



Measure Applications Partnership Hospital Workgroup In-Person Meeting

December 11-12, 2013

NQF Conference Center at 1030 15th Street NW, 9th Floor, Washington, DC 20005

Remote Participation Instructions:

Streaming Audio Online

- Direct your web browser to: <http://nqf.commpartners.com>
- Under “Enter a Meeting” type the meeting number for Day 1: **454645** or for Day 2: **813833**
- In the “Display Name” field, type your first and last names and click “Enter Meeting”

Teleconference

- Dial **888-802-7237** and use conference ID code for Day 1: **97957560** and for Day 2: **97957563**
- Members of the public should use the web streaming option unless they plan to voice a public comment over the phone.

Meeting Objectives:

- Review and provide input on finalized program measure sets for federal programs applicable to hospital settings
- Review and provide input on measures under consideration for federal programs applicable to hospital settings
- Identify high-priority measure gaps for each program measure set
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs

Day 1: December 11, 2013

- 8:30 am** Breakfast
- 9:00 am** **Welcome, Review Meeting Objectives and Pre-Rulemaking Approach**
Christine Cassel, CEO, National Quality Forum
Frank Opelka, Workgroup Chair
Sarah Lash, Senior Director, NQF
Erin O’Rourke, Project Manager, NQF
- 9:15 am** **Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set**
- Discuss cross-program considerations for stroke measures
 - Discuss cross-program considerations for hospital-acquired condition measures
- 12:00 pm** **Opportunity for Public Comment**

12:15 pm	Lunch
12:45 pm	Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set
1:45 pm	Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set
2:30 pm	Pre-Rulemaking Input on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measure Set
3:15 pm	Break
3:30 pm	Pre-Rulemaking Input on the HAC Reduction Program
5:00 pm	Opportunity for Public Comment
5:15 pm	Daily Summary and Adjourn

Day 2: December 12, 2013

8:00 am	Breakfast
8:30 am	Welcome and Review of Previous Day
9:00 am	Pre-Rulemaking Input on Hospital Readmission Reduction Program (HRRP) Measure Set
12:00 pm	Opportunity for Public Comment
12:15 pm	Lunch
12:45 pm	Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set <ul style="list-style-type: none"> • Discuss cross-program considerations for cancer measures • Discuss cross-program considerations for palliative care measures, with guidance from the MAP Post-Acute Care/Long-Term Care Workgroup
2:00 pm	Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set
2:45 pm	Break
3:00 pm	Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Measures
4:00 pm	Guidance to the MAP Clinician Workgroup on Medicare Shared Savings Program Measure Set
4:45 pm	Opportunity for Public Comment
5:00 pm	Wrap Up and Adjourn

Measure Applications Partnership

Hospital Workgroup
In-Person Meeting

December 11-12, 2013



NATIONAL
QUALITY FORUM

Meeting Objectives

- Review and provide input on current finalized program measure sets for federal programs applicable to hospital settings;
- Review and provide input on measures under consideration for federal programs applicable to hospital settings;
- Identify high-priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

2

MAP Hospital Workgroup Membership

Workgroup Chair: Frank G. Opelka, MD, FACS

Organizational Members

Alliance of Dedicated Cancer Centers	Ronald Walters, MD, MBA, MHA, MS
American Federation of Teachers Healthcare	Mary Lehman MacDonald
American Hospital Association	Richard Umbdenstock
American Organization of Nurse Executives	Patricia Conway-Morana, RN
American Society of Health-System Pharmacists	Shekhar Mehta, PharmD, MS
America's Essential Hospitals	David Engler, PhD
ASC Quality Collaboration	Donna Slosburg
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Building Services 32BJ Health Fund	Barbara Caress
Children's Hospital Association	Andrea Benin, MD
Iowa Healthcare Collaborative	Lance Roberts, PhD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
Mothers Against Medical Error	Helen Haskell, MA

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

3

MAP Hospital Workgroup Membership

Organizational Members Continued

National Coalition for Cancer Survivorship	Shelley Fuld Nasso
National Rural Health Association	Brock Slabach, MPH, FACHE
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
Project Patient Care	Martin Hatlie
St. Louis Area Business Health Coalition	Louise Probst

Subject Matter Experts

Health IT	Dana Alexander, RN, MSN, MBA
Patient Experience	Floyd J. Fowler Jr., PhD
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell
Emergency Medicine	Michael Phelan, MD
Mental Health	Ann Marie Sullivan, MD

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

4

MAP Hospital Workgroup Membership

Federal Government Members

Agency for Healthcare Research and Quality	Pamela Owens, PhD
Centers for Disease Control and Prevention (CDC)	Daniel Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Shaheen Halim, PhD, CPC-A
Office of the National Coordinator for HIT (ONC)	David Hunt, MD, FACS
Veterans Health Administration	Michael Kelley, MD

MAP Coordinating Committee Co-Chairs

George J. Isham, MD, MS
Elizabeth A. McGlynn, PhD, MPP

MAP Pre-Rulemaking Timeline

- ✓ **December 1:** HHS list of measures under consideration provided to MAP
- ✓ **December 4:** All MAP Web Meeting to preview list of measures under consideration
- **December 10-20:** MAP workgroup meetings to provide input on program measure sets and measures under consideration
- **January 7-8:** MAP Coordinating Committee Meeting in-person to finalize MAP's recommendations to HHS
- **Mid-January:** 2-week public comment period on draft Pre-Rulemaking Report
- **February 1:** Pre-Rulemaking Report due to HHS

Agenda: Day 1

- Review Meeting Objectives and Pre-Rulemaking Approach
- Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set
- Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set
- Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set
- Pre-Rulemaking Input on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measure Set
- Pre-Rulemaking Input on the HAC Reduction Program

MAP Pre-Rulemaking Approach

Pre-Rulemaking Approach

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

1. Build on MAP's Prior Recommendations

MAP's prior efforts serve as guidance for pre-rulemaking decisions

- Coordination Strategies
 - Key recommendations included in discussion guide
- Gaps identified across all MAP efforts
 - MAP previously identified gaps list in background materials
- 2012 and 2013 pre-rulemaking decisions
 - Measure charts and discussion guide note prior pre-rulemaking decisions
- Families of measures
 - Measure charts note measures that are included in families

2. Evaluate Finalized Program Measure Set Using MAP Measure Selection Criteria

Through discussion MAP identifies:

- Potential measures for inclusion
- Potential measures for removal
- Gaps—implementation gaps (measures in a family not in the set) and other gaps along the measure lifecycle (e.g., development, endorsement)
- Additional programmatic considerations (e.g., guidance on implementing MAP recommendations, data collection and transmission, attribution methods)

2. Evaluate Current Finalized Program Measure Set Using MAP Measure Selection Criteria

Process for Meeting:

1. Staff will review program summary and initial staff evaluation of each finalized program measure set
2. Workgroup will discuss and make recommendations about the current finalized measure set

Revised MAP Measure Selection Criteria

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

3. Evaluate Measures Under Consideration

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

Decision Category	Decision Description	Rationale (Example)
Support	Indicates measures under consideration that should be added to the program measure set during the current rulemaking cycle.	<ul style="list-style-type: none"> • NQF-endorsed measure • Addresses National Quality Strategy aim or priority not adequately addressed in program measure set • Addresses program goals/requirements • Addresses a measure type not adequately represented in the program measure set • Promotes person- and family-centered care • Provides considerations for healthcare disparities and cultural competency • Promotes parsimony • Promotes alignment across programs, settings, and public and private sector efforts • Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries • Included in a MAP family of measures

3. Evaluate Measures Under Consideration

Decision Category	Decision Description	Rationale (Example)
Do Not Support	Indicates measures that are not recommended for inclusion in the program measure set.	<ul style="list-style-type: none"> • Measure does not adequately address any current needs of the program • A finalized measure addresses a similar topic and better addresses the needs of the program • A 'Supported' measure under consideration addresses as similar topic and better addresses the needs of the program • NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) • NQF endorsement retired (the measure is no longer maintained by the steward) • NQF endorsement placed in reserve status (performance on this measure is topped out) • Measure previously submitted for endorsement and was not endorsed
Conditional Support	Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s).	<ul style="list-style-type: none"> • Not ready for implementation; measure concept is promising but requires modification or further development • Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; data sources do not align with program's data sources • Not ready for implementation; measure needs further experience or testing before being used in the program

4. Identify High-Priority Measure Gaps for Programs and Settings

Process for Meeting:

- Workgroup will identify gaps in the program measure set
 - Staff will capture any new gaps raised during the course of discussion
- Workgroup will discuss gap priorities for the program

Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set

IQR Program Summary

- **Program Type:**
 - Pay for Reporting – Information is reported on the Hospital Compare website
- **Incentive Structure:**
 - Hospitals receive a 2.0% reduction in their annual payment update for non-participation
- **Statutory Requirements for Measures:**
 - Should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - HHS can add or replace measures in appropriate cases
 - Measures should align with the National Quality Strategy
 - Measures should align with the Meaningful Use program when possible

Cross-program considerations for stroke measures

- During the workgroup's October web meeting to review the finalized IQR measure set, two measures of stroke outcomes were discussed for possible removal from IQR:
 - Hospital 30-day all-cause risk-standardized readmission rate following an acute ischemic stroke hospitalization
 - Stroke: 30-day all-cause risk-standardized mortality

- The workgroup is asked to recommend:
 - Should the measures be retained in IQR ?
 - Should the stroke readmission measure be included in the Hospital Readmissions Reduction Program (HRRP)?

Cross-program considerations for hospital-acquired conditions (HAC) measures

- MAP previously recommended removing eight HAC rates from the IQR program and replacing them with NQF-endorsed measures.
 - The rates were removed from the program in the FY 2013 IPPS Final Rule and CMS will not refresh data on the eight HAC rates on Hospital Compare in 2013.
 - The removal of these measures without immediate replacements leaves gaps in publicly reported safety information.

- The workgroup is asked to make recommendations on measures under consideration and additional NQF-endorsed measures that could fill these gaps.

Opportunity for Public Comment

Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set

VBP Program Summary

- **Program Type:**
 - Pay for Performance – Payments are based on information publicly reported on the Hospital Compare website
- **Incentive Structure:**
 - A portion of Medicare reimbursements are withheld to fund a pool of VBP incentive payments.
 - Hospitals are scored relative to other hospitals, as well as on how their performance has improved over time. The higher of these scores on each measure is used in determining incentive payments.
- **Statutory Requirements for Measures:**
 - Must be included in IQR and reported on Hospital Compare 1 year prior to use in VBP
 - Should include efficiency measures including measures of “Medicare Spending per Beneficiary”
 - HHS can add or replace measures in appropriate cases
 - Measures of readmissions are statutorily excluded

Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set

OQR Program Summary

- **Program Type:** Pay for Reporting – Information available on Hospital Compare
- **Incentive Structure:** 2% reduction in annual OPPS payment update for non-participation
- **Statutory Requirements for Measures:**
 - Program should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - The Secretary can add or replace any measures in appropriate cases

OQR Uptake Based on New Final Rule

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 7 measures for the Hospital OQR program
 - Of these measures, 4 received a "Support" recommendation from MAP
 - » Of the 4 measures supported, 2 were finalized (50% concordance)
 - » Overall concordance was 50% (2/4)
 - MAP had a "Support Direction" recommendation for 2 of the remaining measures, both of which were finalized
 - MAP determined it had "Insufficient Information" on the final measure, which was not finalized

Pre-Rulemaking Input on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measure Set

ASCQR Program Summary

- **Program Type:** Pay for Reporting – Program takes effect CY 2014
- **Incentive Structure:** 2% reduction in annual ASC payment system update for non-participation
- **Statutory Requirements for Measures:**
 - Measures may be similar or the same as those reported in IQR or OQR
 - Program should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - To extent feasible, outcome and patient experience measures should be risk-adjusted
 - The Secretary can add or replace any measures in appropriate cases

ASCQR Uptake Based on New Final Rule

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 5 measures for the ASCQR program
 - Of these measures, 2 received a “Support” recommendation from MAP
 - » Of the 2 measures supported, 2 were finalized (100% concordance)
 - » Overall concordance was 100% (2/2)
 - MAP had a “Support Direction” recommendation for 2 of the remaining measures, both of which were finalized
 - MAP determined it had “Insufficient Information” on the final measure, which was not finalized

Pre-Rulemaking Input on the HAC Reduction Program

Hospital-Acquired Condition (HAC) Reduction Program Summary

- **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% for all DRGs
 - FY 2014 IPPS rule created two domains which will be used to create a total HAC score that will be used to determine payment adjustments
 - » Domain 1: AHRQ Patient Safety Indicators
 - Includes PSI-90, a composite of 8 measures
 - » Domain 2: CDC NHSN measures
 - Includes CAUTI, CLABSI, SSI, MRSA, Clostridium difficile infection

Hospital-Acquired Condition (HAC) Reduction Program Summary

- **Statutory Requirements for Measures:** Measures should address the same conditions as the HAC “no-pay” policy and any other conditions HHS deems appropriate:
 - Foreign Object Retained After Surgery
 - Air Embolism
 - Blood Incompatibility
 - Stage III and IV Pressure Ulcers
 - Falls and Trauma (e.g., fractures, intracranial injuries, burns)
 - Manifestations of Poor Glycemic Control (e.g., diabetic ketoacidosis, hypoglycemic coma)
 - 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
 - Surgical Site Infection Following Certain Orthopedic Procedures: 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

Opportunity for Public Comment

Summary of Day 1

Welcome and Review of Day 1

Agenda: Day 2

- Pre-Rulemaking Input on Hospital Readmission Reduction Program (HRRP) Measure Set
- Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set
- Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set
- Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Measures
- Guidance to the MAP Clinician Workgroup on Medicare Shared Savings Program Measure Set

Pre-Rulemaking Input on Hospital Readmission Reduction Program (HRRP) Measure Set

HRRP Program Summary

- **Program Type:** Pay for Performance
- **Incentive Structure:** Hospitals determined to have excess readmissions will receive a reduction in DRG payment rates. The maximum payment reduction is 2% in FY 2014 and 3% for FY 2015 and beyond.
- **Statutory Requirements for Measures:**
 - Measures should be NQF-endorsed
 - Readmissions unrelated to prior discharge should be excluded from the measures
 - In FY 2015, the Secretary can expand the program to include other applicable conditions

Opportunity for Public Comment

Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set

PCHQR Program Summary

- **Program Type:** Required Reporting – Program began FY 2014
- **Incentive Structure:** Program does not currently include incentive/penalty for failing to report. CMS plans to address incentives in future rulemaking.
- **Statutory Requirements for Measures:**
 - Program should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - Measures should reflect the level and most important aspects of care furnished by PCHs as well as gaps in quality of cancer care
 - The Secretary can add or replace any measures in appropriate cases

Cross-program considerations

- The workgroup is asked to consider recommendations on palliative care measures that could fill gaps in IQR and PCHQR:

NQF #	Title
#1641	Treatment Preferences
#1634	Hospice and Palliative Care – Pain Screening (paired with 1637)
#1637	Hospice and Palliative Care – Pain Assessment (paired with 1634)
#0326	Advance Care Plan
#1919	Cultural Competency Implementation Measure

Cross-program considerations

- The workgroup is asked to consider recommendations on PCHQR measures that could fill gaps in IQR:

NQF #	Title
#0220	Adjuvant hormonal therapy
#0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer
#0382	Oncology: Radiation Dose Limits to Normal Tissues
#0383	Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384)
#0384	Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383)
#0389	Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients
#0390	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients
#0559	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.

Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set

IPFQR Program Summary

- **Program Type:** Pay for Reporting – Program began FY 2014
- **Incentive Structure:** 2% reduction in annual IPPS payment update for non-participation
- **Statutory Requirements for Measures:**
 - Program should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - The Secretary can add or replace any measures in appropriate cases

Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Measures

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs)

- **Program Type:** Pay for Reporting – Stage 1 began in 2011
- **Incentive Structure:**
 - Incentive payments provided to eligible hospitals and CAHs as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.
- **Statutory Requirements for Measures:**
 - Measures of processes, experience and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable and timely care should be included.
 - Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.
 - Preference should be given to quality measures endorsed by NQF.

Guidance to the MAP Clinician Workgroup on Medicare Shared Savings Program Measure Set

Medicare Shared Savings Program

- **Program Type:** Performance-Based Payment with Public Reporting
- **Incentive Structure Options:**
 - One-sided risk model, with sharing of savings only for the first two years and sharing of savings and losses in the third year
 - Two-sided risk model, with sharing of savings and losses for all three years
- **Statutory Requirements for Measures:**
 - Appropriate clinical processes and outcomes measures
 - Patient, and wherever practicable, caregiver experience of care measures
 - Utilization measures, such as rates of hospital admission for ambulatory-sensitive conditions

Opportunity for Public Comment

Next Steps

Next Steps

- **January 7-8:** MAP Coordinating Committee In-Person Meeting
- **January 13-27:** 2-week public comment period on draft MAP Pre-Rulemaking Report
- **February 1:** MAP Pre-Rulemaking Report due to HHS

Adjourn



MAP Hospital Workgroup | Pre-Rulemaking Meeting Discussion Guide

Meeting Objectives:

- Review and provide input on finalized program measure sets for federal programs applicable to hospital settings
- Review and provide input on measures under consideration for federal programs applicable to hospital settings
- Identify priority measure gaps for each program measure set
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs

Day 1: December 11, 2013

	Time	Issue/Question	Considerations
1.	8:30 am	Breakfast	
2.	9:00 am	Welcome, Review Meeting Objectives, and Pre-Rulemaking Approach	
3.	9:15 am	Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set (Tab 2)	
4.	9:15	<p>Review program summary and previously finalized measures; provide additional input on the measure set</p> <p><i>The Hospital Workgroup began review of the finalized IQR program measure set at its October 2013 web meeting.</i></p>	<ul style="list-style-type: none"> • There are 11 measures under consideration. • The finalized set includes 66 measures. <ul style="list-style-type: none"> ○ The majority (53) of measures in the set are NQF-endorsed. 3 measures in the set are in reserve status, indicating that performance is topped-out, and 6 measures in the set have had endorsement removed. ○ All NQS aims and priorities are addressed. ○ The program includes process, structure, outcome, patient experience of care, and cost measures. ○ 4 measures are disparities-sensitive. ○ Measures in the program align with Value-Based Purchasing, Meaningful Use, Hospital Readmissions Reduction Program, HAC Reduction Program, and the PPS-Exempt Cancer Hospital Quality Reporting Program.

	Time	Issue/Question	Considerations
			<p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Richard Bankowitz • Emma Kopleff (Substitute for Helen Haskell) • Andrea Benin
5.	9:30	2 measures under consideration related to maternal/child health	<ul style="list-style-type: none"> • The Hospital Workgroup reiterated the importance of maternal/child health as an IQR gap area at its November 13 web meeting. • NQF #0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge <ul style="list-style-type: none"> ○ The measure is currently endorsed. Electronic specifications are being developed. • NQF #0471 PC-02 Cesarean Section <ul style="list-style-type: none"> ○ MAP previously supported this measure for IQR—it was not under consideration at the time. ○ Included in the MAP Safety Family of Measures. ○ Federal program use: CHIPRA Quality Reporting ○ Private program use: Joint Commission (TJC), Buying Value ambulatory core measure
6.	9:40	2 measures under consideration related to cost/resource use	<ul style="list-style-type: none"> • The workgroup reiterated the importance of affordability/cost measures as an IQR gap area at its November 13 web meeting. • Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia <ul style="list-style-type: none"> ○ Measure is being tested and has not been submitted for NQF endorsement; however, may be submitted to the upcoming Resource Use measure endorsement project. ○ Federal program use: under consideration for IQR, MSSP, Physician Compare, Physician Feedback, PQRS, Value-Based Payment Modifier Program • Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure <ul style="list-style-type: none"> ○ Measure is being tested and has not been submitted for NQF endorsement; however, may be submitted to the upcoming Resource Use measure endorsement project. ○ Federal program use: under consideration for IQR, MSSP, Physician Compare, Physician Feedback, PQRS, Value-Based Payment Modifier Program

	Time	Issue/Question	Considerations
7.	9:50	2 measures under consideration related to readmissions	<ul style="list-style-type: none"> • Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery <ul style="list-style-type: none"> ○ Measure is fully developed but has not been submitted for endorsement. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Hospital Readmission Reduction Program; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program • Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures <ul style="list-style-type: none"> ○ Measure is fully developed but has not been submitted for endorsement. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
8.	10:05	3 measures under consideration related to adverse drug events	<ul style="list-style-type: none"> • The workgroup noted that adverse drug events should be added as an IQR gap area at its November 13 web meeting. • Adverse Drug Events – Hyperglycemia <ul style="list-style-type: none"> ○ Could address gap area in the program created by removal of the “manifestations of poor glycemic control” HAC rate measure. ○ Measure description: Average percentage of hyperglycemic hospital days for individuals with a diagnosis of diabetes mellitus, anti-diabetic drugs (except metformin) administered, or at least one elevated glucose level during the hospital stay. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program • Adverse Drug Events – Hypoglycemia <ul style="list-style-type: none"> ○ Could address gap area in the program created by removal of the “manifestations of poor glycemic control” HAC rate measure. ○ Measure description: The rate of hypoglycemic events following the administration of an anti-diabetic agent. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<p>Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program</p> <ul style="list-style-type: none"> • Appropriate Monitoring of patients receiving an Opioid via an IV Patient Controlled Analgesia Device <ul style="list-style-type: none"> ○ Measure description: Patients receiving intravenous opioids via patient-controlled analgesia who receive appropriate monitoring of their respiratory status (respiratory rate and pulse oximetry) and level of sedation. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program ○ MAP previously supported the direction of this measure for the Meaningful Use program.
9.	10:20	2 measures under consideration related to mortality	<ul style="list-style-type: none"> • Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following Coronary Artery Bypass Graft (CABG) surgery <ul style="list-style-type: none"> ○ Measure description: Estimates a hospital-level, risk-standardized mortality rate (RSMR) for patients 18 years and older discharged from the hospital following a qualifying isolated CABG procedure. Mortality is defined as death from any cause within 30 days of the procedure date of an index CABG admission. The measure was developed using Medicare Fee-for-Service (FFS) patients 65 years and older and was tested in all-payer patients 18 years and older. ○ Measure is fully developed but has not been submitted for endorsement. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program • Hospital 30-day Risk-standardized Acute Myocardial Infarction (AMI) Mortality eMeasure <ul style="list-style-type: none"> ○ Measure description: Outcome measure that estimates hospital 30-day risk-standardized mortality rates following admission for a heart attack using clinical information collected at presentation in an electronic health record (EHR). ○ Measure is fully developed but has not been submitted for endorsement. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
10.	10:30	Cross-program considerations for stroke measures	<ul style="list-style-type: none"> • Hospital 30-day all-cause risk-standardized readmission rate following an acute ischemic stroke hospitalization <ul style="list-style-type: none"> ○ Finalized for IQR. ○ Also under consideration for the Hospital Readmissions Reduction Program (HRRP). • Stroke: 30-day all-cause risk-standardized mortality <ul style="list-style-type: none"> ○ Finalized for IQR. • These measures did not pass endorsement, in part over concerns that the NIH Stroke Scale to indicate severity was not included in the risk adjustment model. • During the workgroup's October web meeting to review the finalized IQR measure set, these two measures of stroke outcomes were discussed for possible removal from IQR. The workgroup is asked to recommend whether both measures should be retained in IQR and whether the readmission measure should also be included in HRRP. • CMS will present additional data on the distribution of performance demonstrated by these measures. • Please refer to the Stroke Measurement background document prepared by staff (Tab 2).
11.	11:00	Cross-program considerations for hospital-acquired conditions (HAC) measures	<ul style="list-style-type: none"> • In its 2012 Pre-Rulemaking Report, MAP recommended removing the eight HAC rates from the Hospital Inpatient Quality Reporting Program (IQR) that populates Hospital Compare and replacing them with NQF-endorsed measures. HHS removed the rates from the program in the FY 2013 IPPS Final Rule citing MAP's recommendation and a desire to reduce redundancy in the IQR and HAC Reduction Programs. CMS will not refresh data on the eight HAC rates on Hospital Compare in 2013. • The removal of these measures without immediate replacements left gaps in publicly reported safety information, which may be filled through measures under consideration and additional NQF-endorsed measures of HACs. • Please refer to the HAC Measurement background document prepared by staff (Tab 2).
12.	11:45	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • The workgroup made recommendations on the removal of measures from the IQR measure set during its October web meetings.
13.	11:50	Identify priority measure gaps	<p><i>Brief presentation from the American Nurses Association on future measures for pressure ulcers, a previously identified gap area.</i></p> <ul style="list-style-type: none"> • The workgroup identified priority measure gaps during its November web meeting.

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> The workgroup reiterated the importance of the gaps that have been previously identified for the IQR program, specifically noting the need for measures addressing pediatrics, maternal/child health, cancer, behavioral health, affordability/cost, care transitions, and additional safety measures covering medication reconciliation, culture of patient safety, pressure ulcers, and measures of hospital-acquired conditions (HACs) that will be publicly reported. Additional gaps were also identified, including patient education, palliative and end of life care, and adverse drug events. The workgroup noted that these gaps are all priorities and suggested that CMS first focus on filling gap areas that have measures currently available for use as well as on specialty-specific topics.
14.	Noon	Opportunity for Public Comment	
15.	12:15	Lunch	
16.	12:45	Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set (Tab 3)	
17.	12:45	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> There are 14 measures under consideration. The finalized set includes 23 measures; all measures in Hospital VBP are also in IQR <ul style="list-style-type: none"> The majority of the finalized measures (20) are NQF-endorsed. The measure set addresses each NQS aim, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, affordable care, and effective communication and care coordination. The set does not address the priority of healthy living. The measure set addresses the statutory requirements set forth by the ACA. All measures in VBP are included in IQR. The measure set contains process, outcome, efficiency, and patient engagement/experience measures. 3 measures are disparities-sensitive. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> David Engler Barbara Caress Martin Hatlie

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
18.	12:55	8 measures under consideration related to stroke	<p>2 measures under consideration are NQF-endorsed and included in the MAP Cardiovascular Family of Measures:</p> <ul style="list-style-type: none"> • NQF #0437 STK-04: Thrombolytic Therapy <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Physician Feedback; Physician Quality Reporting System (PQRS) ○ Private program use: Bridges to Excellence • NQF #0441 STK-10: Assessed for Rehabilitation <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: TJC <p>5 measures under consideration are NQF-endorsed:</p> <ul style="list-style-type: none"> • NQF #0434 STK-01: Venous Thromboembolism (VTE) Prophylaxis <ul style="list-style-type: none"> ○ MAP previously supported this measure for the meaningful use program. ○ Federal program use: Hospital Inpatient Quality Reporting ○ Private program use: TJC • NQF #0435 STK-02: Discharged on Antithrombotic Therapy <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: TJC • NQF #0436 STK-03: Anticoagulation Therapy for Atrial Fibrillation/Flutter <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: Bridges to Excellence; MA BCBS Alternative Quality Contract; TJC • NQF #0438 STK-05: Antithrombotic Therapy By End of Hospital Day Two <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: MA BCBS Alternative Quality Contract; TJC • NQF #0439 STK-06: Discharged on Statin Medication <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: MA BCBS Alternative Quality Contract; TJC <p>1 measure has lost NQF-endorsement and was previously recommended by the Hospital Workgroup for</p>

	Time	Issue/Question	Considerations
			<p>removal from the IQR program: Stroke Education (formerly NQF #0440)</p> <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ○ Private program use: Bridges to Excellence; MA BCBS Alternative Quality Contract; TJC ○ Addresses the NQS domain of Community/Population Health, a priority not currently addressed by the program measure set. ○ The measure lost endorsement because it did not pass the criterion of importance to measure and report. The measure did not adequately address the impact of stroke education on patient outcomes. The endorsement steering committee expressed concerns that this measure could be a “check-box” measure, given the lack of direction regarding language and literacy requirements and the absence of a teach-back requirement.
19.	1:15	6 measures under consideration related to venous thromboembolism	<p>3 measures under consideration are NQF-endorsed:</p> <ul style="list-style-type: none"> ● NQF #0371 Venous Thromboembolism Prophylaxis <ul style="list-style-type: none"> ○ MAP previously supported the direction of this measure for the Long-term Care Hospital Quality Reporting Program. ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ● NQF #0372 Intensive Care Unit Venous Thromboembolism Prophylaxis <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs ● NQF #0373 Venous Thromboembolism Patients with Anticoagulant Overlap Therapy <ul style="list-style-type: none"> ○ Federal program use: Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs <p>1 measure under consideration lost NQF endorsement, but during the October IQR review the workgroup recommended retaining it in IQR:</p> <ul style="list-style-type: none"> ● Incidence of Potentially Preventable Venous Thromboembolism (formerly NQF #0376) <ul style="list-style-type: none"> ○ The endorsement steering committee was concerned about use of the measure for accountability purposes as the measure looks retrospectively at the care of patients who have developed VTE and determines whether prophylaxis was provided in those cases. Endorsement committee members were not convinced that the measure reflects truly preventable events, and many believed that it would be better to have a risk-adjusted outcome measure. <p>2 measures under consideration lost NQF endorsement, and during the October IQR review, the Hospital</p>

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<p>Workgroup recommended their removal from IQR:</p> <ul style="list-style-type: none"> • Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram (formerly NQF #0374) <ul style="list-style-type: none"> ○ The measure lost endorsement because it did not pass the criterion of scientific acceptability of its measure properties. The endorsement steering committee’s rationale was that the goal of the measure is for a patient to be within the therapeutic range; however, measuring the use of a nomogram alone does not necessarily lead to an improvement in patient outcomes. • Venous Thromboembolism Warfarin Therapy Discharge Instructions (formerly NQF #0375) <ul style="list-style-type: none"> ○ The measure lost endorsement because it did not pass the criteria for importance to measure and report or the scientific acceptability of its measure properties. The endorsement steering committee’s rationale was that the measure may not directly lead to an improvement in patient outcomes and lacks validated educational materials.
20.	1:30	Recommendations about the finalized measure set	<p>MAP recommended the removal of one measure finalized for VBP from the IQR measure set during its October web meeting: NQF #0527 Prophylactic antibiotic received within 1 hour prior to surgical incision.</p> <p>Are there additional measures that should be recommended for removal from VBP?</p>
21.	1:40	Identify priority measure gaps	<ul style="list-style-type: none"> • The workgroup recommended that CMS prioritize seven measures from IQR for inclusion in VBP in the future: <ul style="list-style-type: none"> ○ NQF #0469 Elective delivery prior to 39 completed weeks of gestation ○ NQF #0351 PSI–4 Death among surgical inpatients with serious treatable complications ○ NQF #1550 Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty ○ NQF #1893 COPD 30-day mortality rate ○ AMI Payment per Episode of Care ○ NQF #1716 NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure ○ NQF #1717 NHSN Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure • The workgroup has previously identified a number of gaps for the program including medication reconciliation, medication errors, mental and behavioral health, patient and family engagement, and ED throughput. • Do other important gaps remain in the program measure set?

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
22.	1:45 pm	Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set (Tab 4)	
23.	1:45	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There are 6 measures under consideration. • The finalized set includes 27 measures. <ul style="list-style-type: none"> ○ The majority (18 of 27 total) measures are NQF endorsed; 9 with time-limited endorsement, indicating that the steward needed to perform additional testing at the time of endorsement review. ○ The measure set addresses the NQS aims of better care and affordable care, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, effective communication and care coordination, and making care affordable. ○ The measure set includes structure, process, outcome, and efficiency measures. The set lacks cost and patient experience measures. There is 1 is patient-reported outcome measure. ○ 1 of the measures is sensitive to known disparities in healthcare. ○ The set includes 8 measures from the MAP Cardiovascular Disease, Care Coordination and/or Safety Measure Families. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Mary Lehman MacDonald • Shekhar Mehta • Michael Phelan
24.	1:55	4 measures under consideration related to avoidable ED visits/admissions/readmissions	<ul style="list-style-type: none"> • High-Acuity Care Visits after Outpatient Cataract Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions, emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving a cataract procedure at an ambulatory surgery center or other outpatient facility. ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program • High-Acuity Care Visits after Outpatient Colonoscopy Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions,

	Time	Issue/Question	Considerations
			<p>emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving a colonoscopy at an ambulatory surgery center or other outpatient facility.</p> <ul style="list-style-type: none"> ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program ● High-Acuity Care Visits after Outpatient Endoscopy Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions, emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving an endoscopy at an ambulatory surgery center or other outpatient facility. ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program ● 30-Day Readmissions <ul style="list-style-type: none"> ○ Measure concept, not yet specified. ○ Number of episodes of care with a resumption of care within 30 days to the same or to another hospital outpatient department (HOD). ○ Federal program use: under consideration for Physician Feedback and Value-Based Payment Modifier Program
25.	2:05	2 measures under consideration related to behavioral/mental health	<ul style="list-style-type: none"> ● No Individual Psychotherapy <ul style="list-style-type: none"> ○ Measure concept, not yet specified. ○ Number of episodes of care with no units of individual psychotherapy or psychiatric testing billed. ○ Federal program use: under consideration for Physician Feedback and Value-Based Payment Modifier Program ● Group Therapy <ul style="list-style-type: none"> ○ Measure concept, not yet specified. ○ Number of episodes of care with only group therapy billed. ○ Federal program use: under consideration for Physician Feedback and Value-Based Payment Modifier Program

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
26.	2:15	Recommendations about the finalized measure set	<ul style="list-style-type: none"> Should any finalized measures be removed?
27.	2:20	Identify priority measure gaps	<ul style="list-style-type: none"> MAP previously noted that specific gap areas for the OQR program measure set include measures of ED overcrowding, wait times, and disparities in care—specifically, disproportionate use of EDs by vulnerable populations. Additional gaps include measures of cost, patient-reported outcomes, patient and family engagement, and an outpatient CAHPS module. Do other important gaps remain in the program measure set? Are there any other measures that would enhance the program measure set? <ul style="list-style-type: none"> The 3-Item Care Transition Measure (CTM-3) was previously suggested as having the potential to fill a gap. What gaps are the highest priorities for this program?
28.	2:30 pm	Pre-Rulemaking Input on Ambulatory Surgical Center (ASC) Program Measure Set (Tab 5)	
29.	2:30	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> There are 3 measures under consideration. The finalized set includes 12 measures. <ul style="list-style-type: none"> 10 measures in the program are NQF-endorsed. 3 with time-limited endorsement, indicating that the steward needed to perform additional testing at the time of endorsement review. The measure set addresses the NQS aim of better care, specifically the priorities of effective clinical care and patient safety. 5 measures are included in the MAP Safety Family of Measures and 1 is included in the MAP Care Coordination Family. The measure set contains structure, process, and outcome measures. There are no cost, patient experience, or disparities-sensitive measures in the set. There is 1 patient-reported outcome measure. The measure set does not address patient/family/caregiver experience, shared decision-making, or assessment of the person’s care and services across providers, settings, and time. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> David Shapiro (substitute for Donna Slosburg) Louise Probst

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
30.	2:40	3 measures under consideration related to avoidable ED visits/admissions/readmissions	<p><i>Please refer back to previous discussion of these measures for OQR.</i></p> <ul style="list-style-type: none"> • High-Acuity Care Visits after Outpatient Cataract Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions, emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving a cataract procedure at an ambulatory surgery center or other outpatient facility. ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program • High-Acuity Care Visits after Outpatient Colonoscopy Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions, emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving a colonoscopy at an ambulatory surgery center or other outpatient facility. ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program • High-Acuity Care Visits after Outpatient Endoscopy Procedure <ul style="list-style-type: none"> ○ Measure is being specified. ○ Measure description: Outcome measure that is a combined rate of unplanned admissions, emergency department visits, and observation stays among Medicare FFS beneficiaries after receiving an endoscopy at an ambulatory surgery center or other outpatient facility. ○ Federal program use: under consideration for Hospital Outpatient Quality Reporting, Medicare Shared Savings Program, Physician Compare, Physician Feedback, Physician Quality Reporting System (PQRS), Value-Based Payment Modifier Program
31.	2:50	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
32.	2:55	Identify priority measure gaps	<ul style="list-style-type: none"> • MAP previously noted that priority measure gap areas for the ASCQR program include follow-up after procedures, complications, cost, patient and family engagement, an ASC-specific CAHPS module, and patient-reported outcome measures. • Do other important gaps remain in the program measure set?

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> • What gaps are the highest priorities for this program?
33.	3:15	Break	
34.	3:30	Pre-Rulemaking Input on the HAC Reduction Program Measure Set (Tab 6)	
35.	3:30	Review program summary and previously finalized measures; provide additional input on the measure set	<p>The HAC Reduction program consists of two domains of measures. Domain 1 includes Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) measures. Domain 2 includes measures developed by the Centers for Disease Control and Prevention’s (CDC) National Health Safety Network (NHSN). Hospitals will be given a score for each measure within the two domains. A domain score will also be calculated—with Domain 1 weighted at 35 percent and Domain 2 weighted at 65 percent—to determine a total score under the program.</p> <ul style="list-style-type: none"> • There are 4 measures under consideration. • The finalized set includes 6 measures. <ul style="list-style-type: none"> ○ All of the finalized measures are NQF-endorsed. ○ The measure set addresses the NQS aim of better care, specifically the priority of patient safety. Other NQS priorities are not addressed. ○ Measures in the program are appropriate, but the program does not address all conditions named in the HAC Payment Provision Program, specifically Foreign Object Retained After Surgery, Air Embolism, Blood Incompatibility, and Manifestations of Poor Glycemic Control. ○ The measure set is composed of outcome and composite measures. ○ The measure set does not include measures that support shared decision making, patient preferences, and the family/caregiver’s role in achieving patient safety. ○ No measures are sensitive to known disparities in healthcare. ○ The measure set is parsimonious with the inclusion of 6 measures. All of the measures in the program are in other federal programs, and 5 out of 6 are also used in one or more private sector programs. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Mitchell Levy • Dolores Mitchell • Lance Roberts

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
36.	3:45	2 measures under consideration are NQF-endorsed	<ul style="list-style-type: none"> • NQF #0349 Transfusion Reaction (PSI 16) <ul style="list-style-type: none"> ○ Addresses a condition in the HAC Payment Provision not currently addressed by the program measure set. ○ Private program use: Maine Health Management Coalition and Maine Quality Forum Publicly Reported Measures • NQF #0533 Postoperative Respiratory Failure Rate (PSI 11) <ul style="list-style-type: none"> ○ This measure is not included in the version of PSI-90 finalized for FY 2015 but is included in version 4.5. ○ Private program use: Maine Health Management Coalition and Maine Quality Forum Publicly Reported Measures
37.	4:10	2 measures under consideration are not NQF-endorsed	<ul style="list-style-type: none"> • Perioperative Hemorrhage or Hematoma Rate (PSI 9) <ul style="list-style-type: none"> ○ This measure is not included in the version of PSI-90 finalized for FY 2015 but is included in version 4.5. • Postoperative Physiologic and Metabolic Derangement Rate (PSI-10) <ul style="list-style-type: none"> ○ Addresses a condition in the HAC Payment Provision not currently addressed by the program measure set. ○ This measure is not included in the version of PSI-90 finalized for FY 2015 but is included in version 4.5. ○ Measure was removed from the PSI-90 composite measure during the composite's most recent NQF review. ○ The Hospital Workgroup did not support the inclusion of PSI-10 during its 2013 Ad Hoc review of measures for the HAC Reduction program, noting that without NQF endorsement there was not enough information available on the reliability, validity, or accuracy of this measure to support it.
38.	4:40	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
39.	4:45	Identify priority measure gaps	<p><i>Please refer back to previous cross-program considerations discussion on HACs for IQR.</i></p> <ul style="list-style-type: none"> • MAP previously identified several measure gaps for this program, including adverse drug events (e.g., wrong dose, wrong patient, drug-drug interactions, drug-allergy interactions), ventilator-associated events (VAEs), sepsis, and an obstetric complications composite measure.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> • Do other important gaps remain in the program measure set? • Are there any other measures that would enhance the program measure set? • What gaps are the highest priorities for this program?
40.	5:00 pm	Opportunity for Public Comment	
41.	5:15 pm	Daily Summary and Adjourn	

Day 2: December 12, 2013

	Time	Issue/Question	Considerations
42.	8:00 am	Breakfast	
43.	8:30 am	Welcome and Review of Previous Day	
44.	9:00 am	Pre-Rulemaking Input on the Hospital Readmissions Reduction Program (HRRP) Program Measure Set (Tab 7)	
45.	9:00	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There are 3 measures under consideration. • The finalized set includes 5 measures. <ul style="list-style-type: none"> ○ The measure set addresses the NQS aim of better care, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, and effective communication and care coordination. It does not address the priorities of patient and family engagement, healthy living, or affordability. ○ The set addresses conditions and procedures for which readmissions are high volume or high expenditure. The measures in the set are NQF-endorsed and the endorsed measures have exclusions for readmissions unrelated to the prior discharge. ○ The program set includes outcomes measures. ○ While the set does not enable measurement across a full episode of care, readmissions relate to the transition from one setting to the next. ○ The measures in the program set are not sensitive to healthcare disparities. ○ The measure set includes 5 measures. All measures in the set are also included in the IQR set. In addition, 4 measures are being used in private programs.

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Cristie Travis • Nancy Foster (substitute for Rich Umbdenstock) • Wei Ying
46.	9:30	2 measures under consideration are condition-specific	<p><i>Please refer back to previous discussions of these measures for IQR.</i></p> <ul style="list-style-type: none"> • Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following Coronary artery Bypass Graft (CABG) Surgery <ul style="list-style-type: none"> ○ Measure is not NQF-endorsed. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Hospital Readmission Reduction Program; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program • Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following an acute ischemic stroke hospitalization
47.	10:00	1 measure under consideration addresses all-cause readmissions	<p><i>Brief comments from measure developer</i></p> <p><i>Brief comments from Bruce Hall, CDP Liaison</i></p> <ul style="list-style-type: none"> • NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) <ul style="list-style-type: none"> ○ Measure is NQF-endorsed. ○ Federal program use: <ul style="list-style-type: none"> ▪ Finalized in Hospital Inpatient Quality Reporting ▪ Under consideration for Hospital Readmission Reduction Program; Physician Feedback; Value-Based Payment Modifier Program ○ MAP has previously considered the balance between all-cause, all-condition measures and condition-specific measures of readmissions. MAP recognized that condition-specific measures highlight opportunities to improve workflow and processes specific to a particular condition, while all-condition measures uncover system-wide issues. ○ Additional presentations to support workgroup deliberations: <ul style="list-style-type: none"> ▪ Measure design and specifications (Yale) ▪ Overview of new NQF projects to review dry run results and consider risk-

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> adjustment for socioeconomic status (NQF staff) <ul style="list-style-type: none"> ▪ CMS perspective ○ Please refer to the All-Cause Readmission Measurement background document prepared by staff (Tab 7)
48.	11:30	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
49.	11:45	Identify priority measure gaps	<ul style="list-style-type: none"> • MAP has previously encouraged the development of additional condition-specific readmission measures to address high-impact conditions, such as diabetes and cancer, behavioral health conditions, and conditions particularly relevant to the adult commercially insured population (individuals aged 18-64). • MAP has noted that concurrent implementation of measures to monitor patient experience and post-discharge follow-up are important, and risk-stratification methodologies related to race, gender, and socioeconomic status may be needed. • Do other important gaps remain in the program measure set? • What gaps are the highest priority gaps for this program?
50.	Noon	Opportunity for Public Comment	
51.	12:15 pm	Lunch	
52.	12:45	Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set (Tab 8)	
53.	12:45	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There are 6 measures under consideration. • The finalized set includes 18 measures: <ul style="list-style-type: none"> ○ All measures are endorsed. ○ The measure set addresses the NQS aims of better care and affordable care, specifically the priorities of effective prevention and treatment of mortality, improved communication and care coordination, patient safety, patient and family engagement and making care affordable. ○ The measure set includes process, outcome, and patient engagement/experience measures. ○ 2 of the measures are sensitive to known disparities in healthcare. ○ Most of the finalized measures are being used in one or more additional federal programs and/or private sector programs; 13 of them are included in a MAP family of measures <p><i>Brief comments from CMS program lead</i></p>

	Time	Issue/Question	Considerations
			<p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Ronald Walters • Shelley Fuld Nasso • Sean Morrison
54.	1:00	2 measures under consideration related to treatment	<ul style="list-style-type: none"> • NQF #1822 External Beam Radiotherapy for Bone Metastases <ul style="list-style-type: none"> ○ Not currently in use in any federal or private program, and not under consideration for any other program ○ MAP previously supported this measure for the Physician Quality Reporting System (PQRS). CMS did not propose the measure for the program. • Initiation of Osteoclast Inhibitors for Patients with Multiple Myeloma or Bone Metastases Associated with Breast Cancer, Prostate Cancer, or Lung Cancer <ul style="list-style-type: none"> ○ Measure is being tested. ○ Measure description: Percent of patients aged 18 years and older with multiple myeloma or with bone metastases associated with breast cancer, prostate cancer, or non-small cell lung cancer who had two or more visits to the reporting facility during the measurement period and were administered appropriate osteoclast inhibitors within 60 days following diagnosis of multiple myeloma or bone metastases. ○ Not currently in use in any federal or private program, and not under consideration for any other program.
55.	1:10	1 measure under consideration related to pain screening	<ul style="list-style-type: none"> • NQF #1628 Patients with Advanced Cancer Screened for Pain at Outpatient Visits <ul style="list-style-type: none"> ○ Patient-reported outcome measure ○ Federal program use: not currently in use in any federal program ○ Private program use: MA BCBS Alternative Quality Contract ○ Measure could address previously noted gaps in patient-reported symptoms and palliative care.
56.	1:15	2 measures under consideration related to safety	<ul style="list-style-type: none"> • Overuse of Imaging for Staging Breast Cancer at Low Risk of Metastasis <ul style="list-style-type: none"> ○ Measure is being tested. ○ Measure description: Percentage of women 18 years of age or older with stage 0, I, or II breast cancer who had a bone, CT, PET, or PET/CT scan anytime during the 120 days following the initial diagnosis of breast cancer. ○ Not currently in use in any federal or private program, and not under consideration for any

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<p>other program.</p> <ul style="list-style-type: none"> ○ Addresses the NQS aim of making care affordable. <ul style="list-style-type: none"> ● NQF #0450 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12) <ul style="list-style-type: none"> ○ Included in the MAP Safety Family of Measures ○ Federal program use: not currently in use in any federal program, ○ Private program use: MA BCBS Alternative Quality Contract ○ MAP previously supported this measure for the HAC Reduction program.
57.	1:25	1 measure under consideration related to avoidable ED/Admissions	<ul style="list-style-type: none"> ● Potentially Avoidable Admissions and Emergency Department Visits Among Patients Receiving Outpatient Chemotherapy <ul style="list-style-type: none"> ○ Outcome measure ○ Measure is being tested. ○ Measure description: Percentage of cancer patients 18 years of age or older receiving outpatient chemotherapy who have an admission or emergency department (ED) visit for nausea, emesis, anemia, neutropenic fever, diarrhea, dehydration, or pain. Two rates are calculated. ○ Not currently in use in any federal or private program, and not under consideration for any other program
58.	1:30	Cross-program considerations for cancer measures	<p>The Hospital Workgroup has previously noted that hospice and palliative care measures are gaps for the PCHQR program. The PAC/LTC Workgroup will provide guidance to the Hospital Workgroup on measures in the Hospice Quality Reporting Program that could be implemented to fill this gap.</p> <p>5 NQF-endorsed measures addressing palliative care are specified for the facility level of analysis and hospital care setting. The first set of 3 (#1634, #1637, #1641) are the only measures in the Hospice Item Set that are specifically palliative and appropriate for hospital as well as hospice settings. The other measures in the set focus on slightly broader topics, such as treatment (e.g., dyspnea screening, dyspnea treatment) or appropriate level of care (e.g., proportion admitted to the ICU in the last 30 days of life).</p> <p>The PAC/LTC Workgroup recommends the measures below as a possible “starter set” of palliative measures that could align the cancer and hospice programs:</p> <ul style="list-style-type: none"> ● NQF #1641 Treatment Preferences

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Included in the MAP Hospice and Palliative Care Family of Measures. ○ Measure description: Percentage of patients with chart documentation of preferences for life sustaining treatments. ○ Federal program use: Hospice Quality Reporting Program ○ Measure is sensitive to known disparities in healthcare. <p>*For workgroup consideration: Measure NQF #0166, HCAHPS, has a pain control component. Does the workgroup think this adequately addresses pain for the cancer program or would the following two pain-related measures add value?</p> <ul style="list-style-type: none"> ● NQF #1634 Hospice and Palliative Care – Pain Screening (paired with 1637) <ul style="list-style-type: none"> ○ Included in the MAP Hospice and Palliative Care Family of Measures. ○ Measure description: Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation/palliative care initial encounter. ○ Included in the 2012 MAP Safety Family of Measures. ○ Measure is sensitive to known disparities in healthcare. ● NQF #1637 Hospice and Palliative Care – Pain Assessment (paired with 1634) <ul style="list-style-type: none"> ○ Included in the MAP Hospice and Palliative Care Family of Measures. ○ Measure description: Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening. ○ Included in the 2012 MAP Safety Family of Measures. ○ Measure is sensitive to known disparities in healthcare. ● NQF #0326 Advance Care Plan <ul style="list-style-type: none"> ○ Included in 2012 Hospice Family of Measures. ○ Measure description: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. ○ Federal program use: Physician Quality Reporting System ○ Specified for multiple settings, including hospital. ○ Addresses social supportive services for patients identified as a gap by this workgroup.

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> • NQF #1919 Cultural Competency Implementation Measure <ul style="list-style-type: none"> ○ Measure description: Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting. ○ This measure was not available when the 2012 Hospice Family of Measures was created (it was endorsed August 2012), which is why it does not appear in the family. ○ Addresses culturally appropriate care, a high-leverage opportunity identified in the 2012 Hospice and Palliative Care Family of Measures. <p>MAP has previously noted that cancer care is a gap in the IQR program. Are there PCHQR measures that MAP could recommend for implementation in IQR?</p> <ul style="list-style-type: none"> • Please refer to the table of PCHQR measures not currently in IQR prepared by staff (Tab 8).
59.	1:45	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
60.	1:50	Identify priority measure gaps	<ul style="list-style-type: none"> • MAP has previously placed a high priority on measures of patient and family/caregiver experience as well as other patient-reported outcome measures. Other measure gaps MAP identified for this program include measures of survival, patient-reported symptoms and clinical outcomes, palliative and hospice care, and psychosocial/supportive services for the patient and family or caregiver. • Do other important gaps remain in the program measure set? • Are there any other measures that would enhance the program measure set? • What gaps are the highest priority gaps for this program?
61.	2:00 pm	Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set (Tab 9)	
62.	2:00	Review program summary and previously finalized measures; provide additional input on the	<ul style="list-style-type: none"> • There are 10 measures under consideration. • The finalized set includes 8 measures. <ul style="list-style-type: none"> ○ All but 1 measure is NQF-endorsed.

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
		measure set	<ul style="list-style-type: none"> ○ The measure set addresses the NQS aims of better care and healthy people/communities, specifically the priorities of effective prevention and treatment of mortality, patient safety, effective communication and care coordination, and healthy living. ○ Only process measures were included in the measure set. ○ The measure set addresses follow-up care and transition planning. The measure set does not address patient/family/caregiver experience or measures that support shared decision making and patient preferences. ○ No measures are sensitive to known disparities in healthcare. ○ Only NQF #0576 Follow-Up After Hospitalization for Mental Illness is included in another federal or private sector program. ○ 3 measures are included in the Care Coordination Family of Measures. 5 measures are included in MAP Dual Eligible Beneficiaries Family. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> ● Brock Slabach ● Floyd J. Fowler ● Ann Marie Sullivan
63.	2:10	6 measures under consideration related to screening	<p>1 measure is NQF-endorsed.</p> <ul style="list-style-type: none"> ● NQF #0028 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention <ul style="list-style-type: none"> ○ Included in the MAP Cardiovascular Disease, Diabetes, and Duals Measure Families ○ Federal program use: finalized for Meaningful Use (EHR Incentive Program) - Eligible Professionals, Medicare Shared Savings Program, and Physician Quality Reporting System (PQRS) ○ Private program use: eValue8; at least 1 Beacon community; Buying Value core ambulatory measure; URAC Health Plan with Health Insurance Exchange <p>5 measures are not NQF-endorsed.</p> <ul style="list-style-type: none"> ● IPF Metabolic Screening <ul style="list-style-type: none"> ○ Measure is being tested. ○ Percent of Inpatient Psychiatric Facility inpatients who receive a comprehensive metabolic screening.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Not currently in use in any federal or private program, and not under consideration for any other program. ● IPF Suicide Risk Screening completed within one day of admission <ul style="list-style-type: none"> ○ Measure is being tested. ○ Measure description: Percentage of admissions to an IPF for which a detailed screening for risk of suicide was completed within one day of admission. ○ Not currently in use in any federal or private program, and not under consideration for any other program. ● IPF Violence Risk Screening completed within one day of admission <ul style="list-style-type: none"> ○ Measure is being tested ○ Measure description: Percentage of admissions for which a detailed screening for risk of violent behavior was completed within one day of admission. ○ Not currently in use in any federal or private program, and not under consideration for any other program. ● IPF Drug Use Screening completed within one day of admission <ul style="list-style-type: none"> ○ Measure is being tested. ○ Measure description: Screening completed within one day of patient's admission to the IPF. This is a companion measure to the IPF Alcohol Use Screening completed within one day of admission MUC. ○ Not currently in use in any federal or private program, and not under consideration for any other program. ● IPF Alcohol Use Screening completed within one day of admission <ul style="list-style-type: none"> ○ Measure is being tested, ○ Measure description: Alcohol Use Screening completed within one day of patient's admission to the IPF. This is a companion measure to the IPF Drug Use Screening completed within one day of admission MUC. ○ Not currently in use in any federal or private program, and not under consideration for any other program.
64.	2:20	2 measures under consideration related to vaccination	<ul style="list-style-type: none"> ● NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel <ul style="list-style-type: none"> ○ Included in the MAP Safety Family of Measures

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Federal program use: finalized for Ambulatory Surgical Center Quality Reporting, Hospital Inpatient Quality Reporting, Inpatient Rehabilitation Facilities Quality Reporting, and Long-term Care Hospital Quality Reporting. Under consideration for End-Stage Renal Disease Quality Incentive Program ○ MAP has previously considered this measure in its 2012 and 2013 Pre-Rulemaking Reports for a number of programs: <ul style="list-style-type: none"> ▪ 2012: Long-term Care Hospital Quality Reporting: Support Direction; Inpatient Rehabilitation Facilities Quality Reporting: Support Direction ▪ 2013: Hospital Outpatient Quality Reporting: Support; Hospital Value-Based Purchasing: Do Not Support; Inpatient Rehabilitation Facilities Quality Reporting: Support; Physician Quality Reporting System (PQRS): Support <ul style="list-style-type: none"> • The measure was not finalized for OQR or PQRS. ● NQF #1659 Influenza Immunization <ul style="list-style-type: none"> ○ Included in the MAP Dual Eligible Beneficiaries Family of Measures ○ This measure is sensitive to known disparities in healthcare. No measures in the finalized set are disparity-sensitive. ○ MAP has previously supported this measure for the Meaningful Use and Value-Based Purchasing Programs. ○ Federal program use: finalized for Hospital Inpatient Quality Reporting and Hospital Value-Based Purchasing; under consideration for Meaningful Use (EHR Incentive Program) - Hospitals, CAHs <ul style="list-style-type: none"> ▪ Last year, the workgroup supported inclusion of the measure in Hospital Outpatient Quality Reporting, and the MAP Clinician Workgroup supported inclusion of the measure in Physician Quality Reporting System (PQRS). The measure was not finalized for either program.
65.	2:30	2 structural measures under consideration	<ul style="list-style-type: none"> ● IPF Use of an electronic health record meeting Stage 1 or Stage 2 Meaningful Use criteria <ul style="list-style-type: none"> ○ Measure concept, not yet specified. ○ The facility will decide to use an electronic health record meeting Stage 1 or Stage 2 Meaningful Use criteria. ○ Not currently in use in any federal or private program, and not under consideration for any

	Time	Issue/Question	Considerations
			<p>other program.</p> <ul style="list-style-type: none"> • Inpatient Psychiatric Facility Routinely Assesses Patient Experience of Care <ul style="list-style-type: none"> ○ Measure concept, not yet specified. ○ Measure description: Yes/No -- whether an IPF Routinely Assesses Patient Experience of Care using a standardized collection protocol and a structured instrument. ○ Not currently in use in any federal or private program, and not under consideration for any other program. ○ The Hospital Workgroup provided input on this measure during its Ad Hoc review. The workgroup reinforced the importance of patient and family engagement in psychiatric care and recommended that a meaningful, feasible measure of patient experience be adopted for psychiatric facilities as expeditiously as possible. The workgroup did not find the MAP decision categories adequate to express their recommendation for the particular measure under review; the group was in agreement on the need to implement a measure of patient experience in the IPFQR program, but divided on whether the measure under review was the best path forward. Some members supported the direction of the measure, and some members did not support the measure.
66.	2:35	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
67.	2:40	Identify priority measure gaps	<p>MAP has previously noted that efforts by hospitals to improve person-centered psychiatric care, such as assessing patient and family/caregiver experience and engagement and establishing relationships with community resources, are priority measure gap areas. Additional measure gaps in the IPFQR program include behavioral health assessments and care in the ED, readmissions, identification and management of general medical conditions, partial hospitalization or day programs, and a psychiatric care module for CAHPS.</p> <ul style="list-style-type: none"> • Do other important gaps remain in the program measure set? • Are there any other measures that would enhance the program measure set? • What gaps are the highest priorities for this program?
68.	2:45 pm	Break	

	Time	Issue/Question	Considerations
69.	3:00 pm	Pre-Rulemaking Input on Medicare & Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Program Measures (Tab 10)	
70.	3:00	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There are 6 measures under consideration. • The finalized set includes 29 measures (29 finalized measures for Stage 2 encompass the 15 finalized measures for Stage 1). <ul style="list-style-type: none"> ○ The majority of measures (24) are NQF-endorsed. ○ The NQS priority area of patient and family engagement is not addressed. ○ 15 of the measures are used in private programs and 25 are used in other federal programs (i.e., IQR, OQR, and Hospital VBP). ○ There are no structural, cost, patient experience, or patient-reported outcome measures in this set. ○ No measures are disparities-sensitive. <p><i>Brief comments from CMS program lead</i></p> <p><i>Brief comments from workgroup members given a pre-meeting assignment:</i></p> <ul style="list-style-type: none"> • Dana Alexander • Patricia Conway Morana
71.	3:10	2 measures under consideration related to Medication Safety - Adverse Drug Events	<p><i>Please refer back to previous discussion of these measures for IQR.</i></p> <ul style="list-style-type: none"> • Adverse Drug Events – Hyperglycemia <ul style="list-style-type: none"> ○ The measure is currently being tested. ○ Could address gap area in program created by removal of the “manifestations of poor glycemic control” HAC rate measure. ○ Measure description: Average percentage of hyperglycemic hospital days for individuals with a diagnosis of diabetes mellitus, anti-diabetic drugs (except metformin) administered, or at least one elevated glucose level during the hospital stay. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program • Adverse Drug Events – Hypoglycemia

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ The measure is currently being tested. ○ Could address gap area in program created by removal of the “manifestations of poor glycemic control” HAC rate measure. ○ Measure description: Rate of hypoglycemic events following the administration of an anti-diabetic agent. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
72.	3:15	1 measure under consideration related to maternal/child health	<p><i>Please refer back to previous discussion of this measure for IQR.</i></p> <ul style="list-style-type: none"> ● NQF #0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge <ul style="list-style-type: none"> ○ The measure is currently endorsed. Electronic specifications are being developed.
73.	3:20	1 measure under consideration related to sepsis management	<ul style="list-style-type: none"> ● NQF #500 Severe Sepsis/Septic Shock: Management Bundle <ul style="list-style-type: none"> ○ Included in the Safety Family of Measures ○ MAP previously supported this measure for IQR and OQR and supported the direction for LTCHQR.
74.	3:25	1 measure under consideration related to influenza immunization	<p><i>Please refer back to previous discussion of this measure for IPFQR.</i></p> <ul style="list-style-type: none"> ● NQF #1659 Influenza Immunization <ul style="list-style-type: none"> ○ Included in the MAP Dual Eligible Beneficiaries Family of Measures ○ This measure is sensitive to known disparities in healthcare. No measures in the finalized set are disparity-sensitive. ○ MAP has previously supported this measure for the Meaningful Use and Value-Based Purchasing Programs. ○ Federal program use: finalized for Hospital Inpatient Quality Reporting and Hospital Value-Based Purchasing; under consideration for Inpatient Psychiatric Facility Quality Reporting. <ul style="list-style-type: none"> ▪ Last year, the workgroup supported inclusion of the measure in Hospital Outpatient Quality Reporting and the MAP Clinician Workgroup supported inclusion of the measure in Physician Quality Reporting System (PQRS). The

	Time	Issue/Question	Considerations
			measure was not finalized for either program.
75.	3:30	1 measure under consideration related to mortality	<p><i>Please refer back to previous discussion of this measure for IQR.</i></p> <ul style="list-style-type: none"> • Hospital 30-day Risk-standardized Acute Myocardial Infarction (AMI) Mortality eMeasure <ul style="list-style-type: none"> ○ This is an outcome measure that estimates hospital 30-day risk-standardized mortality rates following admission for a heart attack using clinical information collected at presentation in an electronic health record (EHR). ○ Measure is fully developed but has not been submitted for endorsement. ○ Federal program use: under consideration for Hospital Inpatient Quality Reporting; Meaningful Use (EHR Incentive Program) - Hospitals, CAHs; Medicare Shared Savings Program; Physician Compare; Physician Feedback; Physician Quality Reporting System (PQRS); Value-Based Payment Modifier Program
76.	3:40	Recommendations about the finalized measure set	<ul style="list-style-type: none"> • Should any finalized measures be removed?
77.	3:45	Identify priority measure gaps	<ul style="list-style-type: none"> • Do important gaps remain in the program measure set? • What gaps are the highest priority for this program?
78.	3:45 pm	Guidance to the Clinician Workgroup on Medicare Shared Savings Program (Tab 11)	
79.		Review program summary and previously finalized measure set	<ul style="list-style-type: none"> • The measures in this set should be considered for application at the system level of analysis. • The finalized set includes 33 measures. • The measures address all of the NQS priorities except for making care more affordable. • 13 finalized measures are also in the MAP Family of Measures. • There are 15 measures under consideration for this program. • MAP previously recommended adding four additional measures to align with Medicare Advantage (MA) 5 Star Quality Reporting Program: <ul style="list-style-type: none"> ○ NQF #0037 Osteoporosis Testing in Older Women ○ NQF #0053 Osteoporosis Management in Women Who Had a Fracture ○ NQF #0553 Care for Older Adults – Medication Review ○ NQF #0576 Follow-Up After Hospitalization for Mental Illness

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> • MAP previously made the following recommendations for the finalized set of measures: <ul style="list-style-type: none"> ○ ACO 8 (CMS): Risk-Standardized, All Condition Readmission <ul style="list-style-type: none"> ▪ Submit for endorsement ○ ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment <ul style="list-style-type: none"> ▪ Submit for endorsement ○ ACO 20 (CMS): Preventive Care and Screening: Breast Cancer Screening <ul style="list-style-type: none"> ▪ Support Direction: Not ready for implementation; should be submitted for and receive NQF endorsement. ▪ Measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines. MAP recommends maintaining measure in the program if the measure is updated to reflect guidelines and endorsed prior to 2014 program implementation. ○ ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure <ul style="list-style-type: none"> ▪ Phased Removal: A finalized measure (NQF #0018) addresses a similar topic and is NQF-endorsed
80.		2 measures under consideration related to osteoporosis	<ul style="list-style-type: none"> • NQF #0046 Osteoporosis Screening or Therapy for Women Aged 65 Years and Older <ul style="list-style-type: none"> ○ Level of Analysis: Clinician/Group ○ This is a claims-based measure which aligns with a survey-based measure MAP previously recommended for inclusion in the measure set, NQF #0037 Osteoporosis Testing in Older • NQF #0053 Osteoporosis Management in Women Who Had a Fracture <ul style="list-style-type: none"> ○ MAP previously recommended aligning with MA 5 Star Quality Reporting Program ○ Level of Analysis: Health Plan, Integrated Delivery System
81.		1 measure under consideration related to mental health	<ul style="list-style-type: none"> • NQF #0576 Follow-Up After Hospitalization for Mental Illness <ul style="list-style-type: none"> ○ MAP previously recommended aligning with MA 5 Star Quality Reporting Program ○ Level of Analysis: Clinician/Group, Health Plan, Integrated Delivery System, Population-County or City, State, Regional, National
82.		3 measures under consideration related to cardiovascular health	<ul style="list-style-type: none"> • NQF #0543 Adherence to Statin Therapy for Individuals with Coronary Artery Disease <ul style="list-style-type: none"> ○ Level of Analysis: Clinician/Group, Population: State • NQF #0555 Lack of Monthly INR Monitoring for Individuals on Warfarin

Measure performance details (e.g., sample size, variability) were generally unavailable. Most recent result is provided when multiple were reported in a given source.

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Level of Analysis: Clinician/Group, Population: State ● NQF #0556 INR for individuals taking warfarin and interacting anti-infective medications <ul style="list-style-type: none"> ○ Level of Analysis: Clinician/Group, Population: State
83.		6 measure under consideration are collected through CAHPS	<ul style="list-style-type: none"> ● NQF #0005 CG CAHPS: Courteous & Helpful Office Staff <ul style="list-style-type: none"> ○ Level of Analysis: Clinician ● CG CAHPS Supplemental Item: Care Coordination <ul style="list-style-type: none"> ○ Five survey items ask if your provider had medical records during your visit, if provider followed up to give you results, if you needed help to receive manage care, if you got help to manage care, and satisfaction with the team who helped you manage your care ○ Level of Analysis: Clinician ○ Not NQF Endorsed ● CG CAHPS Supplemental and new Items: Between Visit Communication <ul style="list-style-type: none"> ○ Two survey items ask if the providers office sent reminders between visits or to make an appointment for a test or treatment ○ Level of Analysis: Clinician ○ Not NQF Endorsed ● CG CAHPS Supplemental Item: Educating Patient about Medication Adherence <ul style="list-style-type: none"> ○ Three survey items ask if providers gave easy to understand instructions, information about how to take medications, or suggested ways to help you remember to take medications ○ Level of Analysis: Clinician ○ Not NQF Endorsed ● CG CAHPS Supplemental Item: Stewardship of Patient Resources <ul style="list-style-type: none"> ○ One survey items asks if the care team spoke with you as about the cost of your prescription medications ○ Level of Analysis: Clinician ○ Not NQF Endorsed ● NQF #1741 Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare and Systems (CAHPS) Surgical Care Survey CAHPS (S-CAHPS) <ul style="list-style-type: none"> ○ Survey questions individually endorsed as noted above

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Clinician/group level of analysis
84.		2 measures under consideration related to Patient Activation/Self-assessment	<ul style="list-style-type: none"> ● Patient Activation Measure <ul style="list-style-type: none"> ○ The Patient Activation Measure™ self-assessment tool assesses the knowledge, skills and confidence for managing one's own health and healthcare. The PAM tool segments consumers into one of four progressively higher activation levels. Each level is associated with distinct self-care behaviors, as well as a wealth of insight into the attitudes, values, motivations, and emotional disposition that drive these behaviors. With these insights, care givers and healthcare organizations can better tailor support and allocate resources more effectively. ○ Not NQF Endorsed ● SF-36 (included in the HOS) <ul style="list-style-type: none"> ○ Health survey capturing information about functional health and well-being from the patient's point of view. Measures 8 health domains and provides physical component summary and mental component summary scores. Norm-based scoring is utilized so 50 is the average score. Four week and acute one week recall periods are utilized. ○ Not NQF Endorsed
85.		1 measure under consideration related to asthma	<ul style="list-style-type: none"> ● Optimal Asthma Care-Control Component <ul style="list-style-type: none"> ○ Percentage of patients ages 5-50 (pediatrics ages 5-17) whose asthma is well-controlled as demonstrated by one of three age appropriate patient reported outcome tools. ○ Not NQF Endorsed
86.		Additional recommendations about the finalized measure set	Should any finalized measures be removed?
87.		Identify priority measure gaps	<p>MAP previously identified patient-reported measures and health and functional status measures as gaps in the program set.</p> <ul style="list-style-type: none"> ● Do important gaps remain in the program measure set? ● What are the highest priority gaps for this program? ● Are there opportunities to better align this measure set with the measure sets of other hospital reporting programs?

	Time	Issue/Question	Considerations
88.	4:45 pm	Opportunity for Public Comment	
89.	5:00 pm	Wrap Up and Adjourn	

Ambulatory Surgical Centers Quality Reporting Program

Program Type:

Pay for Reporting – Information is reported to the Centers for Medicare & Medicaid Services (CMS).¹

Incentive Structure:

Beginning CY 2014, ambulatory surgical centers (ASCs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual market basket payment update (the measure of change in costs of goods and services used to treat Medicare patients).² Data collection for the ASC Quality Reporting Program began in 2012; most measures collected are to be used for payment determination beginning in 2014.

Care Settings Included:

The program includes ASCs operating exclusively to provide surgical services to patients not requiring hospitalization. The expected duration of services would not be expected to exceed 24 hours following admission to the ASC facility.³

Statutory Mandate:

CMS is authorized, but not required, to implement a reduction in annual payment updates for facilities failing to report on quality measures under the Medicare Improvements and Extension Act of the Tax Relief and Health Care Act (MIEA-TRHCA) of 2006.

Statutory Requirements for Measures:

The ASC Quality Reporting Program may include the same or similar measures reported in the Hospital Outpatient Quality Reporting (OQR) or Inpatient Quality Reporting (IQR) Programs.

The program measure set should include structure, process, outcome, patients' perspectives on care, efficiency, and costs of care measures. To the extent feasible, outcome and patient experience measures should be risk-adjusted. 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 facilities are effectively in compliance or measures do not represent best practice).

In order to reduce the burden of measurement for smaller ASCs, CMS finalized only claims-based measures for the first year of the program and only structural measures for the second year of the program.

MAP 2013 Pre-Rulemaking Input on ASCQR:

- MAP considered five measures under consideration and supported 2 for the ASCQR program during the 2012/2013 pre-rulemaking cycle.
- MAP supported HHS' efforts to move toward greater alignment across the ASCQR program and OQR program.

- MAP supports the inclusion of ambulatory surgical centers (ASC) within a broader system-wide approach to measuring performance and improving care; however, measures should be tested, endorsed, and implemented for the intended level of analysis.
- MAP found the ASCQR program measure set to be inadequate. MAP encourages swift progress in developing, testing, and endorsing applicable measures to address the quality of care for additional procedures commonly performed in ASCs.
- Priority measure gap areas for the ASCQR program include follow-up after procedures, complications, cost, patient and family engagement, an ASC-specific CAHPS module, and patient-reported outcome measures.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority of measures in the set are NQF-endorsed (10 of 12 total).
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aim of better care, specifically the priorities of effective clinical care and patient safety. It does not address priorities of patient and family engagement, communication and care coordination, healthy living, or affordability.
3. Program measure set is responsive to specific program goals and requirements	The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set contains structure, process, and outcome measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set does not address patient, family, or caregiver experience; shared decision-making; or the assessment of a person's care and services across providers, settings, and time. The measure set does address transfers and admissions to a hospital after treatment in an ASC; these relate to problems with care transitions.
6. Program measure set includes considerations for healthcare disparities and cultural competency	None of the measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	Most of the finalized measures are being used only in the ASCQR program and do not align with other Federal programs. Five measures in the set are included in a MAP family of measures.

¹<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772497737>

² <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>

³ <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs.html#>

Hospital-Acquired Condition Payment Reduction Program

Program Type:

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

Incentive Structure:

Hospitals with rates of hospital acquired conditions (HACs) in the top quartile compared to the national average will have their Medicare payments reduced by 1 percent for all DRGs.² Prior to FY 2015 and in each subsequent fiscal year, hospitals will receive confidential reports from HHS on their HAC rates to give them the opportunity to review and submit corrections before the information is made public.

The HAC Reduction program consists of two domains of measures. Domain 1 includes Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) measures. Domain 2 includes measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN). Hospitals will be given a score for each measure within the two domains. A domain score will also be calculated—with Domain 1 weighted at 35 percent and Domain 2 weighted at 65 percent—to determine a total score for each hospital in the program. Risk factors such as patients' age, gender, and comorbidities will be considered in the calculation of the measure rates.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS). This includes more than three-quarters of all hospitals.³

Statutory Mandate:

Section 3008 of the Affordable Care Act requires HHS to establish a program for IPPS hospitals to improve patient safety by imposing financial penalties on hospitals that perform poorly with regard to hospital-acquired conditions.

Statutory Requirements for Measures:

The conditions addressed by this program are the same as those for the policy that mandates no additional payment for treatment of HACs (HAC Payment Provision Program).⁴ It can also include any other conditions acquired during a hospital stay that the Secretary deems appropriate. The conditions currently included are:

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Stage III and IV Pressure Ulcers
- Falls and Trauma
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burn
 - Other Injuries
- Manifestations of Poor Glycemic Control
 - 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
 - Laparoscopic Gastric Bypass
 - Gastroenterostomy
 - Laparoscopic Gastric Restrictive Surgery
- Surgical Site Infection Following Certain Orthopedic Procedures:
 - 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

MAP 2013 Pre-Rulemaking Input on the HAC Payment Reduction Program:

- MAP recognized the fine balance between using high-impact measures in multiple programs to sharpen providers' focus on priority improvement areas and the need to avoid unintended consequences of compounding incentives.
- When discussing the possible inclusion of composite measures in the program, MAP cautioned that composites require careful testing and weighting of all individual components to ensure a scientifically rigorous measure. Public commenters reinforced these concerns about composite measures. MAP concluded that if composites were included within this program, then individual measures that are part of a given composite should not be separately included in the program.
- MAP named several measure gaps for this program, including adverse drug events (e.g., wrong dose, wrong patient, drug-drug interactions, drug-allergy interactions), ventilator-associated events (VAEs), sepsis, and an obstetric complications composite measure.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	All of the finalized measures are NQF-endorsed (6 of 6 total).
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aim of better care, specifically the priority of patient safety. It does not address the other five NQS priorities.
3. Program measure set is responsive to specific program goals and requirements	Measures in the program are appropriate, but the program does not yet address all conditions named in the HAC Payment Provision Program.
4. Program measure set includes an appropriate mix of measure types	The measure set is composed of outcome and composite measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set does not include measures that support shared decision making, patient preferences, and the family/caregiver's role in achieving patient safety.
6. Program measure set includes considerations for healthcare disparities and cultural competency	None of measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	The measure set is parsimonious with the inclusion of six measures. All of the measures in the program are in other Federal programs and 5 out of 6 are also used in one or more private sector programs.

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.aha.org/advocacy-issues/medicare/ipps/index.shtml>

⁴ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

Hospital Readmission Reduction Program

Program Type:

Pay for Performance – Hospitals’ readmissions information, including their risk-adjusted readmission rates, will be made available on the Hospital Compare website.

Incentive Structure:

CMS has defined a “readmission” as an admission to an acute care hospital within thirty days of a discharge from the same or another acute care hospital. CMS will calculate an excess readmission ratio for each of the applicable conditions selected for the program. These ratios will be measured by the hospital's readmission performance in the previous three years as compared to the national average and adjusted for factors that CMS deems clinically relevant, including patient demographic characteristics, comorbidities, and patient frailty. These ratios will be re-calculated each year using the most recent three years of discharge data and no less than 25 cases. DRG payment rates will be reduced based on a hospital’s ratio of actual to expected admissions. In FY 2013, the maximum payment reduction is 1 percent, 2 percent in FY 2014, and capped at 3 percent for FY 2015 and beyond.

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS). This includes more than three-quarters of all hospitals.¹

Statutory Mandate:

The Hospital Readmission Reduction Program (HRRP) was mandated by section 3025 of the Affordable Care Act.

Statutory Requirements for Measures:

The Affordable Care Act requires that each condition selected by the Secretary of HHS for the Hospital Readmission Reduction Program have measures of readmissions that have been NQF-endorsed and that the endorsed measures have exclusions for readmissions unrelated to the prior discharge.² Measures should address conditions and procedures for which readmissions are high volume or high expenditure.³

The ACA required the program to begin with the use of the use of the NQF-endorsed readmission measures for acute myocardial infarction (heart attack) (#0505), heart failure (#0330), and pneumonia (#0506). Beginning in FY 2015, the Secretary of HHS can expand the program to include other applicable conditions.⁴

MAP 2013 Pre-Rulemaking Input on HRRP:

- MAP supported the updated versions of acute myocardial infarction (#0505), heart failure (#0330), and pneumonia (#0506). The updated versions include new methodology excluding planned readmissions.
- MAP supported two measures under consideration addressing high-volume elective hip and knee surgeries and supported the direction of a chronic obstructive pulmonary disease (COPD) readmission measure.
- MAP encouraged the development of additional condition-specific readmission measures to address high-impact conditions, such as diabetes and cancer, behavioral health conditions, and conditions particularly relevant to the adult commercially insured population (individuals aged 18-64).
- MAP members noted the need to exclude unrelated readmissions, beyond planned readmissions, such as readmissions related to traumatic injury or burn.

- MAP recognized that readmissions are multi-factorial and are often related to broader issues, such as access to care, socioeconomic status, presence of community supports, and other psychosocial factors. Concurrent implementation of measures to monitor patient experience and post-discharge follow-up are important, and risk-stratification methodologies related to race, gender, and socioeconomic status may be needed.
- MAP considered the balance between all-cause, all-condition measures and condition-specific measures of readmissions. MAP recognized that condition-specific measures highlight opportunities to improve workflow and processes specific to a particular condition, while all-condition measures uncover system-wide issues.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	All 5 of the measures in the program set are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aim of better care, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, and effective communication and care coordination. It does not address the priorities of patient and family engagement, healthy living, or affordability.
3. Program measure set is responsive to specific program goals and requirements	The set addresses conditions and procedures for which readmissions are high volume or high expenditure. The measures in the set are NQF-endorsed and the endorsed measures have exclusions for readmissions unrelated to the prior discharge.
4. Program measure set includes an appropriate mix of measure types	The program set includes outcomes measures.
5. Program measure set enables measurement of person- and family-centered care and services	While the set does not enable measurement across a full episode of care, readmissions relate to the transition from one setting to the next.
6. Program measure set includes considerations for healthcare disparities and cultural competency	The measures in the program set are not sensitive to healthcare disparities.
7. Program measure set promotes parsimony and alignment	The measure set includes 5 measures. All measures in the set are also included in the IQR set. In addition, four measures are being used in private programs.

¹ <http://www.aha.org/advocacy-issues/medicare/ipps/index.shtml>

² <http://www.gpo.gov/fdsys/pkg/FR-2011-05-05/pdf/2011-9644.pdf>

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

⁴ <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

Hospital Inpatient Quality Reporting Program

Program Type:

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

Incentive Structure:

Hospitals receive a reduction of 2.0 percentage points of their annual market basket payment update (the change in costs of goods and services used by hospitals in treating Medicare patients) for non-participation.²

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS). This includes more than three-quarters of all hospitals.³

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 a November 2005 report by the Institute of Medicine under section 238(b) of the MMA.

According to statute, the program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures. Measures should align with the National Quality Strategy⁴ and promote the health and well-being of Medicare beneficiaries.^{5,6} Measures should align with the Meaningful Use program when possible.^{7,8}

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).

MAP 2013 Pre-Rulemaking Input on the IQR Program:

- 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 called for additional pediatric and maternal/child health measures to be included in 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. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority of measures in the set are NQF-endorsed (53 of 66 total). Three measures in the set are in reserve status, indicating that performance is topped-out, and six measures in the set have had endorsement removed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses each NQS aim, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, affordable care, effective communication and care coordination, and healthy living.
3. Program measure set is responsive to specific program goals and requirements	The measure set addresses all statutory requirements. The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set contains structure, process, outcome, efficiency, and patient engagement/experience measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set addresses patient/family/caregiver experience and transition planning. The measure set does not address follow-up care or measures that support shared decision making and patient preferences.
6. Program measure set includes considerations for healthcare disparities and cultural competency	Four measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	66 measures have been finalized for the program. Measures in the program align with Value-Based Purchasing, Meaningful Use, Hospital Readmissions Reduction Program, HAC Reduction Program, and the PPS-Exempt Cancer Hospital Quality Reporting Program.

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

² https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp

³ <http://www.aha.org/advocacy-issues/medicare/ipps/index.shtml>

⁴ <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>

⁵ Institute of Medicine, "Performance Measurement: Accelerating Improvement," December 1, 2005, available at: <http://www.iom.edu/CMS/3809/19805/31310.aspx>.

⁶ <http://www.gpo.gov/fdsys/pkg/PLAW-108publ173/html/PLAW-108publ173.htm>

⁷ <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>

⁸ <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

Inpatient Psychiatric Facilities Quality Reporting Program

Program Type:

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

Incentive Structure:

Non-participating inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2.0 percent of their annual market basket update (the measure of change in costs of goods and services used by hospitals in treating Medicare patients) to the Prospective Payment System (PPS).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) and requires CMS to establish quality measures for the IPF Quality Reporting Program.

Statutory Requirements for Measures:

The program measure set should include structure, process, 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 facilities are effectively in compliance or measures do not represent best practice).

MAP 2013 Pre-Rulemaking Input on IPFQR:

- MAP reviewed five measures under consideration and supported two measures for inclusion during the 2012/2013 pre-rulemaking activities.
- 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.
- Efforts by hospitals to improve person-centered psychiatric care, such as assessing patient and family/caregiver experience and engagement and establishing relationships with community resources, are priority measure gap areas. Additional measure gaps in the IPFQR program include behavioral health assessments and care in the ED, readmissions, identification and

management of general medical conditions, partial hospitalization or day programs, and a psychiatric care module for CAHPS.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority of the finalized measures are NQF-endorsed (7 out of 8 total).
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aims of better care and healthy people/communities, specifically the priorities of effective prevention and treatment, patient safety, communication and care coordination, and healthy living. It does not address the priorities of patient/family engagement or affordability.
3. Program measure set is responsive to specific program goals and requirements	The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set includes only process measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set addresses follow-up care and transition planning. The measure set does not address patient/family/caregiver experience or measures that support shared decision making and patient preferences.
6. Program measure set includes considerations for healthcare disparities and cultural competency	None of the measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	The set includes eight measures, one of which is being used in additional Federal and private sector programs. Five measures in the set are included in a MAP family of measures.

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>

Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs)

Program Type:

Pay for Reporting – Information not publicly reported at this time.

Incentive Structure:

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. For the Medicare Incentive program (hospitals), incentive payments began in 2011 and are comprised of an Initial Amount, Medicare Share, and Transition Factor.¹ The CAH EHR Incentive payment is based on a formula for Allowable Costs and the Medicare Share.² The Medicaid Incentive program includes an Overall EHR Amount and Medicaid Share.³ Medicare payment penalties will take effect in 2015 for providers who are eligible but do not participate. Payment penalties do not apply to Medicaid.⁴

Care Settings Included:

Hospitals paid under the Inpatient Prospective Payment System (IPPS), Medicare Advantage, and critical access hospitals.⁵

Statutory Mandate:

The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009.

Statutory Requirements for Measures:

The program should include measures of processes, experience, and/or outcomes of patient care as well as observations or treatment that relate to one or more quality aims for health care, such as effective, safe, efficient, patient-centered, equitable and timely care. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.⁶ Preference should be given to quality measures endorsed by NQF.⁷ For Stage 1, eligible facilities must report on all 15 total clinical quality measures.⁸ For Stage 2 (2014 and beyond) eligible facilities must report on 16 clinical quality measures that cover 3 of the National Quality Strategy domains. Measures are selected from a set of 29 clinical quality measures that includes the 15 measures from Stage 1.⁹

MAP 2013 Pre-Rulemaking Input on Meaningful Use (from Hospital Perspective):

- Measures should represent the future of measurement (facilitating information exchange between institutions and longitudinal tracking of care, such as delta measures that monitor incremental changes in a patient's condition over time).
- Measure set should align with other hospital performance measurement programs.
- MAP noted that the Hospital Meaningful Use program is quite complex; hospitals have had difficulty understanding and implementing the program requirements.

Program Measure Set Evaluation Using MAP Measure Selection Criteria

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority of measures (24 out of 29 total) in this program are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses each NQS aim, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, affordable care, effective communication and care coordination, and healthy living. The set does not address the priority of patient and family engagement.
3. Program measure set is responsive to specific program goals and requirements	The measure set addresses all statutory requirements. The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set includes process and outcome measures. There are no structural, cost, or patient experience measures in this set.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set does not include follow-up care, transition planning, or measures that support shared decision making and patient preferences.
6. Program measure set includes considerations for healthcare disparities and cultural competency	None of the measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	29 measures have been finalized for the program. Most of the finalized measures are being used in one or more additional federal programs and/or private sector programs; six measures are included in a MAP family of measures

¹ http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/EHR_TipSheet_Medicare_Hosp.pdf

² <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CAH-Payment-Tip-Sheet.pdf>

³ http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicaid_Hosp_Incentive_Payments_Tip_Sheets.pdf

⁴ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html

-
- ⁵ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligible_Hospital_Information.html
- ⁶ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ⁷ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/pdf/2010-17207.pdf>
- ⁸ <http://www.gpo.gov/fdsys/pkg/FR-2010-07-28/html/2010-17207.htm>
- ⁹ <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

Medicare Shared Savings Program

Program Type:

Pay for Reporting and Pay for Performance.¹

Incentive Structure:

Option for one-sided risk model (sharing of savings only for the first two years, and sharing of savings and losses in the third year) and a two-sided risk model (sharing of savings and losses for all three years).²

Care Settings Included:

Providers, hospitals, and suppliers of services

Statutory Mandate:

Sec. 3022 of the Affordable Care Act (ACA) requires the Centers for Medicare & Medicaid Services (CMS) to establish a Medicare Shared Savings Program (MSSP) that promotes accountability for a patient population, coordinates items and services under Medicare Parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery.³

Statutory Requirements for Measures:

Appropriate measures of clinical processes and outcomes; patient, and, wherever practicable, caregiver experience of care; and utilization (such as rates of hospital admission for ambulatory sensitive conditions).⁴

MAP 2013 Pre-Rulemaking Program-Specific Input:

- MAP considered the MSSP measure set to be a comprehensive set because it addresses patient experience, other cross-cutting measurement priorities, high-impact conditions, and key quality outcomes.
- MAP noted that the measure set has a heavy emphasis on ambulatory care and could be enhanced with additional acute and post-acute care measures, and measures more relevant to patients with complex medical needs.
- MAP would prefer to move to outcome measures (e.g., clinical depression improvement, rather than only screening) where available, or process measures proximal to outcomes.
- MAP also recommends that adding measures of patient identification of a usual source of care and health information exchange to understand access to care and coordination of services across the system.
- MAP recommends that the MSSP measure set and the Medicare Advantage 5-Star Quality Rating System measure set should be aligned.
- MAP recommends alignment of MSSP and Meaningful Use measures, because integrated systems are increasingly adopting health information technology (HIT) and should have aligned incentives across programs.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	Most (30) of the finalized measures are NQF endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measures address all of the NQS priorities except making care more affordable.
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	Over half of the measures address high-impact conditions.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	Over half of the measures are used in private programs; most of the measures are used in other Federal programs.
5. Program measure set includes an appropriate mix of measure types	The measure set is comprised of process, outcome, and patient experience measures, but lacks cost measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set crosses the episode of care as the set includes primary prevention measures, evaluation and initial management, and follow-up care. Additionally, two measures are patient-reported outcome measures (PRO).
7. Program measure set includes considerations for healthcare disparities	A small number of measures are disparities sensitive.
8. Program measure set promotes parsimony	The measure set addresses many of the MAP Measure Selection Criteria with 33 measures; however, the measure set could be enhanced with additional measures of cost, functional status, and patient-reported outcomes.

Note: The MSSP program includes 33 finalized measures; however, only 24 measures are listed in the Table of Current Finalized measures. MSSP counts 6 of the *CAHPS Clinician/Group Survey* (NQF#005) rates as separate measures. Additionally *Optimal Diabetes Care* (NQF#0729) is considered 5 separate measures in MSSP.

¹ <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Guide-Quality-Performance-2012.PDF>

² <http://www.healthcare.gov/news/factsheets/2011/03/accountablecare03312011a.html>

³ <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>

⁴ <http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf>

Hospital Outpatient Quality Reporting

Program Type:

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

Incentive Structure:

Non-participating hospitals will receive a 2.0 percent reduction in their annual market basket payment update (the measure of change in costs of goods and services used by hospitals in treating Medicare patients).² Hospitals providing outpatient services such as clinic visits, emergency department visits, or critical care services (including trauma team activation) that do not meet the minimum Outpatient Quality Reporting Program (OQR) requirements will not receive the Outpatient Prospective Payment System (OPPS) payment updates for the calendar year, which may result in a reduction in the OPPS payments.

Care Settings Included:

Hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services paid under the OPPS.

Statutory Mandate:

The OQR Program was first established in the Balanced Budget Act of 2007. The program was mandated by Congress to replace Title XVIII of the Social Security Act reasonable cost-based payment methodology with a prospective payment system (PPS). The Balanced Budget Act of 2007 established PPS for outpatient services rendered on or after August 2010.³ The Affordable Care Act of 2010 established the role of the OQR Program as a pay for reporting program for hospitals.

Statutory Requirements for Measures:

The OQR program measure set should include structure, process, 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).

Future rulemaking will consider measures of clinical quality of care, care coordination, patient safety and experience, population health, and efficiency.⁴

MAP 2013 Pre-Rulemaking Input on OQR:

- MAP reviewed seven measures under consideration for OQR and supported four during MAP's 2012/2013 pre-rulemaking activities.
- MAP noted that measures for outpatient hospital programs should be aligned with ambulatory care measures in programs such as PQRS and Physician Compare.
- Specific gap areas for the OQR program measure set include measures of ED overcrowding, wait times, and disparities in care—specifically, disproportionate use of EDs by vulnerable populations. Other gaps include measures of cost, patient-reported outcomes, patient and family engagement, follow-up after procedures, fostering important ties to community resources to enhance care coordination efforts, and an outpatient CAHPS module.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority (19 of 28 total) measures are NQF endorsed; seven with time-limited endorsement, indicating that additional testing on the measure is being performed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aims of better care and affordable care, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, effective communication and care coordination, and making care affordable.
3. Program measure set is responsive to specific program goals and requirements	The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set includes structure, process, outcome, and efficiency measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set does not address patient, family, or caregiver experience; shared decision-making; or the assessment of a person's care and services across providers, settings, and time. The measure set does address transfers and admissions to a hospital after treatment that can be related to care transitions.
6. Program measure set includes considerations for healthcare disparities and cultural competency	One of the measures is sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	28 measures have been finalized for the program. Measures in the set are also included in the Physician Feedback, Physician Quality reporting System, and Meaningful Use programs. Six measures in the set are included in a MAP family of measures

¹ <http://www.gpo.gov/fdsys/pkg/FR-2012-07-30/pdf/2012-16813.pdf>

² https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp

³ <http://healthreformgps.org/wp-content/uploads/opps-rule.pdf>

⁴ <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>

PPS-Exempt Cancer Hospital Quality Reporting Program

Program Type:

Required Public Reporting – Information will be reported on the CMS website.¹

Incentive Structure:

The Prospective Payment System-Exempt Cancer Hospital (PCH) Quality Reporting Program does not currently include an incentive or a penalty for failing to report quality measures. CMS plans to address incentives for the PCH Quality Reporting Program in future rulemaking.²

Care Settings Included:

Hospitals that are exempt from the Prospective Payment System (PPS) because they primarily provide care for persons with cancer, as described in Section 1866(k)(1) of the Social Security Act.

Statutory Mandate:

Section 3005 of the Affordable Care Act (ACA) requires CMS to establish a quality reporting program for PCHs beginning in FY 2014.

Statutory Requirements for Measures:

The program measure set should include structure, process, outcome, patients' perspectives on care, efficiency, and costs of care measures. The measure set should also include measures that reflect the level of care and most important aspects of care furnished by PCHs, in addition to the gaps in the quality of cancer care. 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).

Future rulemaking will consider measures of clinical quality of care, care coordination, patient safety and experience, population health, and efficiency. PPS-exempt cancer hospitals will also be measured in the future on informed decision-making and quality improvement programs.³

MAP 2013 Pre-Rulemaking Input on PCHQR:

- MAP reviewed 19 measures under consideration and supported 17 for PCHQR during the 2012/2013 pre-rulemaking activities.
- MAP reinforced the need for alignment of measures for this cancer hospital-specific program with IQR and OQR measures where appropriate for the cancer population.
- While some of the measures under consideration for the PCHQR program may be considered “topped out” in other programs, MAP noted that potential performance variation or disparities in care quality within these specialized facilities are not known.
- Given the unique nature of cancer care and its overall effect on cancer patients and their families and caregivers, MAP placed a high priority on measures of patient and family/caregiver experience as well as other patient-reported outcome measures. Other measure gaps MAP identified for this program include measures of survival, patient-reported symptoms and clinical

outcomes, palliative and hospice care, and psychosocial/supportive services for the patient and family or caregiver.

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	All (18) finalized measures are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses the NQS aims of better care and affordable care, specifically the priorities of effective prevention and treatment, communication and care coordination, safety, patient and family engagement, and making care affordable.
3. Program measure set is responsive to specific program goals and requirements	The measure set includes measures that are applicable to and appropriately tested for the program's intended care setting, level of analysis, and population. The set includes measures for public reporting that are meaningful to consumers and purchasers.
4. Program measure set includes an appropriate mix of measure types	The measure set includes process, outcome, and patient engagement/experience measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set addresses patient/family/caregiver experience. The set does not address follow-up care, transition planning, or measures that support shared decision making and patient preferences.
6. Program measure set includes considerations for healthcare disparities and cultural competency	Two of the measures are sensitive to known disparities in healthcare.
7. Program measure set promotes parsimony and alignment	Most of the finalized measures are being used in one or more additional federal programs and/or private sector programs. 13 measures are included in a MAP family of measures.

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

² https://www.cms.gov/HospitalQualityInits/08_HospitalRHQDAPU.asp

³ <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>

Hospital Value-Based Purchasing Program

Program Type:

Pay for Performance – Payments are based on information publicly reported on the Hospital Compare website.¹

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 future 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. This includes more than three-quarters of all hospitals.²

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 acute myocardial infarction (heart attack or AMI), heart failure, pneumonia, surgeries as measured by the Surgical Care Improvement Project (SCIP), 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 (a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care). 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 from the Hospital VBP program.³

MAP 2013 Pre-Rulemaking Input on Hospital VBP:

- 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 VBP 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 VBP program measure set. Measures under consideration for the VBP 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 gap areas that should be addressed within the VBP 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
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective	The majority of the finalized measures (20) are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy's (NQS) three aims	The measure set addresses each NQS aim, specifically the priorities of prevention and treatment of leading causes of mortality, patient safety, affordable care, and effective communication and care coordination. The set does not address the priority of healthy living.
3. Program measure set is responsive to specific program goals and requirements	The measure set addresses the statutory requirements set forth by the ACA. All measures in VBP are included in IQR.
4. Program measure set includes an appropriate mix of measure types	The measure set contains process, outcome, efficiency, and patient engagement/experience measures.
5. Program measure set enables measurement of person- and family-centered care and services	The measure set addresses patient/family/caregiver experience. The measure set does not include follow-up care, transition planning, or measures that support shared decision making and patient preferences.
6. Program measure set includes considerations for healthcare disparities and cultural competency	Three measures are sensitive to known healthcare disparities.
7. Program measure set promotes parsimony and alignment	All measures in VBP are included in the IQR program and therefore align across the two programs.

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

² <http://www.aha.org/advocacy-issues/medicare/ipps/index.shtml>

³ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/html/2011-10568.htm>

MAP Decision Categories

Measures Under Consideration	MAP Decision (standardized options)	Decision Description	MAP Rationale (suggested options)	MAP Findings (open text)
	Support	Indicates measures under consideration that should be added to the program measure set during the current rulemaking cycle.	<ul style="list-style-type: none"> • NQF-endorsed measure • Addresses National Quality Strategy aim or priority not adequately addressed in program measure set • Addresses program goals/requirements • Addresses a measure type not adequately represented in the program measure set • Promotes person- and family-centered care • Provides considerations for healthcare disparities and cultural competency • Promotes parsimony • Promotes alignment across programs, settings, and public and private sector efforts • Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries • Included in a MAP family of measures 	<i>MAP findings will highlight additional considerations raised by the group.</i>
	Do Not Support	Indicates measures that are not recommended for inclusion in the program measure set.	<ul style="list-style-type: none"> • Measure does not adequately address any current needs of the program • A finalized measure addresses a similar topic and better addresses the needs of the program • A 'Supported' measure under consideration addresses as similar topic and better addresses the needs of the program • NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) • NQF endorsement retired (the measure is no longer maintained by the steward) • NQF endorsement placed in reserve status (performance on this measure is topped out) • Measure previously submitted for endorsement and was not endorsed 	<i>MAP findings will highlight additional considerations raised by the group.</i>
	Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s).	<ul style="list-style-type: none"> • Not ready for implementation; measure concept is promising but requires modification or further development • Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; data sources do not align with program's data sources • Not ready for implementation; measure needs further experience or testing before being used in the program 	<p><i>MAP findings will highlight the contingent factors that should be met before a measure is included in the program.</i></p> <p>For example:</p> <ul style="list-style-type: none"> • Guidance on modifications • Description of how the measure concept will add value when fully developed and NQF-endorsed

				<ul style="list-style-type: none"> Additional programmatic considerations, such as needing at least 1 year of results before implementation in other programs
Finalized Measures	Decision Category	Decision Description	Rationale Category	Rationale Description
	Remove	Indicates measures that should be removed from a program measure set.	<ul style="list-style-type: none"> NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) NQF endorsement retired (the measure is no longer maintained by the steward) NQF endorsement placed in reserve status (performance on this measure is topped out) A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program and promotes alignment 	<i>MAP findings will indicate the timing of removal.</i>



Hospital Workgroup Input on Use of NQF #1789 in the Hospital Readmissions Reduction Program

During its December 2013 pre-rulemaking meeting, the MAP Hospital Workgroup will provide input on the **potential implementation of NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure in the Hospital Readmissions Reduction Program (HRRP)**, a pay for performance program.

Measure Background

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmissions for any eligible condition within 30 days of discharge for patients 18 and older. The measure results in a single summary readmission rate that is risk-adjusted through hierarchical logistic regression. The measure was tested in Medicare fee-for-service and commercial populations that included five clinical cohorts: medicine, surgery/gynecology, cardiorespiratory, cardiovascular, and neurology.

The measure was endorsed by NQF after a lively consensus development process during which concerns were raised about the necessity of risk adjustment for socioeconomic status and the usability of the measure. NQF received an appeal of the initial endorsement decision grounded in process concerns that suggested additional conversation was needed before the measure was adopted by CMS for payment or public reporting purposes. While the NQF Consensus Standards Approval Committee (CSAC) and the NQF Board ultimately upheld their decisions to endorse the measure, the Board asked MAP to consider the complex issue of admission/readmission measure use as part of a broader set of care coordination measures applicable to all types of providers and to outline principles and issues for implementing admission/readmission measures.

MAP Prior Actions

During MAP's work to identify a Care Coordination Family of Measures, the Hospital Workgroup developed a Guidance Document for the Selection of Avoidable Admission and Readmission Measures to establish important implementation principles:

- Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination.
- All-cause and condition-specific measures of avoidable admissions and readmissions are both important.
- Monitoring by program implementers is necessary to understand and mitigate potential unintended consequences of measurement.
- Risk adjustment is necessary for fair comparisons of readmission rates.
- Readmission measures should exclude planned readmissions.

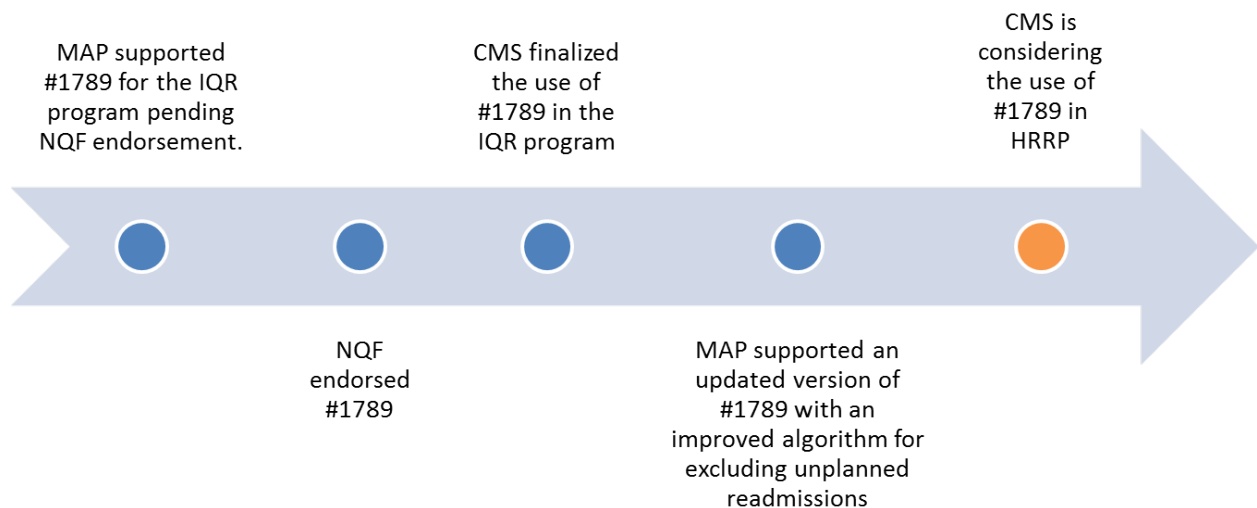
During its 2012 and 2013 pre-rulemaking work, MAP supported the implementation of NQF #1789 in the Hospital Inpatient Quality Reporting Program (IQR), noting the needs of consumers and purchasers for all-cause readmission data. However, concerns were raised about potential unintended consequences and the need for appropriate risk adjustments and exclusions. CMS subsequently finalized NQF #1789 for the IQR program.

MAP Actions for 2014 Pre-Rulemaking Input

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure is under consideration for HRRP. HRRP is a pay-for-performance program that reduces payment rates to hospitals that have an excess number of readmissions.

Additional experts will be on hand at the Hospital Workgroup meeting to support the deliberations and to provide background information on the measure, its specifications, and the endorsement process. Experts will include a representative from the measure developer (Yale) and a liaison from the NQF endorsement steering committee. NQF staff will provide an overview of new projects related to this measure, including one to review results of the dry run of implementation and another to consider whether socioeconomic status should be incorporated into risk adjustment methodologies. Reactors from the workgroup and CMS will present various stakeholder perspectives on the use of the measure. The Hospital Workgroup will make a recommendation on the potential use of NQF #1789 in the HRRP program.

Past and Present Actions Related to NQF #1789

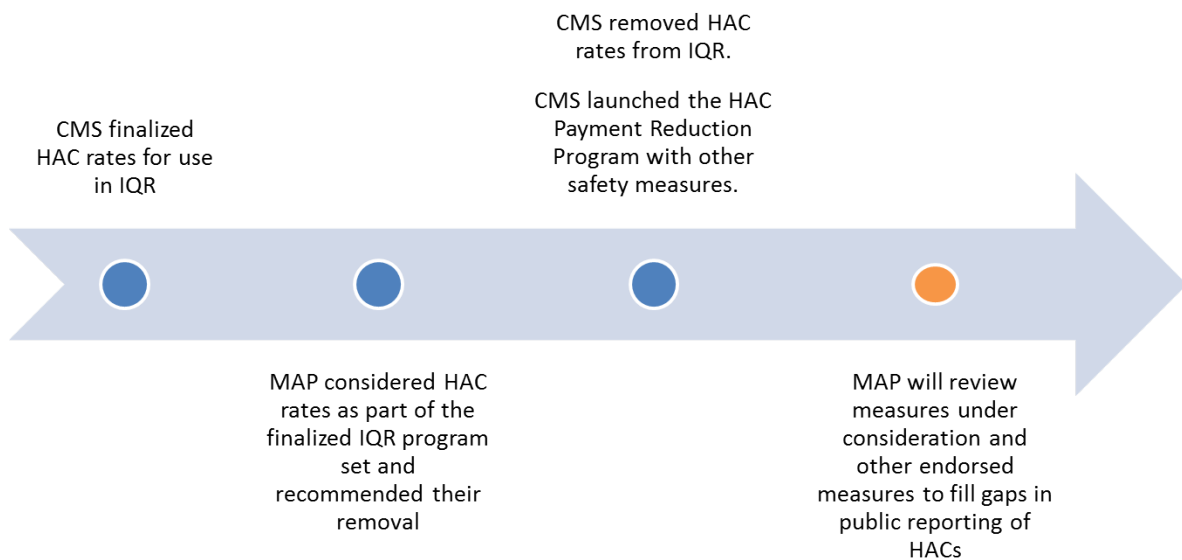


Hospital Workgroup Input on Hospital-Acquired Condition Measures

In its 2012 Pre-Rulemaking Report, MAP recommended removing the hospital-acquired condition (HAC) rates from the Hospital Inpatient Quality Reporting Program (IQR) that populates Hospital Compare and replacing them with NQF-endorsed measures. Subsequently, HHS removed these measures from the program, citing MAP's recommendation and a desire to reduce redundancy between the IQR and HAC Reduction Programs. To date, not all conditions previously covered by a HAC rate have been replaced with an endorsed measure, leading to an absence of publicly-reported information on some HACs.

During its review of the of the IQR program measure set, the workgroup will focus on executing its earlier recommendation by **identifying measures under consideration and other endorsed measures to fill the gaps in HACs on Hospital Compare.**

Past and Present Actions Related to HAC Measures



HAC Rates in IQR and MAP's Prior Recommendations

In the FY 2011 Inpatient Prospective Payment System (IPPS) Final Rule, CMS finalized eight HAC rate measures for the IQR program. These rates were selected to address eight of the ten conditions selected for the HAC Payment Provision at that time. The HAC Payment Provision is a policy that mandates no additional payment for treatment of HACs that are not present on admission. The remaining two conditions were already addressed by measures in the program set, and CMS did not find it necessary to add measures that would substantially overlap.

The HAC rates are calculations of how often a particular preventable event occurs at a given hospital among fee-for-service Medicare beneficiaries who were discharged from a hospital paid through the IPPS. The rate for each HAC measure was calculated by dividing the number of HACs that occurred within a given hospital by the number of eligible Medicare discharges and multiplying the resulting

figure by 1,000. The HAC rates were not risk-adjusted to account for differences in hospital patients' characteristics. In addition, no tests of statistical significance or comparisons to national benchmarks were performed on the data.

In its 2012 Pre-Rulemaking Report, MAP recommended removing the HAC rates from the IQR program and replacing them with NQF-endorsed measures. In doing so, MAP noted concerns about the reliability of using secondary diagnosis codes from administrative claims to report HAC-related complications. Subsequently, HHS removed these measures from the program, citing MAP's recommendation and a desire to reduce redundancy between the IQR and HAC Reduction Programs.

The recently launched HAC Reduction Program includes a variety of safety measures. CMS recently confirmed during the Hospital Workgroup's November web meeting that they plan to report the safety measures on Hospital Compare. Specifically, CMS will report the PSI-90 composite in addition to the eight individual rates within the composite. However, without the original HAC rates in IQR, data on some individual safety issues will not be available on Hospital Compare. Specifically, there were once rates for four issues that are not addressed by measures finalized for IQR or the HAC Reduction Program (see Table 1).

MAP Actions on HACs for 2014 Pre-Rulemaking

During its review of the of the IQR program measure set, the workgroup will focus on identifying measures under consideration and other endorsed measures to fill the gaps in HACs on Hospital Compare. Tables 1 and 2 show the conditions previously addressed by the HAC rates and possible alternative measures as well as where measures addressing these conditions are currently in other programs. Initial mapping shows that most conditions are covered in one or more programs, but that gaps for air embolism and foreign body left during procedure may remain.

Table 1. Finalized and Under Consideration HAC Measures by Program

MUC=Measure under consideration
 FIN=Finalized measure

Condition Addressed by HAC Rates	Publicly Reported	Tied to Payment	Addressed in Federal Program		
			Inpatient Quality Reporting	Value Based Purchasing	HAC Reduction Program
Air Embolism					
Blood Incompatibility					MUC
Catheter-Associated Urinary Tract Infection	X	X	FIN	FIN	FIN
Falls and Trauma	X	X	FIN	FIN	FIN, MUC
Foreign Body Left During Procedure					
Manifestations of Poor Glycemic Control			MUC		MUC
Pressure Ulcers Stages III and IV	X	X	FIN	FIN	FIN
Vascular-Catheter Associated Infection	X	X	FIN	FIN	FIN

Table 2. Under Consideration and Other Endorsed Alternatives to HACs Not Currently Addressed

Condition Addressed by HAC Rates	Under Consideration Alternatives	Other Endorsed Alternatives
Air Embolism	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
Blood Incompatibility	<ul style="list-style-type: none"> • NQF # 0349 PSI 16 Transfusion Reaction <i>MUC for HAC Reduction Program</i> 	<ul style="list-style-type: none"> • N/A
Foreign Body Left During Procedure	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • NQF #0363 PSI 5 Foreign Body Left During Procedure
Manifestations of Poor Glycemic Control	<ul style="list-style-type: none"> • PSI 10: Postoperative Physiologic and Metabolic Derangement Rate <i>MUC for HAC Reduction Program</i> • Adverse Drug Events – Hyperglycemia <i>MUC for IQR and Meaningful Use</i> • Adverse Drug Events – Hypoglycemia <i>MUC for IQR and Meaningful Use</i> 	<ul style="list-style-type: none"> • N/A

Hospital Workgroup Input on Stroke Readmission and Mortality Measures

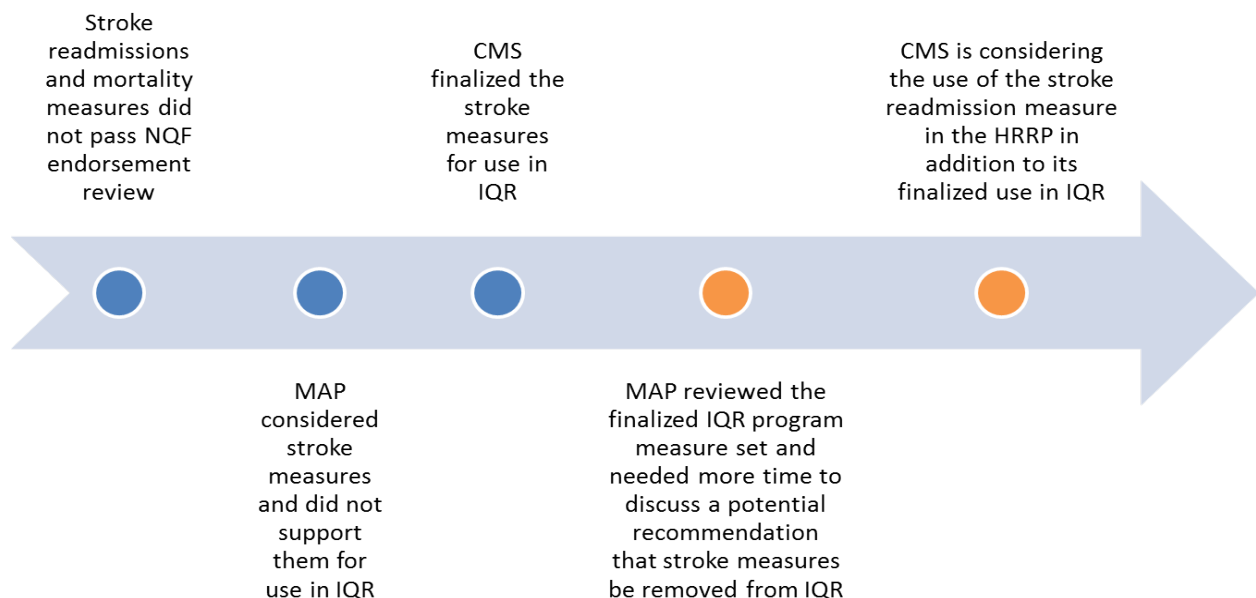
During its December 2013 pre-rulemaking meeting, the MAP Hospital Workgroup will continue its review of the stroke readmission and mortality measures. The workgroup will make recommendations on the **retention of these measures in the Hospital Inpatient Quality Reporting Program (IQR)** and on the **application of the readmission measure to the Hospital Readmissions Reduction Program (HRRP)**.

MAP Prior Actions

During the Hospital Workgroup's October web meeting to review the finalized IQR measure set, the group discussed two measures related to stroke outcomes for possible removal: 1) Stroke: 30-day all-cause risk-standardized mortality measure, and 2) Hospital 30-day all-cause risk-standardized readmission rate following an acute ischemic stroke hospitalization. MAP did not support these measures in its 2013 pre-rulemaking recommendations because they are not NQF-endorsed, but noted the importance of these measure gaps in the IQR program. The measures were not endorsed in part over concerns that an indicator of stroke severity, particularly the NIH Stroke Scale, was not included in the risk adjustment model. CMS finalized the measures for use in the IQR program, citing the importance of the topics and a lack of other feasible or practical measures.

The workgroup was unable to come to consensus on a recommendation to remove the measures from IQR during its October web meeting and requested more time to discuss the issue and the opportunity to review new evidence from CMS on the performance of the measures.

Past and Present Actions Related to the Stroke Readmissions and Mortality Measures



Stakeholder Support and Additional Considerations

Stroke is a high-impact condition, and stroke outcomes are of particular interest to consumers and purchasers. However, providers have expressed concerns about the statistical properties of these particular measures. Their primary concern is that some facilities, such as those with specialized stroke centers, see more severe patients and use of these measures may unfairly penalize facilities that have higher-acuity patients. Moreover, publicly reporting inaccurate data about performance could have the unintended consequence of misdirecting patients.

CMS staff believes that the measures are sound, and they have reiterated their commitment to improving them. CMS has noted that the measures are currently designed to account for severity, and it is not feasible to incorporate the NIH Stroke Scale into the risk adjustment model. CMS staff have also suggested that implementation of ICD-10 will allow for more granular codes for stroke location, a factor closely tied to severity and outcomes. Further, CMS and ONC are working to develop an eMeasure that could be included in Meaningful Use Stage III and includes a marker of severity collected as part of certification. Finally, CMS has commissioned a study from Yale to explore whether stroke centers are unfairly penalized by the use of these measures. Preliminary results show that distribution of performance is similar between stroke centers and other types of facilities, with high volume driving outlier results at both ends of the curve. CMS will present the results of this study during the Hospital Workgroup's December 11-12 meeting.

MAP Actions for 2014 Pre-Rulemaking

The stroke measures will be considered during a section of the Hospital Workgroup's December IQR discussion. The workgroup will consider use of these measures in IQR and the potential addition of the readmission measure to the HRRP. During the discussion, CMS will present the results of the Yale study as well as their rationale for finalizing the use of the measures against MAP's initial recommendation. The Hospital Workgroup will make a recommendation on the use of the measures in the each program. Please refer to the table below for finalized uses and applications under consideration.

Current and Potential Applications of Stroke Mortality and Readmission Measures

MUC=Measure under consideration

FIN=Finalized measure

Measure	IQR	HRRP
Stroke: 30-day all-cause risk-standardized mortality measure	FIN	
Hospital 30-day all-cause risk-standardized readmission rate following an acute ischemic stroke hospitalization	FIN	MUC



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

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

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

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

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

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

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

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)



MAP Previously Identified Measure Gaps

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

BIOS OF THE MAP HOSPITAL WORKGROUP

CHAIR (VOTING)

Frank G. Opelka, MD, FACS

Frank G. Opelka, MD, FACS is the Vice Chancellor for Clinical Affairs and Professor of Surgery at Louisiana State University Health Sciences Center in New Orleans. At LSU, he actively teaches in the 4 health sciences schools, developing programs for innovation and delivery system redesign. He also works at the LSU seven hospital system to support efforts for the development of a safety net ACO to address various challenges, such as the dual eligibles. He also represents the American College of Surgeons, Washington DC Office in the Division of Health Policy and Advocacy. Dr. Opelka founded and serves as the chair of the Surgical Quality Alliance, with over 20 surgical organizations sitting in the alliance. He serves as one of the original members of the National Priorities Partnership in the National Quality Forum, a member of the NQF's Consensus Standards Advisory Committee, and has served as a chair of an NQF steering committee. Dr. Opelka continues to serve on the Quality Alliance Steering Committee, the AQA, and the AMA's Physician Consortium for Performance Improvement. He has served on several advisory committees to several health plans, including United Health Group, Blue Cross Blue Shield of America, and Humana. Dr. Opelka has developed and assisted the American Board of Medical Specialties in their clinical registry efforts for the Maintenance of Certification Part IV. Prior to serving in the quality arena, Dr. Opelka worked closely with CMS in the Ambulatory APG relative values, AMA's Relative Value Updates Committee, Practice Expense Committee, and an advisory to the CPT Editorial Committee. Dr. Opelka served 12 years on active duty in the US Army where he did his residency in General Surgery at the Walter Reed Army Medical Center and Eisenhower Army Medical Center. His colorectal surgery fellowship was at the Ochsner Clinic New Orleans where he served for 12 years as faculty and attending surgeon. His career then included time at the Beth Israel Deaconess Medical Center in Boston before returning to New Orleans just in time for Hurricane Katrina. Dr. Opelka is a board certified colon and rectal surgery. He is a fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons.

ORGANIZATIONAL MEMBERS (VOTING)

ALLIANCE OF DEDICATED CANCER CENTERS

Ronald Walters, MD, MBA, MHA, MS

Ron Walters is an associate vice president of medical operations and informatics at The University of Texas MD Anderson Cancer Center in The Texas Medical Center, applying more than 30 years of experience and knowledge at MD Anderson. Dr. Walters is a breast medical oncologist and is responsible for the professional aspects of Clinical Operations including Medical Informatics, the Tumor Registry, the Transfer Center, Managed Care Programs, Uncompensated Charity Care, Clinical Safety and Effectiveness and the Physicians Network. He serves on multiple institutional committees striving for improvements in patient care, research and our support systems. Dr. Walters pursued his MBA at the University of Houston. When he realized it didn't cover enough of the health care administration aspects, he went for a Masters degree too. It was in business school where he really learned to appreciate that a different perspective was obtained if you had some hands-on experience in the profession. He completed a Masters program in the management of computing and information

systems at Houston Baptist University. Dr. Walters considers himself a productive member of a great team with great leadership at MD Anderson Cancer Center.

AMERICAN FEDERATION OF TEACHERS HEALTHCARE

Mary Lehman MacDonald

Mary Lehman MacDonald is director of AFT Healthcare, the health care division of the American Federation of Teachers, representing nearly 70,000 nurses and health professionals and 1.5 million teachers, educational support staff, state and municipal employees and other consumers of health care. She is involved in the development of organizational policy related to health care. Prior to joining the AFT, Ms. MacDonald worked for the national AFL-CIO as Assistant Director of the AFL-CIO Community Services Department and as staff for the AFL-CIO Labor Law Task Force. She also served on the faculty of the labor extension division of Cornell University's School of Industrial and Labor Relations.

AMERICAN HOSPITAL ASSOCIATION

Richard Umbdenstock

Richard J. Umbdenstock became president and chief executive officer of the American Hospital Association (AHA) on January 1, 2007. He was the elected AHA Board Chair in 2006. The AHA leads, represents and serves more than 5,000 member hospitals, health systems and other health care organizations, and 40,000 individual members. Mr. Umbdenstock's career includes experience in hospital administration, health system leadership, association governance and management, HMO governance and health care governance consulting. He has written several books and articles for the hospital board audience and authored national survey reports for the AHA and its Health Research and Educational Trust, and for the American College of Healthcare Executives. He received a B.A. degree in Politics in 1972 from Fairfield University, Fairfield, CT, and a Master of Science degree in 1974 in Health Services Administration from the State University of New York at Stony Brook. He is a Fellow of the American College of Healthcare Executives. Mr. Umbdenstock serves on the National Quality Forum Board of Directors and the National Priorities Partnership.

AMERICAN ORGANIZATION OF NURSE EXECUTIVES

Patricia Conway-Morana, RN

Pat Conway-Morana received her basic nursing education as a diploma graduate from Riverside Hospital School of Nursing; her BSN from Jefferson College of Health Sciences; her BS in Business Administration from Christopher Newport University; her Master of Administration from Lynchburg College and her Doctorate in Nursing from George Mason University. She has worked as a Labor and Delivery Staff Nurse and in several leadership roles including Labor and Delivery Nurse Manager; Risk Management Consultant; Director of Accreditation and Licensure; and Chief Nurse Executive at Carilion Health System, Columbus Regional Medical Center and Inova Fairfax Hospital. Pat is certified in Inpatient Obstetrics; as a Professional in Healthcare Quality; Board Certified as a Nurse Executive, Advanced: Certified in Executive Nursing Practice and is a Fellow in the American College of Healthcare Executives. Pat is a former member of the Board of Directors of the American Organization of Nurse Executives and the past Board Chairperson for the AONE Foundation. She is also a member of the American Nurses Association, Sigma Theta Tau International Nursing Honor Society, and the American College of Healthcare Executives. Pat is a consultant with Joint Commission Resources working on the Partnership for Patients initiative as well as other Joint Commission Resources projects.

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Shekhar Mehta, PharmD, MS

Shekhar Mehta, PharmD, MS, is Director of Clinical Guidelines and Quality Improvement at the American Society of Health-System Pharmacists (ASHP), in Bethesda, Maryland. He earned his Master of Science in Biostatistics from the University of Pittsburgh School of Public Health in August of 2006, and Pharm.D. from the University of Maryland School of Pharmacy in 2010. While attending the University of Maryland he concurrently interned in the Biometrics and Data Management Department at Boehringer-Ingelheim Pharmaceuticals for 3 years helping develop clinical trial reports for submission to the FDA. Following the completion of his Pharm.D., Dr. Mehta mastered clinical skills and served the leadership role of being one of the first residents of an emerging PGY1 Pharmacy Practice Residency Program at Frederick Memorial Hospital, a small but diverse community hospital in Frederick, Maryland. Dr. Mehta joined the team at ASHP in the summer of 2011, where he coordinates and manages the development of ASHP therapeutic guidance documents in the compendium of Best Practices for Hospital and Health-System Pharmacy. He serves as an advocate on clinical quality improvement initiatives with various public and private sector organizations on behalf of ASHP.

ASC QUALITY COLLABORATION

Donna Slosburg

Bio Pending

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Wei Ying

Wei Ying, MD, MS, MBA, is Senior Director, Performance Measurement Methods and Population Health at Blue Cross Blue Shield of Massachusetts. In this role, she oversees a broad range of health outcomes research that includes gaps in care opportunities, healthcare utilization trends, medication adherence, disease prevalence and population based disease burden analysis, patient health status comparisons, comparative effectiveness analysis on healthcare interventions, and hospital readmissions. Her work also focuses on assessing the feasibility of bringing newly endorsed clinical measures into physician/hospital incentive programs as well as member engagement strategy. She is also actively involved in the quality measurement component of BCBSMA Alternative Quality Contract (AQC), a global budget, provider risk contract model launched in 2009 with the twin goals of improving quality and outcomes while significantly slowing spending growth. Wei graduated from Medical school in China, earned her Master Degree in Biometrics from State University of NY at Albany and received her M.B.A degree from Boston University with concentration in Health Care Management.

BUILDING SERVICES 32BJ HEALTH FUND

Barbara Caress

Barbara Caress has over 25 years of experience as a non-profit and public agency manager, consultant and administrator. She is currently Director of Strategic Policy and Planning for the SEIU Local 32BJ Health, Pension, Legal and Training Funds, which provide benefits to 250,000 people living in seven states. She directs the Funds' research and planning efforts and staffs the Trustees' committees on health insurance, benefits and reform. Under her direction the 32BJ Health Funds have undertaken a substantial re-design effort dedicated to developing incentives for members to use, and providers to offer, patient centered medical homes and other certified quality providers. Ms Caress spent many years as a health care consultant working for such clients as the New York City and State Health Departments,

the Community Service Society, Local 1199 and the United Hospital Fund. She is currently a member of NCQA's Standards Committee and the NYC Primary Care Improvement Project Advisory Board. Author of a wide range of health policy reports and reviews, Ms Caress received her undergraduate and graduate education at the University of Chicago and is currently an adjunct faculty member at the School of Public Affairs, Baruch College, CUNY.

CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS

Andrea Benin, MD

Andrea L. Benin, MD is Senior Vice-President, Quality and Patient-Safety for the Connecticut Children's Medical Center as well as Assistant Professor of Pediatrics, University of Connecticut School of Medicine. In this role, Dr Benin drives the agenda and activities to provide the highest quality, safest care for children in Connecticut. Dr. Benin is a pediatrician with background and training in informatics, public health, epidemiology, and infectious diseases. Dr. Benin has particular expertise in developing, validating, and measuring metrics of quality of care – in both paper and electronic formats. Her previous position was as System Executive Director, Performance Management for the Yale New Haven Health System and Quality and Safety Officer, Yale-New Haven Children's Hospital as well as Assistant Clinical Professor, Pediatrics, Yale School of Medicine in New Haven, Connecticut. In that role, she oversaw the quality and safety activities for the three-hospital Yale New Haven Health System as well as the Children's Hospital. Dr. Benin has served on and continues to serve on multiple peer-review groups and study sections as well as several national steering committees.

IOWA HEALTHCARE COLLABORATIVE

Lance Roberts, PhD

Lance L. Roberts, PhD is the Health Services Analyst for the Iowa Healthcare Collaborative. He is primarily responsible for collaborating with state healthcare stakeholders and national quality/safety measurement and reporting organizations in order to promote and carry out responsible public reporting efforts in Iowa. These efforts culminate in the release of Iowa hospital quality/safety performance information in the online Iowa Report. He also utilizes his health services research background to produce actionable knowledge for use in various continuous improvement, policy, and research activities conducted by the Iowa Healthcare Collaborative. His educational and professional background include both technology and health services research science. His 14 years of manufacturing experiences included work in production and inventory control, purchasing, master scheduling, capacity management, supervision, and an array of manufacturing/process engineering activities including several years of experience with TPS/Lean methods and philosophy implementation. His healthcare experiences include Six Sigma, Lean, and computer simulation implementation projects within hospitals; teaching undergraduate statistics; public reporting of delivery system performance; and health services research.

MEMPHIS BUSINESS GROUP ON HEALTH

Cristie Upshaw Travis, MSHA

Cristie Upshaw Travis is Chief Executive Officer of the Memphis Business Group on Health, a business coalition with 15 employer members and affiliates providing health care benefits to approximately 350,000+ residents of the Mid-South and Tennessee, which focuses on sharing solutions and providing tools to manage health benefits in an ever-changing environment. Ms. Travis is Immediate Past Chair of the Board of Governors of the National Business Coalition on Health, and continues to serve on the Board; she is former Chair of the Board of Directors for The Leapfrog Group; and she serves on the

Purchaser Advisory Committee for NCQA. She is Immediate Past Chair of the Healthy Memphis Common Table, a community health collaborative in Memphis, TN, and continues to serve on the Board. Ms. Travis is a member of the Board of Trustees for the Southern College of Optometry; President of the Community Advisory Board for the University of Memphis Graduate Program in Health Administration; a member of the Dean's Advisory Council for the University of Memphis School of Public Health; and a member of the Community Advisory Board for the Christian Brothers University Physician's Assistant program. She also serves on the National Commission on Prevention Priorities and the National Transitions of Care Coalition. She has her Master of Science in Hospital and Health Administration from the University of Alabama at Birmingham. Ms. Travis is a frequent national speaker on value-based benefit design, community health improvement collaboratives, employer-sponsored quality improvement initiatives, health plan performance measurement and worksite initiatives. She has recently presented for the National Quality Forum, the World Congress, Integrated Benefits Institute, National Business Coalition on Health, The Leapfrog Group, America's Health Insurance Plans (AHIP), America's Health Information Management Association (AHIMA), and Agency for Healthcare Research & Quality (AHRQ).

MOTHERS AGAINST MEDICAL ERROR

Helen Haskell, MA

Helen Haskell is founder and president of Mothers Against Medical Error, a consumer-led organization dedicated to improving patient safety and providing support for patients who have experienced medical injury. For Helen, patient safety is a calling to which she was brought by the medical error death of her fifteen-year-old son Lewis in a South Carolina hospital in November, 2000. In 2005, Helen helped put together a coalition of patients, policymakers, and healthcare providers to pass the Lewis Blackman Patient Safety Act, the first of several South Carolina legislative initiatives addressing healthcare safety and transparency. In 2007, the state of South Carolina created the Lewis Blackman Chair of Patient Safety and Clinical Effectiveness, an endowed professorship named in honor of her deceased son. Helen is actively involved in patient safety and quality improvement efforts in South Carolina, the United States, and internationally, on topics including medical education reform, patient-activated rapid response, infection prevention, medical error disclosure, and patient empowerment and education. She is a director of the patient safety organizations Consumers Advancing Patient Safety and The Empowered Patient Coalition; a member of the AHRQ National Advisory Council; and a founding member of the Nursing Alliance for Quality Care. Helen is co-author, with Julia Hallisy, of numerous patient educational materials including *The Empowered Patient Guide to Hospital Care for Patients and Families*.

AMERICA'S ESSENTIAL HOSPITALS

Bruce Siegel, MD, MPH

Dr. Siegel has extensive background in health care management, policy and public health, Dr. Siegel has the blend of experience necessary to lead NAPH and its members through the changing health care landscape and into a sustainable future. NAPH is the only national organization representing the interests of hospitals and health systems committed to caring for the uninsured and other vulnerable people. In this role, NAPH works to preserve and protect these organizations, which serve as the foundation of a strong, vibrant health system that provides for all members of society. Since joining NAPH in 2010, Dr. Siegel has guided the organization toward realizing its strategic vision of helping members transform into integrated health care delivery systems and leaders in access and care quality. NAPH also works to secure sustainable funding for the safety net. Dr. Siegel has helped shape NAPH's

work in advocacy, member support, and quality, and he led the launch of the NAPH Transformation Center, a forum for best practices and opportunities for members to participate in peer-based learning. With Dr. Siegel's leadership, NAPH has established the nation's first safety net hospital quality network under the Centers for Medicare & Medicaid Services' Partnership for Patients. NAPH members will work together to provide safer care and help eliminate disparities in care for America's most vulnerable patients. Dr. Siegel's intimate knowledge of member needs comes in part from his direct experience within the safety net system. He previously served as president and CEO of two NAPH member systems: New York City Health and Hospitals Corporation and Tampa General Healthcare. His hands-on member experience provided a lens with which to view his research and policy work as director of the Center for Health Care Quality and professor of health policy at the George Washington University School of Public Health and Health Services, where he served immediately prior to joining NAPH. In addition, Dr. Siegel has served as commissioner of health of the State of New Jersey. Among many accomplishments, Dr. Siegel has led groundbreaking work on quality and equity for the Robert Wood Johnson Foundation, as well as projects for the Commonwealth Fund, the California Endowment, and the Agency for Healthcare Research and Quality. Modern Healthcare named him one of the "50 Most Influential Physician Executives" in 2012 and 2013, and one of the "100 Most Influential People in Healthcare" in 2011 and 2012. Currently, he chairs the National Advisory Council for Healthcare Research and Quality and is a member of the National Quality Forum board of directors. Dr. Siegel earned an AB from Princeton University, a Doctor of Medicine from Cornell University Medical College, and a Master of Public Health from The Johns Hopkins University School of Hygiene and Public Health.

NATIONAL COALITION FOR CANCER SURVIVORSHIP

Shelley Fuld Nasso

Bio Pending

NATIONAL RURAL HEALTH ASSOCIATION

Brock Slabach, MPH, FACHE

Brock Slabach currently serves as the Senior Vice-President of Member Services for the National Rural Health Association (NRHA), a membership organization with over 20,000 members nationwide. Mr. Slabach has over 23 years of experience in the administration of rural hospitals. From 1987 through 2007, he was the administrator of the Field Memorial Community Hospital, in Centreville, Mississippi. His experiences have led him to be a member of the NRHA Board of Trustees (2004-2007), Member of AHA's Regional Policy Board (RPB) for Region 4 (2004-2007), Chair of the NRHA Hospital and Health Systems Constituency Group (2004-2007), Chair, National Rural Health Policy Issues Group for HHS's Office of Rural Health Policy (ORHP) (2006-2007) and the President of the Delta Rural Health Network (2004). He earned his Bachelor of Science from Oklahoma Baptist University and his Master of Public Health in Health Administration from the University of Oklahoma.

PREMIER, INC.

Richard Bankowitz, MD, MBA, FACP

In his role as chief medical officer, Richard Bankowitz, MD, MBA, FACP, works at an enterprise level to engage physicians, provide thought leadership, and ensure that Premier continues to deliver value to its clinician constituency. Dr. Bankowitz previously served as vice president and medical director for Premier Healthcare Informatics. A board-certified internist and a medical informaticist, Dr. Bankowitz has devoted his career to improving healthcare quality at the national level by promoting rigorous, data-driven approaches to quality improvement and by engaging senior clinicians and healthcare leaders. In

2011, Dr. Bankowitz was named by Modern Healthcare magazine as one of the top 25 clinical informaticists in the United States. He began his career at the University of Pittsburgh, School of Medicine as an assistant professor of medicine and medical informatics. Prior to joining Premier, Dr. Bankowitz was medical director at CareScience, where he was responsible for strategy, product delivery, consulting, sales and advocacy efforts. He also has previously served as the corporate information architect of the University HealthSystem Consortium (UHC), where he was responsible for the strategic direction of the organization's executive reporting tools and comparative data. In his 12-year tenure with UHC, Dr. Bankowitz also held positions as senior director of clinical informatics, director of clinical information management and director of clinical evaluative sciences. Dr. Bankowitz is a fellow of the American College of Physicians and was a National Library of Medicine graduate trainee in medical informatics. He also is senior scholar with the Center for Healthcare Policy at Thomas Jefferson University. Dr. Bankowitz is a graduate of the University of Chicago Pritzker School of Medicine and the University of Chicago Graduate School of Business.

PROJECT PATIENT CARE

Martin Hatlie

Martin Hatlie is CEO of Project Patient Care, (www.projectpatientcare.org), whose mission is to mobilize the diverse healthcare stakeholders in metropolitan Chicago to provide the best possible care to every patient every time, by eliminating preventable harm and implementing systemic change to ensure consistent excellence. He also is President of the Partnership for Patient Safety (www.p4ps.net) an Illinois company, and a co-founder of Consumers Advancing Patient Safety (www.patientsafety.org), a nonprofit organization dedicated to fostering the role of the consumer as partner in pursuing healthcare that is safe, compassionate and just. Drawing on experience as a civil rights attorney, malpractice defense litigator, lobbyist and coalition-builder, Mr. Hatlie is active in both public and organizational policy development on patient safety, litigation reform and patient safety issues. Mr. Hatlie works extensively with consumers and organizations to foster the cultural paradigm shift necessary to support a patient-centered, systems-based approach to the delivery of healthcare services. He was a lobbyist for the American Medical Association for many years. In 1996, he was instrumental in developing the first Annenberg Conference on Patient Safety. In 1997, he coordinated the establishment of the National Patient Safety Foundation and served as its founding Executive Director (1997-99). From 2000 through 2002, Hatlie served as the National Chair of VHA Inc.'s Accelerated Learning Initiative on Patient Safety, working with VHA member hospitals across the country. Mr. Hatlie is the co-editor of the Patient Safety Handbook (Jones & Bartlett Publishers, 2003), a leading textbook in the field of patient safety. He has authored numerous articles addressing patient safety and medical liability issues. Among other activities, p4ps develops case based training tools exploring systems problems that produce adverse patient events. Its interactive educational programs, the First Do No Harm[®] video series, developed in partnership with the Risk Management Foundation of the Harvard Medical Institutions, are used widely throughout the world. Mr. Hatlie currently serves on the Leapfrog Group Board of Directors, the Joint Commission Patient Safety Advisory Group, and the Board of Advisors of Parents of Infants and Children with Kernicterus. He also serves on the Steering Committee of Patients for Patient Safety, an action area of the World Health Organization's World Alliance on Patient Safety. Hatlie has organized and facilitated patient safety workshops for the World Health Organization across the globe. Previously, Mr. Hatlie was a member of the Harvard Kennedy School's Executive Session on Medical Error and served on the boards of the Anesthesia Patient Safety Foundation, the Physician Insurers Association of America and the American Tort Reform Association. He was the Founding Chair of both the Health Care Liability Alliance and the National Medical Liability Reform Coalition – both are Washington, D.C.-based

coalitions that advocate civil justice and patient safety reform. Mr. Hatlie is licensed to practice law in Massachusetts and Illinois.

ST. LOUIS AREA BUSINESS HEALTH COALITION

Louise Probst

Louise Probst is Executive Director of the St. Louis Area Business Health Coalition (BHC). The coalition represents St. Louis employers in their efforts to improve the health of their employees and the quality and affordability of health care. BHC employers seek a transparent health care market where physicians, consumers, and employers have information about quality and cost differences and actively use this information to improve health care. Ms. Probst also serves as the Executive Director of the Midwest Health Initiative (MHI). The MHI brings together multi-stakeholders such as health care providers, purchasers and patients who believe in the power of information and collaboration to improve health and create a high-quality, high-value health care system. Ms. Probst began her career in health care as a critical care nurse. She has experience as a clinician, an educator, a hospital administrator, and a purchaser advocate. She has a Master's Degree in Business Administration from the University of Denver. Ms. Probst is a member of the Commonwealth Fund's Commission on a High Performance Health System, the National Committee for Quality Assurance's (NCQA) Clinical Programs Committee and Co-Chair of the National Quality Forum's Purchaser Council. In past years, she has served on NCQA's Standards Committee, various National Quality Forum's (NQF) Steering Committees, and other initiatives to enhance the quality and affordability of health care. She is also a past Chairperson of the National Business Coalition on Health (NBCH).

INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)

HEALTH IT

Dana Alexander, RN, MSN, MBA

Dana Alexander brings more than 25 years of clinical practice (RN and Nurse Practitioner), healthcare system experience to include academic, IDN, and community hospitals with responsibilities that spanned the care continuum (long-term care, post-acute care, home health, hospice, behavioral health and other specialty services). She leverages both professional nursing practice knowledge and health system operational experience to develop strategic planning initiatives and redesign of clinical business processes that result in improved quality, patient safety and reduced costs. Ms. Alexander is actively involved with analysis of standardizing and harmonizing quality data needs from an eMeasure perspective to include implementation challenges.

PATIENT EXPERIENCE

Floyd J. Fowler, Jr., PhD

Jack Fowler is a Senior Scientific Advisor to the Informed Medical Decisions Foundation. The Foundation is a not for profit organization that develops information for patients facing medical decisions. It also supports research to learn how medical decisions are made, how best to support patients facing decisions and how to integrate decision support into routine clinical care. He is currently focusing on the Foundation's research agenda and on helping to disseminate the results of research it has funded. He served as President of the Foundation from 2002-2009. He has also been a Senior Research Fellow at the Center for Survey Research, UMass Boston since 1971, and he served as Director of the Center for 14 years. Jack is a social scientist whose special expertise is survey methodology. He is the author (or co-author) of four widely used books on survey research methods. A particular focus of his recent methodological research has been the design and procedures for evaluating survey questions. He also has been a major contributor to research on patient outcomes, how patients are affected by the treatments they receive, and how to measure the quality of medical decision making. He received his PhD from the University of Michigan in Social Psychology and a BA from Wesleyan University.

PATIENT SAFETY

Mitchell Levy, MD, FCCM, FCCP

Mitchell M. Levy MD is Chief, Division of Critical Care, Pulmonary, and Sleep Medicine, Department of Medicine, The Warren Alpert Medical School of Brown University, where he is Professor of Medicine. He is also Medical Director of the Medical Intensive Care Unit at Rhode Island Hospital, Providence, Rhode Island. Dr. Levy is a founding member (2002) and a member of the Executive Committee of the Surviving Sepsis Campaign, a global initiative to improve the care of patients with severe sepsis. He is the lead investigator for Phase III of the campaign, the goal of which is to facilitate adoption of evidence-based guidelines for sepsis management into clinical practice and reduce mortality in severe sepsis by 25% by 2009. Dr. Levy is Past-President of the Society of Critical Care Medicine (2009). Dr. Levy's current research interests include biomarkers in sepsis, end-of-life care in the ICU, and knowledge translation. He has authored over 100 peer-reviewed articles and book chapters. He is the co-director of the Ocean State Clinical Coordinating Center, which manages large, international, multi-center clinical trials in sepsis. Dr. Levy is very active in the field of quality and safety. He continues to serve as the representative to the National Quality Forum for SCCM and also serves on the advisory committees on Quality for the Blue Distinction program of Blue Cross Blue Shield of America. Dr. Levy has worked on

several state-wide initiatives on quality, including Rhode Island and New Jersey, and has served on the steering committee for their efforts in sepsis and palliative care. He led a similar initiative for the New York City Health and Hospital Corporation in their quality initiative in catheter-related bloodstream infection and sepsis. He was recently appointed a content expert and voting member of the Hospital Workgroup of the Measure Applications Partnership (MAP) of the National Quality Forum and serves as a technical expert for the project Closing the Quality Gap: Prevention of Healthcare-associated Infections, which is part of the Evidence-Based Practice Center (EPC) program of the Agency for Healthcare Research and Quality (AHRQ).

PALLIATIVE CARE

R. Sean Morrison, MD

Dr. R. Sean Morrison is Director of the Lilian and Benjamin Hertzberg Palliative Care Institute and the National Palliative Care Research Center, organizations devoted to improving care for persons with serious illness and their families and enhancing the knowledge base of palliative care in the United States. He is also Professor of Geriatrics and Palliative Medicine; and Hermann Merkin Professor of Palliative Medicine in the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai. During 2009-2010, he served as President of the American Academy of Hospice and Palliative Medicine. Dr. Morrison is the recipient of numerous awards, including the American Cancer Society's Distinguished Achievement in Cancer Award, the American Academy of Hospice and Palliative Medicine's 2010 PDIA National Leadership Award and the 2013 Excellence in Scientific Research Award; the American Geriatrics Society's Outstanding Achievement for Clinical Investigation Award, the Open Society Institute Faculty Scholar's Award of the Project on Death in America, a Paul Beeson Faculty Scholars Award, a Brookdale National Fellowship, and Faculty Council and Distinguished Educator Awards from the Mount Sinai School of Medicine. His current research focuses on improving the management of pain in older adults and on developing and evaluating models of palliative care delivery in hospitals and the community. Dr. Morrison has received over \$45 million dollars in research funding and published over 125 research articles. His work has appeared in all major peer-reviewed medical journals, including the *New England Journal of Medicine*, *Annals of Internal Medicine*, and the *Journal of the American Medical Association*. He edited the first textbook on geriatric palliative care, recently edited a new textbook on evidenced-based palliative care, and has contributed to more than 20 books on the subject of palliative care. As one of the leading figures in the field of palliative medicine, Dr. Morrison has appeared numerous times on television and in print, including *ABC World News Tonight*, *The Factor with Bill O'Reilly*, the *New York Times*, the *Los Angeles Times*, *USA Today*, the *Washington Post*, the *New York Daily News*, and *Newsweek*. Dr. Morrison received his BA from Brown University and his MD from the University of Chicago Pritzker School Of Medicine. He completed his residency training at the New York Hospital-Cornell Medical Center followed by fellowship training at the Mount Sinai School of Medicine in New York City. He has been on the faculty of the Department of Geriatrics and Palliative Medicine and Department of Medicine at Mount Sinai since 1995.

STATE POLICY

Dolores L. Mitchell

Dolores Mitchell is the Executive Director of the Group Insurance Commission, the agency that provides life, health, disability and dental and vision services to the Commonwealth's employees, retirees and their dependents; many of these benefits are also provided to a number of authorities, municipalities, and other entities. More than 400,000 people are covered by the GIC. Mrs. Mitchell has been in this

position since 1987, serving in the administrations of Governors Dukakis, Weld, Cellucci, Swift, Romney, and now Governor Deval Patrick. Mrs. Mitchell is a member of a number of professional and community organizations, including the governing board of the Massachusetts Health Care Connector Authority, the Massachusetts Statewide Quality Advisory Committee (SQAC), and is currently serving as President of the National Committee for Quality Assurance (NCQA) Board of Directors, is a board member of the National Quality Forum, and was recently re-appointed as a member of the Measures Application Partnership. She is a former Chairman and current board member of the Big Sister Association and the Massachusetts Women's Political Caucus. Mrs. Mitchell is a frequent speaker on health care, politics, women's career issues, and related subjects.

EMERGENCY MEDICINE

Michael Phelan, MD

Dr. Phelan is currently a Medical Director for the Cleveland Clinic Quality and Patient Safety Institute as well as a practicing board certified emergency medicine physician with over 15 years of clinical experience. He has 10 year's experience navigating the complexities of care coordination throughout large multi-hospital health system, large tertiary referral medical centers, and community hospitals they serve. He has published articles regarding the use of imaging efficiency, point of care ultrasound and emergency airway management. His research in quality and patient safety focuses on measures of quality of care surrounding emergency airway management and its appropriate documentation.

MENTAL HEALTH

Ann Marie Sullivan, MD

Ann Marie Sullivan, MD is the Senior Vice President for the Queens Health Network of the New York City Health and Hospitals Corporation. As Senior Vice President, she is responsible for Elmhurst and Queens Hospital Centers, two public hospitals which have been serving the Queens Community of over 2 million New York City residents. The Network, a teaching affiliate of the Mount Sinai School of Medicine currently comprises 806 acute care beds, a trauma and stroke center, a large comprehensive Women's Health Services, and centers for excellence in Cancer, Cardiology, Diabetes and Mental Health. In addition, the Network serves the ethnically diverse Queens Community with large Primary Care and Mental Health Ambulatory services. Dr. Sullivan attended NYU Medical School and completed her Psychiatric Residency at New York University/ Bellevue Hospital in 1978. She has served as the Associate Director of Psychiatry and Medical Director of Ambulatory Care at the Gouverneur Diagnostic and Treatment Center and joined the Queens Health Network as the Regional Director of Psychiatry in 1990. Dr. Sullivan is a Clinical Professor of Psychiatry at the Mount Sinai School of Medicine, and has lectured and written on community based psychiatric services. She is Past Speaker of the Assembly of the American Psychiatric Association and on the Board of Directors of the NYC Mental Health Association. She is also a Distinguished Fellow of the American Psychiatric Association, a Fellow of the New York Academy of Medicine and member of American College of Psychiatrists.

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

Pamela L. Owens, PhD

Pamela Owens, PhD, is a senior research scientist with CDOM, within the Agency for Healthcare Research and Quality (AHRQ). Dr. Owens co-lead the development and maintenance of the AHRQ

Quality Indicators. She helps with the design, management and dissemination of ambulatory surgery and emergency department data through the [Healthcare Cost and Utilization Project](#) (HCUP) and serves as a liaison to HCUP Partners. Dr. Owens also co-leads the development of the desktop software tool—[MONAHRQ](#)—which allows organizations to easily generate a health care reporting Website using their own data or publicly available measures. Dr. Owens' research experience and interests span a wide array of topic areas, including the quality of care for children, treatment of mental health conditions, quality of care in the ambulatory surgery settings, quality of emergency care for low-income populations, hospital readmissions, and comparative effectiveness research. Her work has appeared in journals such as the *Journal of the American Medical Association*, *Medical Care*, *Health Services Research*, *Annals of Internal Medicine*, *Pediatrics*, *Academic Pediatrics*, *Ambulatory Pediatrics*, *Academic Emergency Medicine*, *Annals of Emergency Medicine*, *Psychiatric Services*, *Journal of the American Academy of Child and Adolescent Psychiatry*, and *Journal of Preventive Medicine*. Dr. Owens received a Ph.D. in epidemiology and health policy from Yale University and completed a post-doctoral fellowship at Johns Hopkins Bloomberg School of Public Health. She also has six years of clinical experience as an occupational therapist.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Daniel A. Pollock, MD

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Shaheen Halim, PhD, CPC-A

Dr. Shaheen Halim is the current Director of the Division of Hospital and Medication Measures of the Quality Measures and Health Assessment Group in the Centers for Medicare and Medicaid Services' Office of Clinical Standards and Quality. Her Division is responsible for the development, maintenance, and implementation of quality measures in CMS' pay for reporting, and value based purchasing programs such as the Hospital Inpatient Quality Reporting Program, Hospital Outpatient Quality Reporting Program, Hospital Value Based Purchasing, Cancer Hospital Reporting Program, Inpatient Psychiatric Facility Reporting Program, and Ambulatory Surgical Center Reporting Program. Shaheen's Division is also responsible for the coordination and development of content on the Hospital Compare website, which provides hospital quality information to consumers. She received her Ph.D. in Sociology from Texas A&M University in 2005, and has been with the Centers for Medicare and Medicaid Services for 6 years.

OFFICE OF THE NATIONAL COORDINATOR FOR HIT (ONC)

David R. Hunt, MD, FACS

Dr. Hunt joined the Office of the National Coordinator for Health Information Technology in October 2007. He currently serves as the Medical Director for Patient Safety and Health IT Adoption in the Office of the Chief Medical Officer (OCMO). There he focuses on coordinating the ONC Health IT safety program and strengthening the policy and operational aspects of ONC programs for health IT adoption and implementation. Often working in the role of liaison to the medical community, Dr. Hunt works to assure that the policies, programs, and priorities for patient safety at ONC remain relevant to practicing clinicians. With regard to health IT adoption and implementation, his work often entails conveying the value proposition of information technology to the clinical community, while voicing the concerns and interest of practicing professionals within ONC. One particular focus of his work is the role of health IT in reducing health disparities.

At ONC, Dr. Hunt merges years as a practicing surgeon and leader in surgical quality and patient safety with hands-on experience at all levels of information technology from programmer to systems analyst and software developer. Prior to joining ONC, from 2002 through 2007, he served at the Centers for Medicare & Medicaid Services (CMS) in Baltimore. There he led the measure development, design, testing, and implementation of the Surgical Care Improvement Project (SCIP), at that time, the most extensive surgical quality and safety program in the United States. During that same period Dr. Hunt also ran the Medicare Patient Safety Monitoring System (MPSMS), a nationwide surveillance project aimed at identifying the rates of specific adverse events within the Medicare population. As a result of his leadership in those programs he has served on the Safe Practices Consensus Committee of the National Quality Forum.

Dr. Hunt, a native of Baltimore, MD, attended public schools, graduating high school from the Baltimore Polytechnic Institute. After receiving a bachelor's degree in biochemistry from the University of Rochester (NY) he attended Howard University College of Medicine, graduating with a medical degree in 1984. Dr. Hunt, who also completed his residency in surgery at Howard University, is a diplomate of the American Board of Surgery. Practicing in both private and academic settings, Dr. Hunt served as a Clinical Assistant Professor of Surgery at Howard University, chair of surgical peer review at various hospitals in the Washington metropolitan area, and has been a fellow of the American College of Surgeons since 1993.

VETERANS HEALTH ADMINISTRATION (VHA)

Michael Kelley, MD

Since 2007, Dr. Michael Kelley has been the National Program Director for Oncology for the Department of Veterans Affairs. He develops policy and programs in oncology for the national Veterans Health Administration where a primary focus has been on electronic data systems to collect cancer patient data for quality improvement and other purposes. Dr. Kelley is a board certified Medical Oncologist. He completed Internal Medicine training at Duke University followed by fellowship and post-doctoral work at the National Cancer Institute. He is Chief of Hematology and Oncology at the Durham Veterans Affairs Medical Center where he oversees the clinical service, clinical research, and fellowship training. He is also Associate Professor of Medicine at Duke University Medical Center with research interests that include treatment and prevention of lung cancer, the genetics and molecular biology of chordoma, and clinical trials. Dr. Kelley has published over 50 peer-reviewed publications as well as reviews and book chapters. He is an active member of the American Society of Clinical Oncologist and is a Fellow of the American College of Physicians.

MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)

George J. Isham, MD, MS

George J. Isham, MD, MS is the chief health officer for HealthPartners. He is responsible for the improvement of health and quality of care as well as HealthPartners' research and education programs. Dr. Isham currently chairs the Institute of Medicine (IOM) Roundtable on Health Literacy. He also chaired the IOM Committees on *Identifying Priority Areas for Quality Improvement* and *The State of the USA Health Indicators*. He has served as a member of the IOM committee on *The Future of the Public's Health* and the subcommittees on the Environment for Committee on Quality in Health Care which authored the reports *To Err is Human* and *Crossing the Quality Chasm*. He has served on the subcommittee on performance measures for the committee charged with redesigning health insurance

benefits, payment and performance improvement programs for Medicare and was a member of the IOM Board on Population Health and Public Health Policy. Dr. Isham was founding co-chair of and is currently a member of the National Committee on Quality Assurance's committee on performance measurement which oversees the Health Employer Data Information Set (HEDIS) and currently co-chairs the National Quality Forum's advisory committee on prioritization of quality measures for Medicare. Before his current position, he was medical director of MedCenters health Plan in Minneapolis and in the late 1980s he was executive director of University Health Care, an organization affiliated with the University of Wisconsin-Madison.

Elizabeth A. McGlynn, PhD, MPP

Elizabeth A. McGlynn, PhD, is the Director of Kaiser Permanente's Center for Effectiveness and Safety Research (CESR). She is responsible for the strategic direction and scientific oversight of CESR, a virtual center designed to improve the health and well-being of Kaiser's 9 million members and the public by conducting comparative effectiveness and safety research and implementing findings in policy and practice. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness, quality and efficiency of health care delivery. She has conducted research in the U.S. and in other countries. Dr. McGlynn has also led major initiatives to evaluate health reform options under consideration at the federal and state levels. Dr. McGlynn is a member of the Institute of Medicine. She serves as the Secretary and Treasurer of the American Board of Internal Medicine Foundation Board of Trustees. She is on the Board of AcademyHealth and the Institute of Medicine Board of Health Care Services. She chairs the Scientific Advisory Group for the Institute for Healthcare Improvement. She co-chairs the Coordinating Committee for the National Quality Forum's Measures Application Partnership. She serves on the editorial boards for Health Services Research and The Milbank Quarterly and is a regular reviewer for many leading journals. Dr. McGlynn received her B.A. in international political economy from The Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her Ph.D. in public policy analysis from the Pardee RAND Graduate School.

NATIONAL QUALITY FORUM STAFF

Thomas B. Valuck, MD, JD, MHSA

Thomas B. Valuck, MD, JD, is Senior Vice President, Strategic Partnerships, at the National Quality Forum (NQF). Dr. Valuck oversees NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as NQF's engagement with states and regional community alliances. These NQF initiatives aim to improve health and healthcare through use of performance information for public reporting, payment incentives, accreditation and certification, and systems improvement. Dr. Valuck comes to NQF from the Centers for Medicare & Medicaid Services (CMS), where he advised senior agency and Department of Health and Human Services leadership regarding Medicare payment and quality of care, particularly value-based purchasing. While at CMS, Dr. Valuck was recognized for his leadership in advancing Medicare's pay-for-performance initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Dr. Valuck was the vice president of medical affairs at the University of Kansas Medical Center, where he managed quality improvement, utilization review, risk management, and physician relations. Before that he served on the Senate Health, Education, Labor, and Pensions Committee as a Robert Wood Johnson Health Policy Fellow; the White House Council of Economic

Advisers, where he researched and analyzed public and private healthcare financing issues; and at the law firm of Latham & Watkins as an associate, where he practiced regulatory health law. Dr. Valuck has degrees in biological science and medicine from the University of Missouri-Kansas City, a master's degree in health services administration from the University of Kansas, and a law degree from the Georgetown University Law School.

Sarah Lash, MS, CAPM

Sarah Lash is a Senior Director in the Strategic Partnerships department at the National Quality Forum. Ms. Lash staffs the NQF-convened Measure Applications Partnership (MAP) and leads its Hospital Workgroup and Dual Eligible Beneficiaries Workgroup. MAP's recommendations to HHS inform the selection of measures for a variety of public reporting and payment programs. In addition, MAP has influenced the health reform dialogue around quality measurement for vulnerable beneficiaries enrolled in Medicare and Medicaid. Prior to joining NQF, Ms. Lash spent four years as a policy research consultant at The Lewin Group, where she specialized in supporting Federal initiatives related to aging, disability, and mental/behavioral health issues. Ms. Lash studied Public Health and Psychology at Johns Hopkins University and went on to earn a master's degree in Health Systems Management from George Mason University. Ms. Lash was recognized with GMU's Graduate Award for Excellence in Health Policy and is also a Certified Associate in Project Management (CAPM).

Erin O'Rourke

Erin O'Rourke is a Project Manager in the Strategic Partnerships department at the National Quality Forum. Ms. O'Rourke staffs the NQF-convened Measure Applications Partnership (MAP), supporting an expert workgroup focused on measuring and improving the quality of care delivered in hospitals and post-acute and long-term care settings. Prior to joining NQF Ms. O'Rourke worked in Outcomes Research at United BioSource Corporation. While at UBC, she worked to develop patient-reported outcome measures and evaluate their measurement qualities. Additionally, she also worked on studies to evaluate symptoms, measure health-related quality of life, and evaluate treatment satisfaction and patient preference. Before working with UBC, Ms. O'Rourke began her career with The Foundation for Informed Medical Decision Making, a non-profit organization working to promote shared decision-making and patient engagement where she was responsible for supporting the Foundation's research efforts. Ms. O'Rourke has a bachelor of science in Health Care Management and Policy from Georgetown University.

Rachel Weissburg

Rachel Weissburg supports the Measure Applications Partnership, which provides the Dept. of Health and Human Services with input on public reporting and payment-based reporting programs. Before coming to NQF Ms. Weissburg worked at The Endocrine Society, the world's oldest and largest association of endocrinologists. She created and managed programs for the Society's public education affiliate, The Hormone Foundation, and collaborated with clinicians – endocrinologists and family practice doctors – to understand their needs and priorities. Under her supervision, the Foundation's award-winning patient materials reached nearly 2 million patients with information about conditions such as diabetes, osteoporosis, obesity, and infertility. Before working with The Hormone Foundation, Ms. Weissburg spent over four years with The Leapfrog Group, a health care membership organization representing purchasers of health care. She managed Leapfrog's membership of Fortune 500 companies and coordinated regional implementation of its transparency and quality initiatives in over twenty-seven communities nationwide; she also worked closely with the Centers for Medicare and Medicaid Services,

health plans, and other key stakeholders to shift reimbursement models from a fee-for-service to a fee-for-outcome model. While at Leapfrog, Ms. Weissburg was responsible for writing the first national policy that asked hospitals to openly acknowledge serious reportable events – or “never events” – and take remedial action if these events occurred in their facilities.

DeAnna Taylor

DeAnna Taylor is an Executive Assistant in Strategic Partnerships, supporting Tom Valuck. Since joining NQF in 2010, DeAnna has been an active contributor to the MAP Task Forces and Workgroups sectors. She also provides administrative support to the Stakeholder Collaboration projects. Prior to joining the NQF team, DeAnna spent nine years as an Intellectual Property secretary in the Washington, DC area.

ROSTER FOR THE MAP HOSPITAL WORKGROUP

CHAIR (VOTING)

Frank G. Opelka, MD, FACS

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
Alliance of Dedicated Cancer Centers	Ronald Walters, MD, MBA, MHA, MS
American Federation of Teachers Healthcare	Mary Lehman MacDonald
American Hospital Association	Richard Umbdenstock
American Organization of Nurse Executives	Patricia Conway-Morana, RN
American Society of Health-System Pharmacists	Shekhar Mehta, PharmD, MS
America's Essential Hospitals	David Engler, PhD
ASC Quality Collaboration	Donna Slosburg
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Building Services 32BJ Health Fund	Barbara Caress
Children's Hospital Association	Andrea Benin, MD
Iowa Healthcare Collaborative	Lance Roberts, PhD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
Mothers Against Medical Error	Helen Haskell, MA
National Coalition for Cancer Survivorship	Shelley Fuld Nasso
National Rural Health Association	Brock Slabach, MPH, FACHE
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
Project Patient Care	Martin Hatlie
St. Louis Area Business Health Coalition	Louise Probst

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Health IT	Dana Alexander, RN, MSN, MBA
Patient Experience	Floyd J. Fowler Jr., PhD
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell
Emergency Medicine	Michael Phelan, MD
Mental Health	Ann Marie Sullivan, MD

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Agency for Healthcare Research and Quality (AHRQ)	Pamela Owens, PhD
Centers for Disease Control and Prevention (CDC)	Daniel A. Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Shaheen Halim, PhD, CPC-A
Office of the National Coordinator for HIT (ONC)	David R. Hunt, MD, FACS
Veterans Health Administration (VHA)	Michael Kelley, MD

MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)

George J. Isham, MD, MS

Elizabeth A. McGlynn, PhD, MPP