



The Measure Selection Criteria (MSC) are intended to assist MAP with identifying characteristics that are associated with ideal measure sets used for public reporting and payment programs. The MSC are not absolute rules; rather, they are meant to provide general guidance on measure selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the MSC can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set, and how the addition of an individual measure would contribute to the set.

## Criteria

### **1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective**

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*Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.*

- Sub-criterion 1.1** Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- Sub-criterion 1.2** Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- Sub-criterion 1.3** Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

### **2. Program measure set adequately addresses each of the National Quality Strategy's three aims**

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*Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:*

- Sub-criterion 2.1** Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment
- Sub-criterion 2.2** Healthy people/healthy communities, demonstrated by prevention and well-being
- Sub-criterion 2.3** Affordable care

### **3. Program measure set is responsive to specific program goals and requirements**

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*Demonstrated by a program measure set that is “fit for purpose” for the particular program.*

- Sub-criterion 3.1** Program measure set includes measures that are applicable to and appropriately tested for the program’s intended care setting(s), level(s) of analysis, and population(s)
- Sub-criterion 3.2** Measure sets for public reporting programs should be meaningful for consumers and purchasers
- Sub-criterion 3.3** Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)
- Sub-criterion 3.4** Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.
- Sub-criterion 3.5** Emphasize inclusion of endorsed measures that have eMeasure specifications available

### **4. Program measure set includes an appropriate mix of measure types**

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

- Sub-criterion 4.1** In general, preference should be given to measure types that address specific program needs
- Sub-criterion 4.2** Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes
- Sub-criterion 4.3** Payment program measure sets should include outcome measures linked to cost measures to capture value

### **5. Program measure set enables measurement of person- and family-centered care and services**

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*Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration*

- Sub-criterion 5.1** Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Sub-criterion 5.2** Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives
- Sub-criterion 5.3** Measure set enables assessment of the person’s care and services across providers, settings, and time

## 6. Program measure set includes considerations for healthcare disparities and cultural competency

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*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, sexual orientation, age, 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).*

- Sub-criterion 6.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
- Sub-criterion 6.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

## 7. Program measure set promotes parsimony and alignment

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*Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.*

- Sub-criterion 7.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- Sub-criterion 7.2** Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

# Hospital Inpatient Quality Reporting Program

## Program Type:

Pay for Reporting – Information is reported on the Hospital Compare website.<sup>1</sup>

## Incentive Structure:

Hospitals 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) payment update for non-participation.<sup>2</sup>

## Care Settings Included:

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

## Statutory Mandate:

The Hospital Inpatient Quality Reporting Program (IQR) was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 and subsequently updated in the Deficit Reduction Act of 2005.

## Statutory Requirements for Measures:

The program was required to begin with the baseline set of performance measures set forth in the November 2005 report by the Institute of Medicine of the National Academy of Sciences under section 238(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures.

The Secretary of HHS may:

- Add measures reflecting consensus among the affected parties, and to the extent feasible, include measures set forth by one or more national consensus building entities.
- Replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice).

## Additional Program Considerations:

- Measures should align with the National Quality Strategy<sup>3</sup> and promote the health and well-being of Medicare beneficiaries<sup>4,5</sup>
- Measures should align with the Meaningful Use program when possible<sup>6,7</sup>

## MAP 2013 Pre-Rulemaking Program-Specific Input:

- NQF-endorsed measures are preferred over measures that are not endorsed or endorsed in reserve status. Similarly, measures that are not NQF-endorsed, are topped out, or no longer represent the standard of care should be removed or suspended from IQR reporting.
- Measures selected should be meaningful to consumers, purchasers, and providers and address the NQS aims and priorities, as well as high-impact conditions. The program measure set should be parsimonious, balancing conciseness and comprehensiveness.
- MAP supported including updated methodologies for the readmissions measures in IQR to better exclude planned readmissions.
- MAP supported updated Centers for Disease Control and Prevention (CDC)–National Healthcare Safety Network (NHSN) measures under consideration with additional risk adjustment for volume of exposure within a facility, contingent on NQF endorsement of the new methodology.

- MAP highlighted priority gaps in the IQR program measure set. To expand the populations covered by the IQR program, MAP supported additional pediatric and maternal/child health measures for this set. MAP also suggested including cancer and behavioral health measures from the PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR) and the Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) in the IQR program to better align measurement for these populations. MAP stressed the need for additional safety measures, especially in the areas of medication reconciliation and culture of patient safety.

## Program Measure Set Evaluation Using MAP Measure Selection Criteria

MAP Measure Selection Criteria	Evaluation
1. <b>Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	The majority (46) of measures in the set are NQF-endorsed. Two measures in the set are in reserve status and four measures in the set have lost endorsement.
2. <b>Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	All NQS priorities are addressed by the program measure set.
3. <b>Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	The measure set addresses four high-impact conditions.
4. <b>Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	Measures in the program align with VBP, Meaningful Use, Hospital Readmissions Reduction Program, HAC Payment Reduction Program, and the PPS-Exempt Cancer Hospital Quality Reporting Program.
5. <b>Program measure set includes an appropriate mix of measure types</b>	The program includes process, structure, outcome, patient experience of care, and cost measures.
6. <b>Program measure set enables measurement across the person-centered episode of care</b>	The measure set addresses care within the hospital setting. Two measures are patient-reported outcome measures (PRO).
7. <b>Program measure set includes considerations for healthcare disparities</b>	Three measures are disparities-sensitive.
8. <b>Program measure set promotes parsimony</b>	While the set was reduced in size during the 2012 and 2013 rulemaking cycles, 57 measures remain in the program measure set for FY 2016.

# Hospital Value-Based Purchasing Program

## Program Type:

Pay for Performance – Payments are based on information publicly reported on the Hospital Compare website.<sup>8</sup>

## Incentive Structure:

Starting on October 1, 2012, Medicare began basing a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP). Medicare began withholding 1 percent of its regular hospital reimbursements from all hospitals paid under its inpatient prospective payment system (IPPS) to fund a pool of VBP incentive payments. The amount withheld from reimbursements increases over time:

- FY 2014: 1.25%
- FY 2015: 1.5%
- FY 2016: 1.75%
- FY 2017 and succeeding fiscal years: 2%

Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time. The higher of these scores on each measure is used in determining incentive payments.

## Care Settings Included:

Hospitals paid under the IPPS.

## Statutory Mandate:

Hospital VBP was mandated by section 3001 of the Patient Protection and Affordable Care Act.

## Statutory Requirements for Measures:

Measures selected for the VBP program must be included in IQR and reported on the Hospital Compare website for at least 1 year prior to use in the VBP program.

The program was required to begin with a baseline set of performance measures for FY 2013 that included measures addressing AMI, heart failure, pneumonia, surgeries as measured by the Surgical Care Improvement Project, healthcare-associated infections as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan), and HCAHPS. For FY 2014 or a subsequent fiscal year, the program set should include efficiency measures including measures of “Medicare Spending per Beneficiary.”

The Secretary of HHS can replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice). Measures of readmissions are statutorily excluded and cannot be included in the Hospital VBP program<sup>9</sup>.

## MAP 2013 Pre-Rulemaking Program-Specific Input:

- Measures within this program should emphasize areas of critical importance for high performance and quality improvement, and ideally, link clinical quality and cost measures to capture value. For the HVBP program, NQF-endorsed measures are strongly preferred and the program measure set should be parsimonious to avoid diluting the payment incentives.
- MAP supported including outcome measures and process measures strongly tied to positive outcomes for the HVBP program measure set. Measures under consideration for the HVBP

program and supported by MAP addressed safety, prevention, affordability, and care transitions.

- MAP strongly supported the direction of emergency department (ED) throughput measures, recognizing the significance of ED overcrowding and improving wait times, but noting validity concerns regarding the ED measures under consideration.
- MAP identified a number of key gap areas that should be addressed within the HVBP program measure set, including medication errors, mental and behavioral health, and patient and family engagement.

### Program Measure Set Evaluation Using MAP Measure Selection Criteria

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	The majority (17) of measures in the program set are NQF-endorsed.
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	The program set does not address the NQS priority of care coordination.
<b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	Two high-impact conditions are addressed by the program measure set.
<b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	The measure set addresses the statutory requirements set forth by the ACA. All measures in VBP are included in IQR.
<b>5. Program measure set includes an appropriate mix of measure types</b>	The set includes process, outcome, patient experience of care, and cost measures.
<b>6. Program measure set enables measurement across the person-centered episode of care</b>	One patient-reported outcome (PRO) measure is included.
<b>7. Program measure set includes considerations for healthcare disparities</b>	Three measures are disparities-sensitive.
<b>8. Program measure set promotes parsimony</b>	The measure set addresses many of the MAP Measure Selection Criteria with 18 measures. Measures are included in the IQR program and therefore align across programs.

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

<sup>2</sup> [https://www.cms.gov/HospitalQualityInits/08\\_HospitalRHQDAPU.asp](https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp)

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<sup>3</sup> <https://www.federalregister.gov/articles/2012/08/31/2012-19079/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#h-345>

<sup>4</sup> Institute of Medicine, "Performance Measurement: Accelerating Improvement," December 1, 2005, available at: <http://www.iom.edu/CMS/3809/19805/31310.aspx>.

<sup>5</sup> <http://www.gpo.gov/fdsys/pkg/PLAW-108publ173/html/PLAW-108publ173.htm>

<sup>6</sup> <https://www.federalregister.gov/articles/2010/08/16/2010-19092/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the#h-181>

<sup>7</sup> <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

<sup>8</sup> <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf>

<sup>9</sup> <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/html/2011-10568.htm>



Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">113</a>	Endorsed – Reserve	Participation in a Systematic Database for Cardiac Surgery	Structure	Effective Prevention & Treatment; Making Care Safer				
<a href="#">135</a>	Endorsed – Reserve	HF-2 Evaluation of LVS Function	Process	Effective Prevention & Treatment; Making Care Safer	X		IQR: Phased Removal	99%
<a href="#">138</a>	Endorsed	Catheter-Associated Urinary Tract Infection.	Outcome	Making Care Safer			Cancer Family, Safety Family; PCHQR: Support, VBP: Support, HAC Reduction Program: Support	
<a href="#">139</a>	Endorsed	Central Line Associated Bloodstream Infection.	Outcome	Making Care Safer			Cancer Family, Safety Family; VBP: Support, PCHQR: Support, HAC Reduction Program: Support	

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">147</a>	Endorsed	PN-6 Appropriate initial antibiotic selection	Process	Effective Prevention & Treatment			MU-Stage 2 (Hospital): Support, IQR: Phased Removal, VBP: Phased Removal	95%
<a href="#">163</a>	Endorsed	AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI).	Process	Effective Prevention & Treatment	X		Cardiovascular Disease Family; Care Coordination Family; MU-Stage 2 (Hospital): Support	95%
<a href="#">164</a>	Endorsed	AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival.	Process	Effective Prevention & Treatment	X	X	Care Coordination Family; MU-Stage 2 (Hospital): Support	61%

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<a href="#">166</a>	Endorsed	HCAHPS	Outcome	Patient & Family Engagement			Care Coordination Family, Dual Eligible Beneficiaries Family; PCHQR: Support Direction, LTCHQR: Support Direction	
<a href="#">218</a>	Endorsed	SCIP-VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post surgery	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	98%
<a href="#">229</a>	Endorsed	Heart Failure (HF) 30-day mortality rate	Outcome	Making Care Safer	X		Cardiovascular Disease Family	11.70%
<a href="#">230</a>	Endorsed	Acute Myocardial Infarction (AMI) 30-day mortality rate	Outcome	Making Care Safer	X	X	Cardiovascular Disease Family	15.20%

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NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">284</a>	Endorsed	SCIP Cardiovascular-2: Surgery Patients on a Beta Blocker prior to arrival who received a Beta Blocker during the perioperative period	Process	Effective Prevention & Treatment			MU-Stage 2 (Hospital): Support, PCHQR: Support	97%
<a href="#">300</a>	Endorsed	SCIP INF-4: Cardiac surgery patients with controlled 6AM postoperative serum glucose	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	96%
<a href="#">330</a>	Endorsed	Heart Failure (HF) 30-day Risk Standardized Readmission Measure	Outcome	Making Care Safer	X		IQR: Support, HRRP: Support	Not available
<a href="#">351</a>	Endorsed	PSI-4 Death among surgical inpatients with serious treatable complications	Outcome	Making Care Safer			Safety Family; HAC Reduction Program: Support Direction	113.43 per 1,000 patient discharges
<a href="#">371</a>	Endorsed	VTE-1 VTE prophylaxis	Process	Making Care Safer			LTCHQR: Support Direction	

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">372</a>	Endorsed	VTE–2 ICU VTE prophylaxis	Process	Making Care Safer				
<a href="#">373</a>	Endorsed	VTE–3 VTE patients with anticoagulation overlaphtherapy	Process	Making Care Safer				
<a href="#">431</a>	Endorsed	Healthcare Personnel Influenza Vaccination	Process	Making Care Safer			VBP: Support, IRFQR: Support	
<a href="#">434</a>	Endorsed	STK–1 VTE prophylaxis.	Process	Making Care Safer	X		MU-Stage 2 (Hospital): Support	
<a href="#">435</a>	Endorsed	STK–2 Discharged on Antithrombotic Therapy	Process	Effective Prevention & Treatment	X			
<a href="#">436</a>	Endorsed	STK–3 Anticoagulation therapy for Afib/flutter	Process	Effective Prevention & Treatment	X			
<a href="#">437</a>	Endorsed	STK–4 Thrombolytic therapy for acute ischemic stroke	Process	Effective Prevention & Treatment	X		Cardiovascular Disease Family	

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">438</a>	Endorsed	STK-5 Antithrombotic therapy by the end of hospital day 2	Process	Effective Prevention & Treatment	X			
<a href="#">439</a>	Endorsed	STK-6 Discharged on Statin	Process	Effective Prevention & Treatment	X			
<a href="#">441</a>	Endorsed	STK-10 Assessed for rehab	Process	Effective Prevention & Treatment	X		Cardiovascular Disease Family	
<a href="#">453</a>	Endorsed	SCIP INF-9: Postoperative urinary catheter removal on post operative day 1 or 2 with day of surgery being day zero	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	96%
<a href="#">468</a>	Endorsed	Pneumonia (PN) 30-day mortality rate	Outcome	Making Care Safer				11.90%

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">469</a>	Endorsed	Elective delivery prior to 39 completed weeks of gestation	Process	Making Care Affordable; Making Care Safer			Safety Family; IQR: Support, MU-Stage 2 (Hospital): Support, VBP: Support	
<a href="#">495</a>	Endorsed – Time-Limited	ED–1 Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital	Outcome	Effective Communication and Care Coordination			VBP: Support Direction	274 minutes
<a href="#">497</a>	Endorsed – Time-Limited	ED–2 Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status	Outcome	Effective Communication and Care Coordination			VBP: Support Direction	96 minutes

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">505</a>	Endorsed	Acute Myocardial Infarction (AMI) 30-day Risk Standardized Readmission Measure	Outcome	Making Care Safer	X		IQR: Support, HRRP: Support	Not available
<a href="#">506</a>	Endorsed	Pneumonia (PN) 30-day Risk Standardized Readmission Measure	Outcome	Making Care Safer			IQR: Support, HRRP: Support	Not available
<a href="#">527</a>	Endorsed	SCIP INF-1 Prophylactic antibiotic received within 1 hour prior to surgical incision	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	98%
<a href="#">528</a>	Endorsed	SCIP INF-2: Prophylactic antibiotic selection for surgical patients	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	99%



Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">529</a>	Endorsed	SCIP INF-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	Process	Making Care Safer			Safety Family; MU-Stage 2 (Hospital): Support, PCHQR: Support	97%
<a href="#">531</a>	Endorsed	PSI-90 Complication/patient safety for selected indicators (composite)	Outcome	Making Care Safer			IQR: Support, VBP: Do Not Support, HAC Reduction Program: Support Direction	
<a href="#">753</a>	Endorsed	Surgical Site Infection.	Outcome	Making Care Safer			Safety Family; VBP: Support, PCHQR: Support, HAC Reduction Program: Support	

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">1550</a>	Endorsed	Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty	Outcome	Making Care Safer			IQR: Support, VBP: Support	
<a href="#">1551</a>	Endorsed	30-day Risk Standardized Readmission following Total Hip/Total Knee Arthroplasty	Outcome	Making Care Safer			IQR: Support	Not available
<a href="#">1659</a>	Endorsed	IMM-2 Immunization for Influenza.	Process	Health and Well-Being		X	Dual Eligible Beneficiaries Family; MU-Stage 2 (Hospital): Support, VBP: Support	86%

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">1716</a>	Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Outcome	Making Care Safer			Safety Family; VBP: Support, LTCHQR: Support Direction, HAC Reduction Program: Support Direction	
<a href="#">1717</a>	Endorsed	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Outcome	Making Care Safer			Safety Family, VBP: Support, LTCHQR: Support Direction, HAC Reduction Program: Support Direction	
<a href="#">1789</a>	Endorsed	Hospital-Wide All-Cause Unplanned Readmission (HWR)	Outcome	Making Care Safer			Care Coordination Family, Dual Eligible Beneficiaries Family; IQR: Support	Not available

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">1891</a>	Endorsed	COPD 30-day Risk Standardized Readmission	Outcome	Making Care Safer	X		IQR: Support, HRRP: Support Direction	
<a href="#">1893</a>	Endorsed	COPD 30-day mortality rate	Outcome	Making Care Safer	X		IQR: Support	
<a href="#">N/A (formerly 374)</a>	Not Endorsed	VTE-4 Patients receiving unfractionated Heparin with doses/labs monitored by protocol	Process	Making Care Safer				
<a href="#">N/A (formerly 375)</a>	Not Endorsed	VTE-5 VTE discharge instructions	Process	Making Care Safer			LTCHQR: Do Not Support	
<a href="#">N/A (formerly 376)</a>	Not Endorsed	VTE-6 Incidence of potentially preventable VTE	Process	Making Care Safer			Safety Family; IRFQR: Support direction, IQR: Phased Removal, Meaningful Use (EHR Incentive Program) - Hospitals, CAHs: Phased Removal	

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">N/A</a>	Not Endorsed	Stroke 30-day Risk Standardized Readmission	Outcome	Making Care Safer	X		IQR: Do Not Support, HRRP: Do Not Support	
<a href="#">N/A</a>	Not Endorsed	Stroke 30-day mortality rate	Outcome	Making Care Safer	X		IQR: Do Not Support	
<a href="#">N/A</a>	Not Endorsed	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	Structure	Effective Prevention & Treatment				
<a href="#">N/A</a>	Not Endorsed	Participation in a Systematic Clinical Database Registry for General Surgery	Structure	Effective Prevention & Treatment				
<a href="#">N/A</a>	Not Endorsed	Safe Surgery Checklist Use	Process	Making Care Safer				
<a href="#">N/A (formerly 440)</a>	Not Endorsed	STK-8 Stroke education	Process	Communication & Care Coordination	X			

Current Finalized Measures for the Inpatient Quality Reporting Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<u>N/A</u>	Not Endorsed	Medicare Spending per Beneficiary	Efficiency	Making Care Affordable			Value-Based Payment Modifier Program: Support direction, IQR: Support, VBP: Support, LTCHQR: Support Direction, PCHQR: Support	0.98
<u>N/A</u>	Not Endorsed	AMI Payment per Episode of Care	Efficiency	Making Care Affordable	X		IQR: Support Direction	

Current Finalized Measures for the Value-Based Purchasing Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">138</a>	Endorsed	Catheter-Associated Urinary Tract Infection.	Outcome	Making Care Safer			Cancer Family, Safety Family; PCHQR: Support, VBP: Support, HAC Reduction Program: Support	
<a href="#">139</a>	Endorsed	Central Line Associated Bloodstream Infection.	Outcome	Making Care Safer			Cancer Family, Safety Family; VBP: Support, PCHQR: Support, HAC Reduction Program: Support	
<a href="#">147</a>	Endorsed	PN-6 Appropriate initial antibiotic selection	Process	Effective Prevention & Treatment			MU-Stage 2 (Hospital): Support, IQR: Phased Removal, VBP: Phased Removal	95%
<a href="#">164</a>	Endorsed	AMI-7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival.	Process	Effective Prevention & Treatment	X	X	Care Coordination Family; MU-Stage 2 (Hospital): Support	61%
<a href="#">166</a>	Endorsed	HCAHPS	Outcome	Patient & Family Engagement			Care Coordination Family, Dual Eligible Beneficiaries Family; PCHQR: Support Direction, LTCHQR: Support Direction	

Current Finalized Measures for the Value-Based Purchasing Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">218</a>	Endorsed	SCIP–VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post surgery	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	98%
<a href="#">229</a>	Endorsed	Heart Failure (HF) 30-day mortality rate	Outcome	Making Care Safer	X		Cardiovascular Disease Family	11.70%
<a href="#">230</a>	Endorsed	Acute Myocardial Infarction (AMI) 30-day mortality rate	Outcome	Making Care Safer	X	X	Cardiovascular Disease Family	15.20%
<a href="#">284</a>	Endorsed	SCIP Cardiovascular-2: Surgery Patients on a Beta Blocker prior to arrival who received a Beta Blocker during the perioperative period	Process	Effective Prevention & Treatment			MU-Stage 2 (Hospital): Support, PCHQR: Support	97%
<a href="#">453</a>	Endorsed	SCIP INF–9: Postoperative urinary catheter removal on post operative day 1 or 2 with day of surgery being day zero	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	96%



Current Finalized Measures for the Value-Based Purchasing Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<a href="#">468</a>	Endorsed	Pneumonia (PN) 30-day mortality rate	Outcome	Making Care Safer				11.90%
<a href="#">528</a>	Endorsed	SCIP INF–2: Prophylactic antibiotic selection for surgical patients	Process	Making Care Safer			MU-Stage 2 (Hospital): Support, PCHQR: Support	99%
<a href="#">529</a>	Endorsed	SCIP INF–3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	Process	Making Care Safer			Safety Family; MU-Stage 2 (Hospital): Support, PCHQR: Support	97%
<a href="#">531</a>	Endorsed	PSI-90 Complication/patient safety for selected indicators (composite)	Outcome	Making Care Safer			IQR: Support, VBP: Do Not Support, HAC Reduction Program: Support Direction	
<a href="#">753</a>	Endorsed	Surgical Site Infection.	Outcome	Making Care Safer			Safety Family; VBP: Support, PCHQR: Support, HAC Reduction Program: Support	
<a href="#">1659</a>	Endorsed	IMM-2 Immunization for Influenza.	Process	Health and Well-Being		X	Dual Eligible Beneficiaries Family; MU-Stage 2 (Hospital): Support, VBP: Support	86%

Current Finalized Measures for the Value-Based Purchasing Program

NQF Measure Number	NQF Status	Measure Title	Measure Type	NQS Priority	High Impact Condition	Dispartites Sensitive	MAP Prior Input	Hospital Compare Score (if available)
<u>N/A</u>	Not Endorsed	Medicare Spending per Beneficiary	Efficiency	Making Care Affordable			Value-Based Payment Modifier Program: Support direction, IQR: Support, VBP: Support, LTCHQR: Support Direction, PCHQR: Support	0.98



## MAP Previously Identified Measure Gaps

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This document provides a synthesis of previously identified measure gaps compiled from all prior MAP reports. The gaps are grouped by NQS priority.

### Safety

- Composite measure of most significant Serious Reportable Events

#### *Healthcare-Associated Infections*

- Ventilator-associated events for acute care, post-acute care, long-term care hospitals and home health settings
- Pediatric population: special considerations for ventilator-associated events and C. difficile
- Infection measures reported as rates, rather than ratios (more meaningful to consumers)
- Sepsis (healthcare-acquired and community-acquired) incidence, early detection, monitoring, and failure to rescue related to sepsis
- Post-discharge follow-up on infections in ambulatory settings
- Vancomycin Resistant Enterococci (VRE) measures (e.g., positive blood cultures, appropriate antibiotic use)

#### *Medication and Infusion Safety*

- Adverse drug events
  - Injury/mortality related to inappropriate drug management
  - Total number of adverse drug events that occur within all settings (including administration of wrong medication or wrong dosage and drug-allergy or drug-drug interactions)
- Inappropriate medication use
  - Polypharmacy and use of unnecessary medications for all ages, especially high-risk medications
  - Antibiotic use for sinusitis
  - Use of sedatives, hypnotics, atypical-antipsychotics, pain medications (consideration for individuals with dementia, Alzheimer's, or residing in long-term care settings)
- Medication management
  - Patient-reported measures of understanding medications (purpose, dosage, side effects, etc.)
  - Medication documentation, including appropriate prescribing and comprehensive medication review
  - Persistence of medications (patients taking medications) for secondary prevention of cardiovascular conditions
  - Role of community pharmacist or home health provider in medication reconciliation
- Blood incompatibility

#### *Perioperative/Procedural Safety*

- Air embolism
- Anesthesia events (inter-operative myocardial infarction, corneal abrasion, broken tooth, etc.)
- Perioperative respiratory events, blood loss, and unnecessary transfusion
- Altered mental status in perioperative period

#### *Venous Thromboembolism*

- VTE outcome measures for ambulatory surgical centers and post-acute care/long-term care settings

- Adherence to VTE medications, monitoring of therapeutic levels, medication side effects, and recurrence

### *Falls and Immobility*

- Standard definition of falls across settings to avoid potential confusion related to two different fall rates
- Structural measures of staff availability to ambulate and reposition patients, including home care providers and home health aides

### *Obstetrical Adverse Events*

- Obstetrical adverse event index
- Measures using National Health Safety Network (NHSN) definitions for infections in newborns

### *Pain Management*

- Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring
- Assessment of depression with pain

## **Patient & Family Engagement**

### *Person-Centered Communication*

- Information provided at appropriate times
- Information is aligned with patient preferences
- Patient understanding of information, not just receiving information (considerations for cultural sensitivity, ethnicity, language, religion, multiple chronic conditions, frailty, disability, medical complexity)
- Outreach to non-compliant patients

### *Shared Decision-Making and Care Planning*

- Person-centered care plan, created early in the care process, with identified goals for all people
- Integration of patient/family values in care planning
- Plan agreed to by the patient and provider and given to patient, including advanced care plan
- Plan shared among all providers seeing the patient (integrated); multidisciplinary
- Identified primary provider responsible for the care plan
- Fidelity to care plan and attainment of goals
  - Treatment consistent with advanced care plan
- Social care planning addressing social, practical, and legal needs of patient and caregivers
- Grief and bereavement care planning

### *Advanced Illness Care*

- Symptom management (nausea, shortness of breath, nutrition)
- Comfort at end of life

### *Patient-Reported Measures*

- Functional status
  - Particularly for individuals with multiple chronic conditions
  - Optimal functioning (e.g., improving when possible, maintaining, managing decline)
- Pain and symptom management
- Health-related quality of life
- Patient activation/engagement

## Healthy Living

- Life enjoyment
- Community inclusion/participation for people with long-term services and supports needs
- Sense of control/autonomy/self-determination
- Safety risk assessment

## Care Coordination

### *Communication*

- Sharing information across settings
  - Address both the sending and receiving of adequate information
  - Sharing medical records (including advance directives) across all providers
  - Documented consent for care coordination
  - Coordination between inpatient psychiatric care and alcohol/substance abuse treatment
- Effective and timely communication (e.g., provider-to-patient/family, provider-to-provider)
  - Survey/composite measure of provider perspective of care coordination
- Comprehensive care coordination survey that looks across episode and settings (includes all ages; recognizes accountability of the multidisciplinary team)

### *Care Transitions*

- Measures of patient transition to next provider/site of care across all settings, beyond hospital transitions (e.g., primary care to specialty care, clinician to community pharmacist, nursing home to home health) as well as transitions to community services
- Timely communication of discharge information to all parties (e.g., caregiver, primary care physician)
- Transition planning
  - Outcome measures for after care
  - Primary care follow-up after discharge measures (e.g., patients keeping follow-up appointments)
  - Access to needed social supports

### *System and Infrastructure Support*

- Interoperability of EHRs to enhance communication
- Measures of "systemness," including accountable care organizations and patient-centered medical homes
- Structures to connect health systems and benefits (e.g., coordinating Medicare and Medicaid benefits, connecting to long-term supports and services)

### *Avoidable Admissions and Readmissions*

- Shared accountability and attribution across the continuum
- Community role; patient's ability to connect to available resources

## Affordability

- Ability to obtain follow-up care
- Utilization benchmarking (e.g., outpatient/ED/nursing facility)
- Consideration of total cost of care, including patient out of pocket cost
- Appropriateness for admissions, treatment, over-diagnosis, under-diagnosis, misdiagnosis, imaging, procedures
- Chemotherapy appropriateness, including dosing
- Avoiding unnecessary end-of-life care
- Use of radiographic imaging in the pediatric population

# Prevention and Treatment for the Leading Causes of Mortality

## *Primary and Secondary Prevention*

- Lipid control
- Outcomes of smoking cessation interventions
- Lifestyle management (e.g., physical activity/exercise, diet/nutrition)
- Cardiometabolic risk
- Modify Prevention Quality Indicators (PQI) measures to assess accountable care organizations; modify population to include all patients with the disease (if applicable)

## *Cancer*

- Cancer- and stage-specific survival as well as patient-reported measures
- Complications such as febrile neutropenia and surgical site infection
- Transplants: bone marrow and peripheral stem cells
- Staging measures for lung, prostate, and gynecological cancers
- Marker/drug combination measures for marker-specific therapies, performance status of patients undergoing oncologic therapy/pre-therapy assessment
- Disparities measures, such as risk-stratified process and outcome measures, as well as access measures
- Pediatric measures, including hematologic cancers and transitions to adult care

## *Cardiovascular Conditions*

- Appropriateness of coronary artery bypass graft and PCI at the provider and system levels of analysis
- Early identification of heart failure decompensation
- ACE/ARB, beta blocker, statin persistence (patients taking medications) for ischemic heart disease

## *Depression*

- Suicide risk assessment for any type of depression diagnosis
- Assessment and referral for substance use
- Medication adherence and persistence for all behavioral health conditions

## *Diabetes*

- Measures addressing glycemic control for complex patients (e.g., geriatric population, multiple chronic conditions) at the clinician, facility, and system levels of analysis
- Pediatric glycemic control
- Sequelae of diabetes

## *Musculoskeletal*

- Evaluating bone density, and prevention and treatment of osteoporosis in ambulatory settings