopedic Procedures (i.e., spine, neck, shoulder, elbow)
- Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)
- Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) Following Certain Orthopedic Procedures (total knee replacement, hip replacement)
- Iatrogenic Pneumothorax with Venous Catheterization

Additional Program Considerations:

The FY 2014 IPPS proposed rule included two options for Domain 1, the AHRQ PSI domain, a Proposed Approach and an Alternate Approach. The Proposed Approach includes 6 individual PSI measures. The Alternate Approach includes PSI-90, a composite made up of 8 component indicators.

Domain 1: AHRQ Patient Safety Indicators Proposed Approach

Domain 1: AHRQ Patient Safety Indicators	
Proposed Approach: 6 individual measures	Prior MAP Recommendation
PSI-3 Pressure ulcer rate	Did not review
PSI-5 Foreign object left in body	Support
PSI-6 Iatrogenic pneumothorax rate	Did not review
PSI-10 Postoperative physiologic and metabolic derangement rate	Did not review
PSI-12 Postoperative PE/DVT rate	Support
PSI-15 Accidental puncture and laceration rate	Support

Domain 1: AHRQ Patient Safety Indicators Alternate Approach

Domain 1: AHRQ Patient Safety Indicators	
Alternate Approach: 1 composite of 8 measures	Prior MAP Recommendation
PSI-90: <ul style="list-style-type: none"> • PSI-3 Pressure ulcer rate • PSI-6 Iatrogenic pneumothorax rate • PSI-7 Central venous catheter-related blood stream infection rate • PSI-8 Postoperative hip fracture rate • PSI-12 Postoperative PE/DVT rate • PSI-13 Postoperative sepsis rate • PSI-14 Wound dehiscence rate • PSI-15 Accidental puncture and laceration rate 	Support direction

Domain 2: CDC NSNH Measures

Domain 2: CDC NSNH Measures	
Measure	MAP Recommendation
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (FY 2015)	Support
National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (FY 2015)	Support
American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (FY 2016)	Support
National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset <i>Methicillin-Resistant Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure (FY 2017)	Support direction
National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure (FY 2017)	Support direction

MAP Prior Program-Specific Input:

- It was generally preferred that measures be publicly reported prior to adoption for this program to identify potential unintended consequences.
- There may be implications to including some serious reportable events as the occurrence of one of these events during a year could potentially put a hospital in the bottom 25th percentile to receive the payment adjustment.
- While it is important that all providers are held to the same standard for providing safe care, this program should be monitored for potential adverse impact on low-volume and safety-net providers.
- Composites included in this program should have careful testing and weighting of all individual components to ensure a scientifically rigorous measure.

MAP Prior Input on Composites:

- MAP has generally supported the use of composites
 - Provide a comprehensive picture of patient care
 - Help overcome the issue of small numbers
- Concerns about use of composites:
 - Implementation issues
 - Methodology used for weighting components
 - Usefulness of aggregated information
 - Providers need the ability to parse out component scores to determine what aspects of care require improvement
- Including a composite measure as well as individual components in more than one program could result in confusion from overlapping incentives.

Proposed Approach Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	Nine out of 11 measures are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measure set addresses the NQS priority of Safety.
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	There are no high-impact conditions directly addressed by this measure set.
4. Program measure set promotes alignment with specific program attributes as well as alignment across programs	Measures in the program align with Inpatient Quality Reporting, Value-Based Purchasing, and the PPS-Exempt Cancer Hospital Quality Reporting Program.
5. Program measure set includes an appropriate mix of measure types	The measure set includes outcome measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set addresses occurrence of conditions acquired within the hospital setting.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes 11 measures total by FY 2017.

Alternate Approach Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	Six out of six measures are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measure set addresses the NQS priority of Safety.
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	There are no high-impact conditions directly addressed by this measure set.

4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	Measures in the program align with Inpatient Quality Reporting, Value-Based Purchasing, and the PPS-Exempt Cancer Hospital Quality Reporting Program.
5. Program measure set includes an appropriate mix of measure types	The measure set includes outcome measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set addresses occurrence of conditions acquired within the hospital setting.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes six measures total by FY 2017.

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>

² <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>

³ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

MAP “Working” Measure Selection Criteria

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:
NQS priority is adequately addressed in the program measure set

Subcriterion 2.1 Safer care

Subcriterion 2.2 Effective care coordination

Subcriterion 2.3 Preventing and treating leading causes of mortality and morbidity

Subcriterion 2.4 Person- and family-centered care

Subcriterion 2.5 Supporting better health in communities

Subcriterion 2.6 Making care more affordable

3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program’s intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1 Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2 Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3 Program measure set is applicable to the program's population(s)

5. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1 Outcome measures are adequately represented in the program measure set

Subcriterion 5.2 Process measures are adequately represented in the program measure set

Subcriterion 5.3 Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

Subcriterion 5.4 Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5 Structural measures and measures of access are represented in the program measure set when appropriate

6. Program measure set enables measurement across the person-centered episode of care¹

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1 Measures within the program measure set are applicable across relevant providers

Subcriterion 6.2 Measures within the program measure set are applicable across relevant settings

Subcriterion 6.3 Program measure set adequately measures patient care across time

¹ National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

7. Program measure set includes considerations for healthcare disparities²

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

² NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2 High-Impact Conditions:

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer’s Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese (≥ 85 th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome

MAP “Working” Measure Selection Criteria Interpretive Guide

Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of Strongly Agree, Agree, Disagree, Strongly Disagree is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best reflects ‘quality’ health and healthcare. The term “measure set” can refer to a collection of measures—for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a “program measure set,” a “core measure set” for a setting, or a “condition measure set.” The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

For criterion 1 – NQF endorsement:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **‘Importance to measure and report’**—how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;
2. **‘Scientific acceptability of the measurement properties’** – evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
3. **‘Usability’**- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.
4. **‘Feasibility’** – the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

For criterion 2 – Program Measure set addresses the National Quality Strategy priorities:

The program’s set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of “adequate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

For criterion 3 – Program Measure set addresses high-impact conditions:

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program’s intended population. High-priority Medicare and child health conditions have been determined by NQF’s Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of “adequate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

For criterion 4 – Program Measure set promotes alignment with specific program attributes, as well as alignment across programs:

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- **Populations include:** Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children’s Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

For criterion 5 – Program Measure set includes an appropriate mix of measure types:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of “appropriate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1. Outcome measures— Clinical outcome measures reflect the actual results of care.³ Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients’ understanding of treatment options and care plans, and their feedback on whether care made a difference.⁴
2. Process measures – Process denotes what is actually done in giving and receiving care.⁵ NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.⁶ Experience of care measures—Defined as patients’ perspective on their care.⁷
3. Cost/resource use/appropriateness measures –
 - a. Cost measures – Total cost of care.
 - b. Resource use measures – Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).⁸
 - c. Appropriateness measures – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.⁹
4. Structure measures – Reflect the conditions in which providers care for patients.¹⁰ This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff organizations, methods of peer review, and methods of reimbursement).¹¹ In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

³ National Quality Forum. (2011). The right tools for the job. Retrieved from

http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

⁴ Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

⁵ Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

⁶ National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx

⁷ National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

⁸ National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx

⁹ National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

¹⁰ National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx

¹¹ Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

For criterion 6 – program measure set enables measurement across the person-centered episode of care:

The optimal option is for the program measure set to approach measurement in such a way as to capture a person’s natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

For criterion 7 – program measure set includes considerations for healthcare disparities:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.¹²

Subcriterion 7.1 seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

Subcriterion 7.2 seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

For criterion 8 – program measure set promotes parsimony:

The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entities, while also measuring the patient’s health and healthcare comprehensively.

Subcriterion 8.1 can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program’s objectives and data submission that requires the least burden on the part of the accountable entities.

Subcriterion 8.2 can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

¹² Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.

Hospital Workgroup’s Guiding Principles for Applying Measures to Hospital Programs

The MAP Hospital Workgroup developed these principles to serve as guidance for applying performance measures to specific hospital measurement programs. The principles are not absolute rules; rather, they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

Pay for Reporting

Inpatient Quality Reporting Program

- Gain experience collecting and publicly reporting measures, prior to application in pay-for-performance programs, unless compelling evidence suggests a measure should be applied to a pay-for-performance program 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 Program

- Include measures that address areas of variation in quality with opportunities for improvement
- Certain measures are more appropriate for the Hospital Value-Based Purchasing program than for payment adjustment programs without an improvement component:
 - Topics where hospitals are earlier in their improvement efforts
 - There is evidence of potential unintended consequences; include balancing measures when unintended consequences are anticipated
 - 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 pay-for-performance 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 Reduction Programs

- Include measures that address high incidence, severity, or cost areas where there is variation in quality with opportunities for improvement
- Consider potential unintended consequences related to overlapping incentives when applying measures to more than one pay-for-performance program (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 pay-for-performance 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's prior Guidance for the Selection of 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

General 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.