



Measure Applications Partnership Hospital Workgroup In-Person Meeting

December 12-13, 2012

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 in the meeting number for Day 1: **524504** or for Day 2: **312665**
- In the “Display Name” field, type in your first and last name and click “Enter Meeting”

Teleconference

- Dial **877-303-9138** for audience members and use conference ID code for Day 1: **71333224** and for Day 2: **71337345** to access the audio platform.

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.

Day 1: December 12, 2012

9:00 am Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach

Frank Opelka, Workgroup Chair

Ann Hammersmith, General Counsel, NQF

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF

Lindsay Lang, Senior Program Director, Strategic Partnerships, NQF

9:30 am **Application of Hospital Readmissions Measures**

- Discuss cross-program considerations for readmissions measures
- Pre-rulemaking input on Hospital Readmissions Reduction Program Measure Set

10:45 am Break

- 11:00 am** **Application of Healthcare-Acquired Conditions Measures**
- Discuss cross-program considerations for healthcare-acquired conditions measures
 - Pre-rulemaking input on Hospital-Acquired Conditions (HAC) Payment Reduction Program Measure Set
- 12:30 pm** Public Comment
- 12:45 pm** Lunch
- 1:15 pm** **Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set**
- Discuss cross-program considerations for cost measures
- 2:45 pm** Break
- 3:00 pm** **Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set**
- 4:30 pm** Public Comment
- 4:45 pm** Day 1 Summary
- 5:00 pm** Adjourn for the Day

Day 2: December 13, 2012

- 8:30 am** Welcome and Review of Day 1
- 9:00 am** **Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Measures**
- 9:45 am** **Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set**
- 11:00 am** Break
- 11:15 am** **Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set**
- 12:00 pm** Public Comment
- 12:15 pm** Lunch
- 12:45 pm** **Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set**
- 1:45 pm** **Pre-Rulemaking Input on Ambulatory Surgical Center (ASC) Program Measure Set**
- 2:30 pm** **Pre-Rulemaking Input on Medicare Shared Savings Program Measure Set**
- 3:15 pm** Public Comment
- 3:30 pm** Wrap Up
- 3:45 pm** Adjourn

Measure Applications Partnership

Hospital Workgroup
In-Person Meeting

December 12-13, 2012



NATIONAL
QUALITY FORUM

Agenda: Day 1

- Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach
- Application of Hospital Readmissions Measures
- Application of Healthcare-Acquired Conditions Measures
- Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set
- Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set

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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 priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

Disclosures of Interest

MAP Pre-Rulemaking Approach

2012-2013 Goals for Pre-Rulemaking

- Continue to promote alignment across HHS programs and with private sector efforts
- Incorporate measure use and performance information into MAP decision-making
- Provide more granular recommendations
- Expand the number of programs MAP considers

Pre-Rulemaking Approach

1. Build on MAP's prior recommendations
2. Evaluate each current finalized program measure set using MAP Measure Selection Criteria
3. Evaluate HHS' measures under consideration for what they would add to the current finalized 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 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
 - Core measure sets available in background materials

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

Through pre-meeting assignments, you were asked to complete evaluations to determine:

- Potential measures for inclusion (e.g., from core sets, newly endorsed measures)
- Potential measures for removal
- Gaps—implementation gaps (core measures not in the set) and other gaps (e.g., development, endorsement) along the measure lifecycle
- 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:

- A. Staff will review program summary, 2012 uptake of MAP recommendations, and initial staff evaluation of each finalized program measure set
- B. Workgroup members assigned to the program will provide a brief summary of their evaluation of the current finalized program measure set
- C. Workgroup will discuss and make overall recommendations about the current finalized measure set

3. Evaluate Measures Under Consideration

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

MAP Decision Category	Rationale (Examples)
Support	<ul style="list-style-type: none"> Addresses a NQS priority not adequately addressed in the program measure set Core measure not currently included in the program measure set Promotes alignment across programs, settings, and public and private sector efforts
Support Direction	<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
Phased Removal	<ul style="list-style-type: none"> A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program promotes alignment NQF endorsement removed or retired
Do Not Support	<ul style="list-style-type: none"> Measure does not adequately address any current needs of the program
Insufficient Information	<ul style="list-style-type: none"> MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure

3. Evaluate HHS' Measures Under Consideration

Process for Meeting:

- A. Staff will provide an overall summary of HHS' measures under consideration for each program
- B. Workgroup will work through the Discussion Guide to review HHS' measures under consideration
- C. Workgroup will revisit the finalized measure set and discuss:
 - Measures for removal
 - Additional measures for inclusion, beyond measures on HHS' list of measures under consideration
 - Any additional programmatic considerations

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 measure gap priorities for the program
- Workgroup members should use the MAP Gap-Filling Form to:
 - Note measure ideas to spur development
 - Capture barriers to gap-filling and potential solutions

Application of Hospital Readmission Measures

Application of Hospital Readmission Measures

- MAP previously developed a Guidance Document for implementation of readmission measures:
 - 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
 - Risk adjustment is necessary for fair comparisons of readmission rates
 - Readmission measures should exclude planned readmissions

Do the measures under consideration and the measures within the program sets address these considerations?

Application of Hospital Readmission Measures

- Should IQR include both the hospital-wide all-cause measure and the condition-specific measures?
 - Last year, MAP supported inclusion of both the hospital-wide all-cause measure and the condition-specific measures in IQR, noting:
 - » The condition-specific measures are useful for provider improvement.
 - » The all-condition measure adds value for consumer and purchaser decision-making.
 - MAP supported the inclusion of only the hospital-wide measure in the Care Coordination family
 - » More parsimonious option
 - » Promotes system-wide improvement for all conditions
 - » Multiple differing condition-specific measures addressing the same area of performance could cause confusion by overloading the public, purchasers, and providers with too much information.
- The condition-specific measures are also included in the Readmissions Reduction Program

Hospital Readmissions Reduction Program

- **Program Type:** Pay for Performance – Information will be made available on the Hospital Compare website.
- **Incentive Structure Options:**
 - Hospitals determined to have excess readmissions will receive a reduction in DRG payment rates. The maximum payment reduction is 1% in FY 2013, 2% in FY 2014, and capped at 3% for FY 2015 and beyond.
- **Statutory Requirements for Measures:**
 - NQF-endorsed and have exclusions for readmissions unrelated to the prior discharge
 - Measures should address conditions and procedures for which readmissions are high volume or high expenditure
 - Program was required to begin with measures for AMI (NQF #0505), heart failure (NQF #0330), and pneumonia (NQF #0506)
 - In FY 2015, the Secretary can expand the program to include other applicable conditions

Application of Healthcare-Acquired Conditions Measures

Opportunity for Public Comment

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Consensus Standards for Cost and Resource Use

December 12-13, 2012



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Defining Resource Use Measures

- Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (may include diagnoses, procedures, or encounters).
- A resource use measure counts the frequency of defined health system resources; some further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource.

Resource Use: A Building Block



Comparing Approaches

	Per-Capita	Episode-Based
Costs Counted	All costs/resources for each person	Only costs/resources specifically related to the condition/procedure/admission
Measurement focus	Broadly defined	Narrowly defined to condition
Measurement Timeframe	Usually 1 year	Episode-dependent
Care Settings	Cross-setting	Episode-dependent
Types of measures	Condition-specific, Total cost	Groupers, individual episodes

Overarching Issues

- Reliability and validity testing at the individual physician level
- Appropriateness of actual/standardized costing in various applications
- Evaluating single measures that are part of a grouper system
- Proprietary components within measures
- Implications of carve out arrangements (e.g., mental health, pharmacy)
- Linking quality and cost measures to determine efficiency

Challenges in Implementing Cost/Resource Use Measures as National Consensus Standards

- Intended use matters –Align with appropriate:
 - Level of analysis
 - Costing approach
 - Sample size
 - Attribution approach
 - Care Setting

Discussion Questions

- What types of quality measures should be used with the cost/resource use measures to provide a broader understanding of efficiency?
- For each measure (Medicare Spending Per Beneficiary, AMI Episode Of Care):
 - What specific quality measures should be used with the measure?
 - Will the measure results be useful for the program's intended purpose?
- What risks do these measures pose for unintended consequences when applying to public reporting programs? Payment programs?
 - How can the risks be mitigated?

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

Hospital Inpatient Quality Reporting Program

- **Program Type:** Pay for Reporting – Information is reported on the Hospital Compare website.
- **Incentive Structure Options:**
 - Hospitals receive a reduction of 2% of their annual payment update for non-participation.
- **Statutory Requirements for Measures:**
 - Began with baseline set of performance measures included in the November 2005 IOM report
 - Program should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - The Secretary can add or replace measures in appropriate cases

Application of HAC Measures

MAP previously noted the following application issues:

- Standard definitions in safety measurement should be applied across all healthcare settings
 - Ensures appropriate comparisons are made across providers and provides clarity for consumer decision making
- Small sample sizes can be an issue when measuring serious reportable events
 - Suggested a safety composite of these events
- Use of administrative claims or billing codes for safety measurement is not ideal

Are there additional application considerations that the Workgroup should address?

Hospital Acquired Condition (HAC) Payment Reduction Program

- **Program Type:** Pay for Performance – Information will be reported on the Hospital Compare website.
- **Incentive Structure:**
 - Hospitals scoring in the top quartile for rates of HACs based on the national average will have their Medicare payments reduced by 1% for all DRGs beginning as early as FY 2015.
- **Statutory Requirements for Measures:**
 - At least one condition included should be the same as those already selected for the current HAC payment policy
 - Other conditions acquired during the hospital stay deemed appropriate by the Secretary may be added
 - Calculated rates will include an appropriate risk adjustment methodology

Hospital Inpatient Quality Reporting Program

HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 33 measures for the Hospital IQR program
 - Of these measures, 23 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 11 measures supported, 6 were finalized (55% concordance)
 - » Of the 12 measures not supported, 1 was finalized (92% concordance)
 - » **Overall concordance was 74% (17/23)**
 - MAP had a “Support Direction” recommendation for the remaining 10 measures, 1 of which was finalized

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

Hospital Value-Based Purchasing Program

- **Program Type:** Pay for Performance – Information is reported on the Hospital Compare website
- **Incentive Structure:**
 - 1% of regular reimbursements (increasing to 2% over time) are withheld from reimbursements to fund incentive payments.
 - Hospitals are scored based on their performance relative to other hospitals as well as improvement over time – the higher of these scores is used to determine incentive payments.
- **Statutory Requirements for Measures:**
 - Measures must be included in IQR and reported on Hospital Compare for at least 1 year prior to use in Hospital VBP
 - Required in baseline set: AMI, heart failure, pneumonia, surgeries (as measured by SCIP), HAIs as measured in HHS Action Plan to Prevent HAIs (or any successor plan), and HCAHPS
 - For FY 2014 or subsequent fiscal year, should include “Medicare Spending per Beneficiary” and/or other efficiency measures
 - The Secretary can replace measures in appropriate cases
 - Measures of readmissions are statutorily excluded

Hospital Value-Based Purchasing Program

HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 13 measures for the Hospital VBP program
 - Of these measures, 12 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 3 measures supported, 0 were finalized (0% concordance)
 - » Of the 9 measures not supported, 8 were finalized for removal and 1 was finalized (89% concordance)
 - » **Overall concordance was 67% (8/12)**
 - MAP had a “Support Direction” recommendation for the remaining 1 measure, which was finalized

Opportunity for Public Comment

Summary of Day 1

Welcome and Review of Day 1

Agenda: Day 2

- Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Program Measures
- 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 Outpatient Quality Reporting (OQR) Program Measure Set
- Pre-Rulemaking Input on Ambulatory Surgical Center (ASC) Program Measure Set
- Pre-Rulemaking Input on Medicare Shared Savings Program

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

CMS Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)

- **Program Type:** Pay for Reporting – Information not publicly reported at this time.
- **Incentive Structure:**
 - The Medicare and Medicaid EHR Incentive Programs provide incentive payments based on defined formulas to eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.
 - Medicare payment penalties will take effect in 2015 for providers who are eligible but do not participate. Payment penalties do not apply to Medicaid.
- **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.
 - Must be reported for all patients, not just Medicare and Medicaid beneficiaries.
 - Preference should be given to quality measures endorsed by NQF.

CMS Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)

HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 36 measures for the Hospital and CAH Meaningful Use program
 - Of these measures, all received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 27 measures supported, 13 were finalized (48% concordance)
 - » Of the 9 measures not supported, 1 was finalized (89% concordance)
 - » **Overall concordance was 58% (21/36)**

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

PPS-Exempt Cancer Hospital Quality Reporting Program

- **Program Type:** Required Public Reporting – Information will be reported on the Hospital Compare website
- **Incentive Structure:**
 - Program does not currently include an incentive/penalty for failing to report. CMS plans to address incentives in future rulemaking.
- **Statutory Requirements for Measures:**
 - Should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures
 - Measures should 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 can add or replace any measures in appropriate cases

PPS-Exempt Cancer Hospital Quality Reporting Program

HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 5 measures for the PCHQR program
 - Of these measures, 5 received a “Support” recommendation from MAP
 - » Of the 5 measures supported, 5 were finalized (100% concordance)
 - » **Overall concordance was 100% (5/5)**

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

Inpatient Psychiatric Facility Quality Reporting Program

- **Program Type:** Pay for Reporting – Information will be reported on the Hospital Compare website
- **Incentive Structure:**
 - Inpatient psychiatric hospitals or psychiatric units will receive a reduction of 2% of their annual PPS update for non-participation
- **Statutory Requirements for Measures:**
 - 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

Inpatient Psychiatric Facility Quality Reporting Program

HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 6 measures for the IPFQR program
 - Of these measures, 6 received a “Support” recommendation from MAP
 - » Of the 6 measures supported, 6 were finalized (100% concordance)
 - » **Overall concordance was 100% (6/6)**

Opportunity for Public Comment

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

Outpatient Quality Reporting Program

- **Program Type:** Pay for Reporting – Information is reported on the Hospital Compare website.
- **Incentive Structure:**
 - Hospitals receive a reduction of 2% of their 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

Pre-Rulemaking Input on Ambulatory Surgical Center (ASC) Program Measure Set

Ambulatory Surgical Center (ASC) Quality Reporting

- **Program Type:** Pay for Reporting – Information will be reported on the Hospital Compare website.
- **Incentive Structure:**
 - Medicare ACSs will receive a reduction of 2% of their annual ASC payment system update for non-participation beginning CY 2014.
- **Statutory Requirements for Measures:**
 - May include the same or similar measures reported in the OQR or IQR Programs.
 - 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

Pre-Rulemaking Input on the 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 8-9:** MAP Coordinating Committee In-Person Meeting
- **Mid-January:** 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 Discussion Guide

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 priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

Day 1: December 12, 2012

	Time	Issue/Question	Considerations
1.	8:30 am	Breakfast	
2.	9:00 am	Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach	
3.	9:30 am	Application of Hospital Readmission Measures (Tab 2)	
4.	9:30	MAP's prior pre-rulemaking input on readmission measurement	<p>MAP supported inclusion of both the hospital-wide all-cause measure and the condition-specific measures in IQR, noting:</p> <ul style="list-style-type: none"> • The condition-specific measures are useful for provider improvement. • The all-condition measure adds value for consumer and purchaser decision-making. <p>Please refer to the MAP Guidance for the Selection of Avoidable Admission and Readmission Measures document (Tab 12).</p> <p>MAP raised concerns regarding potential unintended consequences:</p> <ul style="list-style-type: none"> • Measures need to have appropriate risk adjustment. • Measures should exclude planned readmissions.

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

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> Monitoring is needed for any blocking of necessary readmissions or increase of patients returning to the hospital under an observation status. Monitoring is needed for impact on hospitals serving vulnerable populations.
5.	9:35	Cross-program considerations for readmission measures	<ul style="list-style-type: none"> There are readmission measures in both the Readmission Reduction Program and IQR. <ul style="list-style-type: none"> Hospital reimbursement impacted by both programs. Hospital-wide readmissions and condition-specific readmissions are both in IQR. <ul style="list-style-type: none"> Multiple scores may be confusing to consumers and purchasers.
6.	9:55	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> The current finalized program measure set for the Readmission Reduction Program includes 3 measures. <ul style="list-style-type: none"> Acute Myocardial Infarction (AMI), Heart Failure (HF), and Pneumonia are required by statute. There are 6 measures under consideration for the Readmission Reduction Program. <ul style="list-style-type: none"> All 6 measures are also under consideration for IQR. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> Dana Alexander Cristie Upshaw Travis
7.	10:05	Update: Changes to the 3 current finalized condition-specific measures through NQF's Endorsement Maintenance and Ad Hoc Review processes	<p>The following 3 measures are currently in the Readmission Reduction Program and IQR; however, they are also under consideration for these programs because updated versions are undergoing NQF Ad Hoc or Endorsement Maintenance Review related to two changes:</p> <ul style="list-style-type: none"> Planned readmission algorithm Revised definition of a readmission <p>NQF Ad Hoc Review Expert Panel supports these two changes above for the following measures:</p> <ul style="list-style-type: none"> NQF #0330 READM-30-HF Hospital thirty-day all-cause risk standardized readmission rate (RSRR) following heart failure (HF) hospitalization <ul style="list-style-type: none"> Use in private programs: eValue8; at least 1 Beacon community NQF #0505 READM-30-AMI Hospital, thirty-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization <ul style="list-style-type: none"> Use in private programs: Bridges to Excellence; AmeriHealth Mercy Family of Companies

	Time	Issue/Question	Considerations
			<p>NQF Endorsement Maintenance Steering Committee recommends for continued endorsement the updated version, including the two changes above, for the following measure:</p> <ul style="list-style-type: none"> • NQF #0506 READM: PNEUM: Hospital thirty-day all-cause risk-standardized readmission rate (RSRR) following pneumonia hospitalization <ul style="list-style-type: none"> ○ Use in private programs: eValue8
8.	10:15	1 readmission measure under consideration related to total hip/knee arthroplasty	<p>NQF Ad Hoc Review Expert Panel supports the two changes above for the following measure:</p> <ul style="list-style-type: none"> • NQF #1551 30-day Risk Standardized Readmission following Total Hip/Total Knee Arthroplasty <ul style="list-style-type: none"> ○ Currently undergoing NQF Ad Hoc Review related to the two major changes described above. ○ New condition being added to the Readmission Reduction Program ○ Use in Federal programs: Current finalized in IQR; the updated version is under consideration for IQR
9.	10:20	1 readmission measure under consideration related to chronic obstructive pulmonary disease	<ul style="list-style-type: none"> • COPD 30-day Risk Standardized Readmission <ul style="list-style-type: none"> ○ Currently under review for NQF endorsement – recommended by the steering committee; CSAC to consider in January 2013 ○ COPD is a high-impact condition not currently addressed in the Readmission Reduction Program ○ Use in Federal programs: Under consideration for IQR ○ Use in private programs: AMA Ethical Force Program's Patient-Centered Communication Initiative
10.	10:25	1 readmission measure under consideration related to stroke	<ul style="list-style-type: none"> • Stroke: 30-day All-Cause Readmission <ul style="list-style-type: none"> ○ Considered, but did not receive NQF endorsement <ul style="list-style-type: none"> ▪ Concerns that an indicator of stroke severity is not included in the risk-adjustment model ○ Stroke is a high-impact condition not currently addressed in the Readmission Reduction Program ○ Use in Federal programs: Under consideration for IQR

	Time	Issue/Question	Considerations
11.	10:30	IQR ONLY – 1 measure related to hospital-wide readmissions	<p>This measure is a current finalized measure in IQR; however, it is also under consideration for IQR as an updated version is undergoing NQF Ad Hoc Review. The following information is expected to be provided during the 1st quarter of 2013:</p> <ul style="list-style-type: none"> ○ Planned readmission algorithm ○ Dry run results ○ Progress toward harmonization <ul style="list-style-type: none"> ● NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) <ul style="list-style-type: none"> ○ Included in the MAP Care Coordination and Dual Eligible Beneficiaries Measure Families ○ Use in Federal programs: Under consideration for PQRS
12.	10:35	Recommendations about the current finalized measure set	<ul style="list-style-type: none"> ● Should any current finalized measures be removed? ● Are there any core measures that would enhance the program measure set? ● Are there any other measures that would enhance the program measure set?
13.	10:40	Identify priority measure gaps	<ul style="list-style-type: none"> ● What gaps remain related to readmissions? ● What gaps are the highest priorities for the Readmission Reduction Program? ● <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
14.	10:45 am	Break	
15.	11:00 am	Application of Healthcare-Acquired Conditions Measures (Tab 3)	
16.	11:00	MAP's prior pre-rulemaking input on healthcare-acquired conditions (HAC) measurement	<p>MAP recognized that safety is a high priority area.</p> <ul style="list-style-type: none"> ● Strongly supported the use of NQF-endorsed safety measures <ul style="list-style-type: none"> ○ The approach to HAC measurement taken by the National Healthcare Safety Network (NHSN) was preferred ○ Measures of true “never events” should not be risk adjusted while other safety measures are appropriate to risk adjust <p>MAP raised concerns regarding the reliability of measures using secondary diagnosis codes from administrative claims for reporting HACs and other complications.</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
17.	11:05	Cross-program considerations for HAC measures	<ul style="list-style-type: none"> • Related to the hospital setting, there are current finalized and measures under consideration for the HAC measures in the HAC Reduction Program, IQR, Hospital VBP, and PPS-exempt Cancer Hospital Quality reporting programs. <ul style="list-style-type: none"> ○ Hospital reimbursement could be affected by the HAC Reduction Program, IQR, and Hospital VBP. • There is a need for clear messaging and appropriate context when reporting rare, serious reportable events. <ul style="list-style-type: none"> ○ Some healthcare acquired conditions (i.e. blood incompatibility, air embolism) may have issues of small numbers. ○ Standard definitions are needed for safety measurement benchmarking to ensure appropriate comparisons are made across providers. ○ Performance scores need to be reported in meaningful ways for consumers and purchasers.
18.	11:25	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> ○ There are 18 measures under consideration for the HAC Payment Reduction program. ○ The current finalized set includes 8 measures. <ul style="list-style-type: none"> ▪ CMS individual HAC rates ▪ Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock) ▪ Blood Incompatibility ▪ Air Embolism ▪ Pressure Ulcer Stages III & IV ▪ Vascular Catheter-Associated Infections ▪ Manifestations of Poor Glycemic Control ▪ Catheter-Associated Urinary Tract Infections (UTI) ▪ Foreign Object Retained After Surgery <p>Dual Eligible Beneficiaries Workgroup was especially supportive of infection measures. CAUTI, CLABSI, and pressure ulcers are very common among people with disabilities and frail older adults.</p> <p>Please refer to the Healthcare-Acquired Conditions: Supporting Tables (Tab 12).</p> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> ○ Jane Franke

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"> ○ Mitchell Levy
19.	11:35	9 measures under consideration are not NQF-endorsed	<p>7 measures have not been submitted for NQF endorsement</p> <ul style="list-style-type: none"> ● HAC-8 - Composite measure of seven hospital-acquired conditions <ul style="list-style-type: none"> ○ This composite aggregates the Z scores of 7 hospital-acquired measure rates into 3 equally weighted domains, as follows: <ul style="list-style-type: none"> ○ Never Events <ul style="list-style-type: none"> ● Foreign Object Retained after Surgery ● Air Embolism ● Blood Incompatibility ○ Accidents/Injuries <ul style="list-style-type: none"> ● Pressure Ulcer ● Falls and Trauma ● Poor Glycemic Control ○ Infections <ul style="list-style-type: none"> ● Vascular Catheter-Associated Infection ● HAC-10 - Composite measure of nine hospital-acquired conditions <ul style="list-style-type: none"> ○ This composite aggregates the Z scores of 9 hospital-acquired measure rates into 3 equally weighted domains, as follows: <ul style="list-style-type: none"> ○ Never Events <ul style="list-style-type: none"> ● Foreign Object Retained after Surgery ● Air Embolism ● Blood Incompatibility ○ Accidents/Injuries <ul style="list-style-type: none"> ● Pressure Ulcer ● Falls and Trauma ● Poor Glycemic Control ● Deep Vein Thrombosis/Pulmonary Embolism ○ Infections <ul style="list-style-type: none"> ● Vascular Catheter-Associated Infection ● Surgical Site Infection following: <ul style="list-style-type: none"> ○ CABG ○ Orthopedic Procedures ○ Bariatric Surgery

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 following 5 measures are updated versions of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a facility and are expected to be submitted for NQF Ad Hoc Review in 2013: <ul style="list-style-type: none"> ○ Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) ○ Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) ○ Reliability Adjusted Specific Surgical Site Infection (SSI) ○ Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia ○ Reliability Adjusted Clostridium difficile SIR Measure <p>2 measures are under review for NQF endorsement – NQF Board of Directors ratification is pending</p> <ul style="list-style-type: none"> • Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia <ul style="list-style-type: none"> ▪ Included in the MAP Safety Measure Family ▪ Use in Federal programs: <ul style="list-style-type: none"> • Current finalized for IQR • Under consideration for Hospital VBP and Long-Term Care Hospital Quality Reporting ▪ Use in private programs: AmeriHealth Mercy Family of Companies, Wellpoint • Clostridium difficile SIR Measure <ul style="list-style-type: none"> ▪ Included in the MAP Safety Measure Family ▪ Use in Federal programs: <ul style="list-style-type: none"> • Current finalized for IQR • Under consideration for Hospital VBP and Long-term Care Hospital Quality Reporting ▪ Use in private programs: AmeriHealth Mercy Family of Companies, Wellpoint
20.	11:50	9 measures under consideration are NQF-endorsed	<ul style="list-style-type: none"> • NQF #0138 Catheter Associated Urinary Tract Infection (CAUTI) <ul style="list-style-type: none"> ○ Included in the MAP Cancer and Safety Measure Families ○ Use in Federal programs: <ul style="list-style-type: none"> • Current finalized for IQR, IRF Quality Reporting, LTCH Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting • Under consideration for Hospital VBP ○ Use in private programs: NDNQI, Wellpoint

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 #0139 Central Line-Associated Blood Stream Infection (CLABSI) <ul style="list-style-type: none"> ○ Included in the MAP Cancer and Safety Measure Families ○ Use in Federal programs: Current finalized for CHIPRA Quality Reporting, IQR, Hospital VBP, LTCH Quality Reporting, PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: NDNQI, Wellpoint • NQF #0753 Specific Surgical Site Infection (SSI) <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized for IQR ▪ Under consideration for Hospital VBP and PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: ACS NSQIP • NQF #0363 PSI 05 Foreign Body Left During Procedure <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family • NQF #0450 PSI 12: Post Operative PE or DVT <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in private programs: MA BCBS Alternative Quality Contract • NQF # 0345 PSI 15 Accidental puncture or laceration <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family • NQF #0531 PSI 90 Complication/patient safety for selected indicators (Composite) <ul style="list-style-type: none"> ○ Includes the following conditions: <ul style="list-style-type: none"> ▪ accidental puncture or laceration ▪ iatrogenic pneumothorax ▪ postoperative DVT or PE ▪ postoperative wound dehiscence ▪ decubitus ulcer ▪ selected infections due to medical care ▪ postoperative hip fracture

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ postoperative sepsis <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR and Hospital VBP • NQF #0376 VTE-6: Incidence of Potentially-Preventable VTE <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: Current finalized for IQR and Hospital Meaningful Use ○ Use in private programs: MA BCBS Alternative Quality Contract • NQF #0351 PSI 04 Death Among Surgical Patients with Serious, Treatable Complications <ul style="list-style-type: none"> ○ Includes the following conditions: <ul style="list-style-type: none"> ▪ DVT/PE ▪ Pneumonia ▪ Sepsis ▪ Shock or Cardiac Arrest ▪ GI Hemorrhage/Acute Ulcer ○ Use in Federal programs: Current finalized for IQR
21.	12:20	Recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set?
22.	12:25	Identify priority measure gaps	<ul style="list-style-type: none"> • What gaps remain related to healthcare-acquired conditions? • What gaps are the highest priorities for the HAC Payment Reduction program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
23.	12:30 pm	Public Comment	
24.	12:45 pm	Lunch	
25.	1:15 pm	Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set (Tab 4)	
26.	1:15	Review program summary and previously finalized measures; provide additional input on the	<ul style="list-style-type: none"> • There are 21 measures under consideration. • The current finalized set includes 60 measures. <ul style="list-style-type: none"> ○ The majority (47) of measures in the set are NQF-endorsed. Six measures in the set have

	Time	Issue/Question	Considerations
		measure set	<p>lost endorsement.</p> <ul style="list-style-type: none"> ○ All NQS priorities are addressed. ○ The measure set addresses three high-impact conditions: AMI, heart failure, hip fracture. ○ The program includes process, structure, outcome, patient experience of care, and cost measures. ○ Four measures are disparities-sensitive. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> ● Richard Bankowitz ● Lance Roberts
27.	1:25	Cross-program considerations for cost measures	<ul style="list-style-type: none"> ● Medicare Spending per Beneficiary is under consideration for IQR, Hospital VBP and PPS-exempt Cancer Hospital Quality Reporting <ul style="list-style-type: none"> ○ Use in Federal programs: Under consideration for Long-term Care Hospital Quality Reporting and physician reporting and payment programs <p>Please refer to Resource Use and Efficiency Measures Under Consideration document (Tab 12).</p>
28.	1:40	2 measures under consideration related to cost	<ul style="list-style-type: none"> ● Medicare Spending Per Beneficiary <ul style="list-style-type: none"> ○ Has not been submitted for NQF endorsement; however, is expected to be submitted as part of the upcoming resource use NQF-endorsement project. ○ MAP did not support the inclusion of the Medicare Spending Per Beneficiary measure in Hospital VBP last year; however, did support the direction of the measure pending additional specification and testing. ○ The Dual Eligible Beneficiaries Workgroup supports cost measures for public reporting. If cost measures are used in payment programs, they should be risk-adjusted and/or accompanied by clinical quality measures to minimize negative unintended consequences for vulnerable individuals who often require more complex care. ○ Use in Federal programs: Under consideration for Hospital VBP, LTCH Quality Reporting, PPS-Exempt Cancer Hospital Quality Reporting. ● AMI Episode Of Care (inpatient hospitalization + 30 days post-discharge) <ul style="list-style-type: none"> ○ Has not been submitted for NQF endorsement; however, may be submitted to the upcoming resource use endorsement project

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> ○ Hospital-specific, risk-standardized, 30-day episode of care payment for AMI. The measure includes all payments across care settings for the 30-days following an inpatient admission for AMI.
29.	1:50	7 measures under consideration related to readmissions	<ul style="list-style-type: none"> ● NQF #0330 READM-30-HF Hospital Thirty-Day All-Cause Risk Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization ● NQF #0505 READM-30-AMI Hospital, Thirty-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization ● NQF #0506 READM: PNEUM: Hospital Thirty-Day All-Cause Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization ● NQF #1551 30-day Risk Standardized Readmission following Total Hip/Total Knee Arthroplasty ● COPD 30-day Risk Standardized Readmission ● Stroke: 30-day All-Cause Readmission ● NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) <p><i>Please refer back to previous discussion of these measures for the Readmission Reduction Program.</i></p>
30.	1:55	6 measures under consideration related to safety	<ul style="list-style-type: none"> ● NQF #0500 Severe Sepsis and Septic Shock: Management Bundle <ul style="list-style-type: none"> ○ Currently under review in NQF Infectious Disease Endorsement Maintenance project – steering committee is currently reconsidering this measure following the public comment period. ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: Under consideration for OQR, LTCH Quality Reporting ○ Use in private programs: MA BCBS Alternative Quality Contract ● There are 5 measures addressing healthcare-acquired conditions: <ul style="list-style-type: none"> ○ Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) ○ Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) ○ Reliability Adjusted Specific Surgical Site Infection (SSI) ○ Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia ○ Reliability Adjusted Clostridium difficile SIR Measure <p><i>Please refer back to previous discussion of these measures for the HAC Payment Reduction program.</i></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
31.	2:00	1 measure under consideration is related to care coordination for children with asthma	<ul style="list-style-type: none"> • NQF #0338 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver <ul style="list-style-type: none"> ○ Endorsement was removed from this measure <ul style="list-style-type: none"> ▪ Recent evidence shows no relationship between the inpatient plan of care and ED visits or subsequent hospitalizations ▪ Concerns related to measure burden ○ Use in Federal programs: Current finalized in Hospital Meaningful Use ○ FY 2011 Hospital Compare result = 83% (per the Hospital Compare website, this data is currently provided by The Joint Commission)
32.	2:05	3 measures under consideration related to maternal and child health	<ul style="list-style-type: none"> • NQF #0480 Exclusive Breast Milk Feeding <ul style="list-style-type: none"> ○ MAP did not support this measure for Hospital Meaningful Use last year <ul style="list-style-type: none"> ▪ Considered this an issue of patient choice ○ Use in Federal programs: Hospital Meaningful Use ○ Use in private programs: TJC ○ NPP Maternity Action Team supports uptake of this measure as part of TJC Perinatal Care Core Measure Set • NQF #0716 Healthy Term Newborn <ul style="list-style-type: none"> ○ Measure is in the MAP Safety Measure Family ○ Use in Federal programs: Hospital Meaningful Use ○ Use in private programs: Bridges to Excellence; IHA • NQF #1354 EHDI-1a—Hearing Screening Prior to Hospital Discharge <ul style="list-style-type: none"> ○ Use in Federal programs: Hospital Meaningful Use <p>There is only 1 current finalized maternal/child health measure in the IQR set.</p>
33.	2:15	2 measures under consideration related to mortality	<ul style="list-style-type: none"> • COPD 30-day Risk Standardized Mortality <ul style="list-style-type: none"> ○ Currently under review for NQF endorsement – recommended by steering committee ○ Addresses a high-impact condition

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"> • Stroke: 30-day All-Cause Risk-Standardized Mortality <ul style="list-style-type: none"> ○ Withdrawn from the NQF endorsement process <ul style="list-style-type: none"> ▪ Concerns that an indicator of stroke severity is not included in the risk-adjustment model ○ Addresses a high-impact condition <p>There are 3 other current finalized mortality measures for AMI, HF, and Pneumonia in IQR.</p>
34.	2:25	Review MAP Clinician Workgroup's 2012 input on IQR	<i>Based on the Clinician Workgroup discussion on December 10-11, updated information will be provided at the Hospital Workgroup meeting.</i>
35.	2:30	Recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set? <p>A number of measures within the current finalized IQR program measure set may be considered topped-out:</p> <ul style="list-style-type: none"> • NQF #0148 Blood cultures performed in the emergency department prior to initial antibiotic received in hospital <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized in Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 96%, Hospital Compare Result: 97% • NQF #0162 ACEI or ARB for left ventricular systolic dysfunction - Heart Failure (HF) Patients <ul style="list-style-type: none"> ○ National Impact Assessment results for 2010 = 95%, Hospital Compare Result: 96% • NQF #0218 Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 93%, Hospital Compare results FY2011 = 96%

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 #0284 Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 94%, Hospital Compare results FY2011 = 96% • NQF #0300 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint, Alliance for Health, TJC ○ National Impact Assessment results for 2010 = 94%, Hospital Compare results FY2011 = 95% • NQF #0452 Surgery Patients with Perioperative Temperature Management <ul style="list-style-type: none"> ○ Use in Federal programs: Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Hospital Compare results for CY2011 = 99% • NQF #0527 Prophylactic antibiotic received within 1 hour prior to surgical incision <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 97%, NHQR and NHDR 2009 data = 96%, and Hospital Compare results FY2011 = 98% • NQF #0528 Prophylactic antibiotic selection for surgical patients <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint

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"> ○ National Impact Assessment results for 2010 = 98%, and Hospital Compare results FY2011 = 98% ● NQF #0529 Prophylactic antibiotics discontinued within 24 hours after surgery end time <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 96%, NHQR and NHDR 2009 data = 93%, and Hospital Compare results FY2011 = 97% ● NQF #0639 Statin Prescribed at Discharge <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for Hospital Meaningful Use ○ Hospital Compare results FY2011 = 97%
36.	2:40	Identify priority measure gaps	<ul style="list-style-type: none"> ● What gaps remain in the program measure set? ● What gaps are the highest priorities for this program? ● <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
37.	2:45 pm	Break	
38.	3:00 pm	Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set (Tab 5)	
39.	3:00	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> ● There are 18 measures under consideration. ● The current finalized set includes 19 measures; all measures in Hospital VBP are also in IQR <ul style="list-style-type: none"> ○ The program set does not address the NQS priorities of healthy living or affordability. ○ 2 high-high impact conditions (AMI and heart failure) are addressed. ○ 6 measures are included in Meaningful Use and the most (14) of the measures are used in private programs. ○ The set includes process, outcome, patient experience of care, and cost measures. ○ 2 measures are disparities-sensitive. <p><i>Dual Eligible Beneficiaries Workgroup Input</i> The Dual Eligible Beneficiaries Workgroup considered measures from IQR that were eligible for possible addition to VBP. Members supported use of HCAHPS and any other measures of patient/caregiver</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>experience or patient-reported outcomes. Members also supported the use of composite safety measures, nursing-sensitive measures, and measures that are sensitive to the time and effort needed to take an accurate history from a vulnerable individual</p> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Barbara Caress • Nancy Foster
40.	3:05	1 measure under consideration related to cost	<ul style="list-style-type: none"> • Medicare Spending Per Beneficiary <ul style="list-style-type: none"> ○ <i>The Dual Eligible Beneficiaries Workgroup cautions the use of cost measures in a payment program; vulnerable individuals often require more complex care and would be at risk for not receiving needed services.</i> <p><i>Please refer back to previous discussion of this measure for IQR.</i></p>
41.	3:10	9 measures under consideration related to healthcare-acquired conditions	<ul style="list-style-type: none"> • NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure • NQF #0753 American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure • National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure • National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure • There are 5 additional measures addressing healthcare-acquired conditions: <ul style="list-style-type: none"> ○ Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) ○ Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) ○ Reliability Adjusted Specific Surgical Site Infection (SSI) ○ Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia ○ Reliability Adjusted Clostridium difficile SIR Measure <p>Dual Eligible Beneficiaries Workgroup was especially supportive of infection measures. CAUTI, CLABSI, and pressure ulcers are very common among people with disabilities and frail older adults.</p>

	Time	Issue/Question	Considerations
			<i>Please refer back to previous discussion of these measures for the HAC Payment Reduction program.</i>
42.	3:20	1 measure under consideration related to hip/knee arthroplasty	<ul style="list-style-type: none"> • NQF #1550 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized in IQR
43.	3:30	2 measures under consideration related to emergency department throughput	<ul style="list-style-type: none"> • NQF #0495 ED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients • NQF #0497 ED-2 Admit Decision Time to ED Departure Time for Admitted Patients <ul style="list-style-type: none"> ○ Both of these measures have Time-limited NQF-Endorsement – testing information is currently under review at NQF ○ Previously, MAP raised concerns about subjectivity of the timing component required to calculate these measures. ○ Dual Eligible Beneficiaries Workgroup supported use of these measures because they are sensitive to the time and effort needed to take an accurate history from a vulnerable individual, such as a person with cognitive impairment. Measures could address concerns about long observation times in EDs and/or difficulty placing patients with psychiatric needs. ○ Use in Federal programs: Hospital Meaningful Use
44.	3:45	1 measure under consideration related to care coordination	<ul style="list-style-type: none"> • NQF #0228 CTM-3 <ul style="list-style-type: none"> ○ Included in the MAP Care Coordination and Dual Eligible Beneficiaries Measure Families ○ Patient-reported outcome measure ○ Use in Federal programs: Under consideration for LTCH Quality Reporting
45.	3:50	3 measures under consideration related to immunizations	<ul style="list-style-type: none"> • NQF #0431 Influenza Vaccination for Healthcare Personnel <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ MAP supported the direction of this measure for IRFs and LTCHs last year pending testing for those settings. ○ Use in Federal Programs: <ul style="list-style-type: none"> ▪ Current finalized in ASC and LTCH quality reporting ▪ Under consideration for OQR, IRF, and PQRS • NQF #1653 IMM-1 Pneumonia Immunization <ul style="list-style-type: none"> ○ Disparities-sensitive measure

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 supported this measure for Hospital Meaningful Use last year ○ Use in Federal Programs: Under consideration for ESRD Quality Improvement Program ● NQF #1659 IMM-2 Flu Immunization <ul style="list-style-type: none"> ○ Disparities-sensitive measure ○ MAP supported this measure for Hospital Meaningful Use last year
46.	4:05	1 measure under consideration related to maternal/child health	<ul style="list-style-type: none"> ● NQF #0469 Elective Delivery Prior to 39 weeks <ul style="list-style-type: none"> ○ MAP supported inclusion of this measure in IQR and Hospital Meaningful Use last year ○ Included in the MAP Safety Measure Family ○ Use in Federal Programs: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults; Hospital Meaningful Use ○ Use in private programs: TJC
47.	4:10	Recommendations about the current finalized measure set	<ul style="list-style-type: none"> ● Should any current finalized measures be removed? ● Are there any core measures that would enhance the program measure set? ● Are there any other measures that would enhance the program measure set? <p>A number of measures within the current finalized VBP program measure set may be considered topped-out:</p> <ul style="list-style-type: none"> ● NQF #0148 Blood cultures performed in the emergency department prior to initial antibiotic received in hospital <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized in Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 96%, Hospital Compare Result: 97% ● Surgery Patients with Recommended Venous Thromboembolism (VTE) Prophylaxis Ordered <ul style="list-style-type: none"> ○ NQF endorsement removed – measure did not pass the Importance criteria in the Surgery Endorsement Maintenance project. The steering committee determined that the measure was unnecessary in light of measure NQF #0218 that addresses VTE prophylaxis administration. ○ Use in private programs: ASCO QOPI ○ Hospital Compare results CY2011 =97%

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 #0218 Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 93%, Hospital Compare results FY2011 = 96% • NQF #0284 Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 94%, Hospital Compare results FY2011 = 96% • NQF #0300 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint, Alliance for Health, TJC ○ National Impact Assessment results for 2010 = 94%, Hospital Compare results FY2011 = 95% • NQF #0527 Prophylactic antibiotic received within 1 hour prior to surgical incision <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 97%, NHQR and NHDR 2009 data = 96%, and Hospital Compare results FY2011 = 98%

	Time	Issue/Question	Considerations
			<ul style="list-style-type: none"> • NQF #0528 Prophylactic antibiotic selection for surgical patients <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 98%, and Hospital Compare results FY2011 = 98% • NQF #0529 Prophylactic antibiotics discontinued within 24 hours after surgery end time <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 96%, NHQR and NHDR 2009 data = 93%, and Hospital Compare results FY2011 = 97%
48.	4:25	Identify priority measure gaps	<ul style="list-style-type: none"> • What gaps remain in the program measure set? • What gaps are the highest priorities for this program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
49.	4:30 pm	Public Comment	
50.	4:45 pm	Day 1 Summary	
51.	5:00 pm	Adjourn for the Day	

Day 2: December 13, 2012

	Time	Issue/Question	Considerations
52.	8:00 am	Breakfast	
53.	8:30 am	Welcome and Review of Day 1	
54.	9:00 am	Pre-Rulemaking Input on Medicare & Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use) Program Measures (Tab 6)	
55.	9:00	Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There is 1 measure under consideration. • The current 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 NQS priority area of Patient and Family Engagement is not addressed. ○ Nearly half (12) of the measures address high-impact conditions. ○ 16 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 and only 1 disparities-sensitive measure. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Sean Morrison • Brock Slabach
56.	9:10	1 measure under consideration related to pain	<ul style="list-style-type: none"> • Appropriate Monitoring of Patients Receiving PCA <ul style="list-style-type: none"> ○ Measure has not been submitted for NQF endorsement ○ Does not address NQS priorities ○ Not in use or under consideration for other federal programs
57.	9:20	Recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set? <p>A number of measures within the current finalized Hospital Meaningful Use program measure set may be considered topped-out:</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
		<ul style="list-style-type: none"> • NQF #0527 Prophylactic antibiotic received within 1 hour prior to surgical incision <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in IQR, Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint, 8 AF4Q communities ○ National Impact Assessment results for 2010 = 97% • NQF #0528 Prophylactic antibiotic selection for surgical patients <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in IQR, Hospital VBP ▪ Under consideration for PPS-Exempt Cancer Hospital Quality Reporting ○ Use in private programs: Wellpoint, 6 AF4Q communities ○ National Impact Assessment results for 2010 = 98% • NQF #0639 Statin Prescribed at Discharge <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for Hospital Meaningful Use ○ Use in private programs: 1 AF4Q community ○ Hospital Compare results FY2011 = 97%
58.	9:40	Identify priority measure gaps <ul style="list-style-type: none"> • What gaps remain in the program measure set? • What gaps are the highest priorities for this program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
59.	9:45 am	Pre-Rulemaking Input on PPS-Exempt Cancer Hospital Quality Reporting Program Measure Set (Tab 7)
60.	9:45	Review program summary and previously finalized measures; provide additional input on the measure set <ul style="list-style-type: none"> • There are 19 measures under consideration. • The current finalized set includes 5 measures – MAP supported inclusion of all 5 measures last year. <ul style="list-style-type: none"> ○ Only NQS priorities of Effective Prevention and Treatment and Making Care Safer are addressed. ○ There are no patient-reported outcome, patient experience, cost, or disparities-sensitive measures. ○ All measures in this set are included in MAP Cancer Measure Family and 2 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
		<p>are also included in the MAP Safety Measure Family.</p> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Shekhar Mehta • Ron Walters
61.	9:55	<p>1 measure under consideration related to cost</p> <ul style="list-style-type: none"> • Medicare Spending Per Beneficiary <p><i>Please refer back to previous discussion of this measure for IQR.</i></p>
62.	10:00	<p>1 measure under consideration related to patient experience</p> <ul style="list-style-type: none"> • NQF #0166 HCAHPS <ul style="list-style-type: none"> ○ Included in the MAP Care Coordination and Dual Eligible Beneficiaries Measure Families ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in IQR and Hospital VBP ▪ Under consideration for Long-term Care Hospital Quality Reporting ○ Use in private programs: Wellpoint ○ Patient experience measure – there are no others in the program set ○ National Impact Assessment results available
63.	10:05	<p>3 measures under consideration related to healthcare-acquired conditions</p> <ul style="list-style-type: none"> • NQF #0753 American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure • Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) • Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) <p><i>Please refer back to previous discussion of this measure for the HAC Payment Reduction program.</i></p>
64.	10:10	<p>8 measures under consideration related to perioperative care</p> <ul style="list-style-type: none"> • NQF #0527 Prophylactic antibiotic received within 1 hour prior to surgical incision <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 97%, NHQR and NHDR 2009 data = 96%, and Hospital Compare results FY2011 = 98%

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 #0528 Prophylactic antibiotic selection for surgical patients <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 98%, and Hospital Compare results FY2011 = 98% • NQF #0529 Prophylactic antibiotics discontinued within 24 hours after surgery end time <ul style="list-style-type: none"> ○ Included in the MAP Safety Measure Family ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 96%, NHQR and NHDR 2009 data = 93%, and Hospital Compare results FY2011 = 97% • NQF #0218 Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 93% and Hospital Compare results FY2011 = 96% • NQF #0284 Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the perioperative period <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint ○ National Impact Assessment results for 2010 = 94% and Hospital Compare results FY2011 = 96% • NQF #0300 Cardiac Surgery Patients With Controlled Postoperative Blood Glucose <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR and Hospital VBP ○ Use in private programs: Wellpoint, Alliance for Health, and TJC ○ National Impact Assessment results for 2010 = 94% and Hospital Compare results FY2011 = 95%

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> • NQF #0452 Surgery Patients with Perioperative Temperature Management <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR ○ Hospital Compare results for CY2011 = 99% • NQF #0453 Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero <ul style="list-style-type: none"> ○ Use in Federal programs: Current finalized for IQR, Hospital VBP, and Hospital Meaningful Use ○ Use in private programs: MA BCBS Alternative Quality Contract and Wellpoint
65.	10:30 1 measure pair under consideration related to pain	<ul style="list-style-type: none"> • NQF #0383 Oncology: Plan of Care for Pain – Medical Oncology and Radiation Oncology (paired with 0384) <ul style="list-style-type: none"> ○ Included in the MAP Cancer and Hospice Measure Families ○ Use in Federal programs: Current finalized in PQRS and Physician Feedback ○ Use in private programs: MA BCBS Alternative Quality Contract • NQF #0384 Oncology: Pain Intensity Quantified – Medical Oncology and Radiation Oncology (paired with 0383) <ul style="list-style-type: none"> ○ Included in the MAP Cancer and Hospice Measure Families ○ Use in Federal programs: Current finalized in PQRS, Meaningful Use for Eligible Professionals, and Physician Feedback ○ Patient-reported outcome measure
66.	10:35 2 measures under consideration related to prostate cancer	<ul style="list-style-type: none"> • NQF #0389 Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients <ul style="list-style-type: none"> ○ Included in the MAP Cancer Measure Family ○ Measure addresses a high-impact condition and is disparities-sensitive ○ Use in Federal programs: Current finalized in Meaningful Use for Eligible Professionals, Physician Feedback, and PQRS • NQF #0390 Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients <ul style="list-style-type: none"> ○ Included in the MAP Cancer Measure Family ○ Measure addresses a high-impact condition and is disparities-sensitive ○ Use in Federal programs: Current finalized in PQRS

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
67.	10:40	1 measure under consideration related to multiple myeloma
		<ul style="list-style-type: none"> • NQF #0380 Multiple Myeloma – Treatment with Bisphosphonates <ul style="list-style-type: none"> ○ Included in the MAP Cancer Measure Family ○ Measure is disparities-sensitive ○ Use in Federal programs: Current finalized for Physician Feedback and PQRS ○ Use in the private programs: MA BCBS Alternative Quality Contract
68.	10:45	1 measure under consideration related to pancreatic or lung cancer
		<ul style="list-style-type: none"> • NQF #0382 Oncology: Radiation Dose Limits to Normal Tissues <ul style="list-style-type: none"> ○ Included in the MAP Cancer Measure Family ○ Measure addresses a high-impact condition ○ Use in Federal programs: Current finalized for Physician Feedback and PQRS
69.	10:50	Recommendations about the current finalized measure set
		<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set?
70.	10:55	Identify priority measure gaps
		<ul style="list-style-type: none"> • MAP previously identified the following measure gaps: <ul style="list-style-type: none"> ○ Outcome measures, particularly measures of survival (with appropriate risk adjustment) ○ Health and well-being ○ Patient safety ○ Prevention and screening ○ Treatment of lung, prostate, gynecological, hematological, and pediatric cancers ○ Palliative care • What gaps remain in the program measure set? • What gaps are the highest priorities for this program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
71.	11:00 am	Break
72.	11:15 am	Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting Program Measure Set (Tab 8)

Time	Issue/Question	Considerations
73.	11:15 Review program summary and previously finalized measures; provide additional input on the measure set	<ul style="list-style-type: none"> • There are 5 measures under consideration. • The current finalized set includes 6 measures – MAP supported inclusion of all 6 last year. <ul style="list-style-type: none"> ○ The NQS priorities of Healthy Living, Prevention and Treatment, and Affordability are not addressed. ○ No high-impact conditions are directly addressed by this measure set. ○ Only process measures were included within the measure set. ○ There are no patient-reported outcome or disparities-sensitive measures in the program set. ○ The measures in this set are not included in any other federal programs or private sector programs. ○ HBIPS – 6 and 7 are included in the MAP Dual Eligible Beneficiaries and Care Coordination Measure Families. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Michael Kelley • Ann Marie Sullivan
74.	11:25 2 measures related to follow-up after hospitalization	<ul style="list-style-type: none"> • NQF #0576 Follow-Up After Hospitalization for Mental Illness (7- and 30- day) <ul style="list-style-type: none"> ○ Included in the MAP Dual Eligible Beneficiaries and Care Coordination Measure Families ○ Use in Federal programs: Current finalized in CHIPRA Quality Reporting, Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults, Medicare Part C Plan Rating, Physician Feedback, PQRS, and Value-Based Payment Modifier Program ○ Use in private programs: Wellpoint, HEDIS ○ Addresses a previously identified gap for the program • NQF #1937 Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) <ul style="list-style-type: none"> ○ Addresses a previously identified gap for the program ○ Through the NQF-endorsement process, the steering committee recommended that the developer incorporate measure #1937 as a subset or target population within the more broadly-defined measure #0576, and the developer, NCQA agreed to do so following the member voting period and CSAC/Board reviews. This work is now underway.

Time	Issue/Question	Considerations
75.	11:35 2 measures related to alcohol and drug use and screening	<ul style="list-style-type: none"> • SUB-1 Alcohol Use Screening <ul style="list-style-type: none"> ○ Currently under review in NQF Behavioral Health Endorsement Maintenance project – submitted in Phase 2 • SUB-4 Alcohol & Drug Use: Assessing Status After Discharge <ul style="list-style-type: none"> ○ Currently under review in NQF Behavioral Health Endorsement Maintenance project – submitted in Phase 2 ○ Related to previously identified gap for the program regarding follow-up after discharge <p>Both measures address a high-leverage opportunity area for Dual Eligible Beneficiaries but are not a part of the family of measures.</p>
76.	11:45 1 patient experience survey measure	<ul style="list-style-type: none"> • NQF #0726 Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services <ul style="list-style-type: none"> ○ Included in the MAP Care Coordination Measure Family ○ Patient-reported outcome measure
77.	11:50 Recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set?
78.	11:55 Identify priority measure gaps	<ul style="list-style-type: none"> • MAP previously identified the following measure gaps: <ul style="list-style-type: none"> ○ Coordination between inpatient psychiatric care and alcohol/substance abuse treatment centers ○ Outcome measures for after care – patients keeping follow-up appointments ○ Monitoring of metabolic syndrome for patients on antipsychotic medications ○ Primary care follow-up after discharges for psychiatric episodes • What gaps remain in the program measure set? • What gaps are the highest priorities for this program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>

Time	Issue/Question	Considerations
79.	12:00 pm	Public Comment
80.	12:15 pm	Lunch
81.	12:45 pm	Pre-Rulemaking Input on Outpatient Quality Reporting (OQR) Program Measure Set (Tab 9)
82.	12:45	<p>Review program summary and previously finalized measures; provide additional input on the measure set</p> <ul style="list-style-type: none"> • There are 7 measures under consideration. • The current finalized set includes 24 measures. <ul style="list-style-type: none"> ○ The set lacks cost, patient experience, and patient-reported outcome measures. ○ There is only 1 disparities-sensitive measure. ○ The set includes 6 measures from the MAP Cardiovascular Disease and/or Care Coordination Measure Families. ○ 3 measures are used in private sector programs. ○ 4 measures are used in other Federal programs. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Patricia Conway-Morana • Gail Janes
83.	12:55	<p>2 measures under consideration related to cataract surgery</p> <ul style="list-style-type: none"> • NQF #0564 Complications within 30 Days following Cataract Surgery Requiring Additional Surgical Procedures <ul style="list-style-type: none"> ○ Time-Limited Endorsement ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized for Meaningful Use-Eligible Professionals, Physician Feedback, and PQRS ▪ Under consideration for ASC Quality Reporting • NQF #1536 Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery <ul style="list-style-type: none"> ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized for PQRS ▪ Under consideration for ASC Quality Reporting ○ Patient-reported outcome measure – there are no others in the program

Time	Issue/Question	Considerations
84.	1:05	2 measures under consideration related to endoscopy/polyp surveillance
		<ul style="list-style-type: none"> • NQF #0658 Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients <ul style="list-style-type: none"> ○ Time-Limited Endorsement ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized in PQRS ▪ Under consideration for ASC Quality Reporting ○ Use in private programs: AGA registry, GI Quality Improvement Collaborative • NQF #0659 Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use <ul style="list-style-type: none"> ○ Time-Limited Endorsement ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized for Physician Feedback, PQRS ▪ Under consideration for ASC Quality Reporting ○ Use in private programs: MA BCBS Alternative Quality Contract
85.	1:15	1 measure under consideration related to colonoscopy complications
		<ul style="list-style-type: none"> • Intra-procedure colonoscopy complication rate: percentage of patients who developed one or more intra-procedure complications <ul style="list-style-type: none"> ○ Use in federal programs: Under consideration for ASC Quality Reporting
86.	1:20	1 measure under consideration related to sepsis
		<ul style="list-style-type: none"> • NQF #0500 Severe Sepsis and Septic Shock: Management Bundle <p><i>Please refer back to previous discussion of this measure for the IQR program.</i></p>
87.	1:25	1 measure 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 MAP Safety Measure Family ○ Use in Federal programs: <ul style="list-style-type: none"> ▪ Current finalized for ASC Quality Reporting, IQR, and Long-term Care Hospital Quality Reporting ▪ Under consideration for Hospital VBP, Inpatient Rehabilitation Facilities Quality Reporting, and PQRS
88.	1:30	Review MAP Clinician Workgroup's 2012 input on OQR
		<i>Based on the Clinician Workgroup discussions on December 10-11, updated information will be provided at the Hospital Workgroup meeting.</i>

Time	Issue/Question	Considerations
89.	1:35 Recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? • Are there any core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set? <p>Last year, MAP determined 7 measures should be removed from the program until they are further developed; however, these measures remain in OQR at this time:</p> <ul style="list-style-type: none"> • 4 measures were previously submitted for NQF endorsement, but did not receive it: <ul style="list-style-type: none"> ○ OP-9 Mammography Follow-Up Rates ○ OP-10 Abdomen CT-Use of Contrast Material: For Diagnosis Of Calculi In The Kidneys, Ureter, And/Or Urinary Tract—Excluding Calculi Of The Kidneys, Ureter, And/Or Urinary Tract ○ OP-14 Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT) ○ OP-15 Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache • Endorsement was removed from 2 measures: <ul style="list-style-type: none"> ○ OP-20 Door to Diagnostic Evaluation by a Qualified Medical Personnel <ul style="list-style-type: none"> ▪ Use in private programs: MA BCBS Alternative Quality Contract ○ OP-22 Left Without Being Seen • 1 measure has not been submitted for endorsement: <ul style="list-style-type: none"> ○ OP-25 Safe Surgery Checklist <ul style="list-style-type: none"> ▪ Safe Surgery Checklist is included in the MAP Safety Measure Family
90.	1:40 Identify priority measure gaps	<ul style="list-style-type: none"> • MAP previously identified the following measure gaps: <ul style="list-style-type: none"> ○ 3-Item Care Transition Measure (CTM-3) ○ Patient safety ○ Risk-adjusted outcomes ○ Weight and diabetes management • What gaps remain in the program measure set? • What gaps are the highest priorities for this program? • <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and</i>

Time	Issue/Question	Considerations
		<i>denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
91.	1:45 pm	Pre-Rulemaking Input on Ambulatory Surgical Center (ASC) Program Measure Set (Tab 10)
92.	1:45	<p>Review program summary and previously finalized measures; provide additional input on the measure set</p> <ul style="list-style-type: none"> • There are 5 measures under consideration. <ul style="list-style-type: none"> ○ All 5 measures are also under consideration for OQR. • The current finalized set includes 8 measures. <ul style="list-style-type: none"> ○ 2 measures in the programs set are not NQF-endorsed. ○ The program set predominantly addresses the NQS priority of safety. ○ There are no high-impact conditions directly addressed by the program set. ○ 4 measures are included in the MAP Safety Measure Family and 1 is included in the MAP Care Coordination Measure Family. ○ There are no cost, patient experience, patient-reported outcome, or disparities-sensitive measures in the set. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Helen Haskell • Pamela Owens
93.	1:55	<p>2 measures under consideration related to cataract surgery</p> <ul style="list-style-type: none"> • NQF #0564 Complications within 30 Days following Cataract Surgery Requiring Additional Surgical Procedures • NQF #01536 Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery <p><i>Please refer back to previous discussion of these measures for OQR.</i></p>
94.	2:05	<p>2 measures under consideration related to endoscopy/polyp surveillance</p> <ul style="list-style-type: none"> • NQF #0658 Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients • NQF #0659 Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use

Time	Issue/Question	Considerations
		<i>Please refer back to previous discussion of these measures for OQR.</i>
95.	2:15 1 measure under consideration related to colonoscopy complications	<ul style="list-style-type: none"> Intra-procedure colonoscopy complication rate: percentage of patients who developed one or more intra-procedure complications <p><i>Please refer back to previous discussion of this measure for OQR.</i></p>
96.	2:20 Recommendations about the current finalized measure set	<ul style="list-style-type: none"> Should any current finalized measures be removed? Are there any core measures that would enhance the program measure set? Are there any other measures that would enhance the program measure set? 2 current finalized measures without NQF endorsement: <ul style="list-style-type: none"> ASC-6: Safe Surgery Checklist <ul style="list-style-type: none"> Safe Surgery Checklist is included in the MAP Safety Measure Family ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures <ul style="list-style-type: none"> This is the only structural measure in the program
97.	2:25 Identify priority measure gaps	<ul style="list-style-type: none"> MAP previously identified the following measure gaps: <ul style="list-style-type: none"> Care transitions Patient experience of care (i.e., Surgical CAHPS) Surgical Care Improvement Project (SCIP) Appropriateness of procedure Risk-adjusted outcome measures What gaps remain in the program measure set? What gaps are the highest priorities for this program? <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
98.	2:30pm	Pre-Rulemaking Input on Medicare Shared Savings Program (Tab 11)
99.	2:30 Review program summary and previously finalized measure set	<ul style="list-style-type: none"> There are no measures under consideration for this program. The current finalized set includes 33 measures. <ul style="list-style-type: none"> 3 measures in the set are not endorsed. MAP previously recommended that the measures be submitted for endorsement, and that if the measures are not 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
		<p>the measures should be removed from the program.</p> <ul style="list-style-type: none"> ▪ ACO 8 (CMS): Risk-Standardized, All Condition Readmission ▪ ACO 21 (ACO-Prev-11) (CMS): Preventive Care and Screening: Screening for High Blood Pressure ▪ ACO 11 (CMS): Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment <ul style="list-style-type: none"> ○ 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. <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> • Andrea Benin • Dale Schaller
100.	2:40 Review MAP Clinician Workgroup's 2012 input on MSSP	<p><i>Based on the Clinician Workgroup discussion on December 10-11, updated information will be provided at the Hospital Workgroup meeting.</i></p>
101.	2:50 Additional recommendations about the current finalized measure set	<ul style="list-style-type: none"> • Should any current finalized measures be removed? <ul style="list-style-type: none"> ○ One measure is not endorsed—M1990: Breast Cancer Screening (endorsement removed) • Are there any system core measures that would enhance the program measure set? • Are there any other measures that would enhance the program measure set? <p>Should any Medicare Advantage 5-Star Quality Measures (below) be incorporated into the program measure set?</p> <p><u>Arthritis</u></p> <ul style="list-style-type: none"> ○ NQF #0054 Arthritis: disease modifying antirheumatic drug (DMARD) therapy in rheumatoid arthritis <p><u>Cardiovascular</u></p> <ul style="list-style-type: none"> ○ NQF #0071 Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack <p><u>Care Coordination</u></p> <ul style="list-style-type: none"> ○ NQF #0576 Follow-Up After Hospitalization for Mental Illness ○ NQF #1768 Plan All-Cause Readmissions <p><u>COPD</u></p>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> ○ NQF #0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD <p><u>Diabetes</u></p> <ul style="list-style-type: none"> ○ NQF #0055 Diabetes: Eye exam ○ NQF #0062 Diabetes: Urine protein screening ○ NQF #0064 Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100 ○ NQF #1780 HbA1c control for a selected population <p><u>Healthy Living</u></p> <ul style="list-style-type: none"> ○ NQF #0029 Counseling on physical activity in older adults - a. Discussing Physical Activity, b. Advising Physical Activity ○ NQF #0035 Fall Risk Management ○ NQF #0037 Osteoporosis testing in older women ○ NQF #0040 Flu Shot for Older Adults ○ NQF #0053 Osteoporosis management in women who had a fracture ○ NQF #1690 Adult BMI Assessment <p><u>Medication Management</u></p> <ul style="list-style-type: none"> ○ NQF #0021 Annual monitoring for patients on persistent medications ○ NQF #0105 Antidepressant Medication Management ○ NQF #0553 Care for Older Adults – Medication Review <p><u>Urinary</u></p> <ul style="list-style-type: none"> ○ NQF #0030 Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment
102.	3:05	<p>Identify priority measure gaps</p> <ul style="list-style-type: none"> ● MAP previously identified the following measure gaps: <ul style="list-style-type: none"> ○ Patient-reported measures ○ Health and functional status measures ● What gaps remain in the program measure set? ● What gaps are the highest priorities for this program? ● <i>Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions, and highlight potential gap-filling barriers or any other considerations.</i>
103.	3:15 pm	Public Comment

	Time	Issue/Question	Considerations
104.	3:30 pm	Wrap Up	
105.	3:45 pm	Adjourn	

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).

Statutory Mandate:

The Hospital Readmission Reduction Program 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.¹ Measures should address conditions and procedures for which readmissions are high volume or high expenditure.²

On August 18, 2011, CMS issued the FY2012 IPPS final rule which established the use of the NQF-endorsed readmission measures for acute myocardial infarction (#0505), heart failure (#0330), and pneumonia (#0506) as required by the ACA. Beginning in FY 2015, the Secretary of HHS can expand the program to include other applicable conditions.³

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP did not review the Hospital Readmission Reduction Program during the 2012 pre-rulemaking activities.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	All of the measures in the program set are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Three NQS priorities are addressed: Safety, Communication/Care Coordination, and Prevention/Treatment.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	The measure set addresses two high-impact conditions: acute myocardial infarction (AMI) and heart failure.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	The program measure set addresses conditions with high volumes of readmissions. The measures in the program set are included in the IQR program and in private sector programs as well.
5. Program measure set includes an appropriate mix of measure types	The program set includes outcomes measures.
6. Program measure set enables measurement across the person-centered episode of care	While the set does not enable measurement across the person-centered episode, readmissions relate to the transition from one setting to the next.
7. Program measure set includes considerations for healthcare disparities	The measures in the program set are not disparities sensitive.
8. Program measure set promotes parsimony	The measure set consists of three measures that are also included in the IQR set.

¹ <http://www.gpo.gov/fdsys/pkg/FR-2011-05-05/pdf/2011-9644.pdf>

² <https://www.federalregister.gov/articles/2012/08/31/2012-19079/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

³ <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

Hospital-Acquired Condition Payment Reduction Program (ACA 3008)

Program Type:

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

Incentive Structure:

Hospitals scoring in the top quartile for rates of hospital acquired conditions (HACs) as compared to the national average will have their Medicare payments reduced by 1 percent for all DRGs.² Calculated rates will include an appropriate risk adjustment methodology. The applicable period for determination of the rates will be the fiscal year. Prior to FY 2015 and each subsequent fiscal year, hospitals will receive confidential reports on their HAC rates to give them the opportunity to review and submit corrections before their information is made public.

Care Settings Included:

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

Statutory Mandate:

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

Statutory Requirements for Measures:

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

- 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

Additional Program Considerations:

- The Hospital-Acquired Conditions (HAC) program should include measures that address conditions that are high cost, high volume, or both; are assigned to a higher-paying MS-DRG when present as a secondary diagnosis; and could reasonably have been prevented through the application of evidence-based guidelines.⁴

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP did not review the CMS Hospital-Acquired Condition Payment Reduction Program during the 2012 pre-rulemaking activities.
- In its review of the Value-Based Purchasing Program during 2012 Pre-Rulemaking, MAP did not support the inclusion of the eight HAC rates under consideration and advised that these rates be replaced with NQF-endorsed measures addressing the same safety events. The CMS HAC rates have not been submitted to NQF for endorsement, and MAP raised concerns about the scientific acceptability of those measures.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	None of the measures are NQF endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measure set addresses the NQS priority of Safety.
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	There are no high-impact conditions directly addressed by this measure set.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	The measures included in this set align with the attributes of the program; however, they are not used in other Federal programs.
5. Program measure set includes an appropriate mix of measure types	The measure set includes rates of hospital-acquired conditions.
6. Program measure set enables measurement across the person-centered episode of care	The measure set addresses occurrence of conditions acquired within the hospital setting.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes eight measures total.

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

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

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

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

Hospital Inpatient Quality Reporting

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 (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) payment update for non-participation.²

Care Settings Included:

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

Statutory Mandate:

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

Statutory Requirements for Measures:

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

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

The Secretary of HHS may:

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

Additional Program Considerations:

- Measures should align with the National Quality Strategy³ and promote the health and well-being of Medicare beneficiaries^{4,5}
- Measures should align with the Meaningful Use program when possible^{6,7}

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP supported the inclusion of the CTM-3, Hospital-Wide Readmission measure, the Hip and Knee Complication and Readmission Rate measures, and the Elective-Delivery Prior to 39 Weeks measure.
- MAP suggested the removal of the HAC rate measures and supported replacing these with NQF-endorsed measures.

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	The majority (47) of measures in the set are NQF-endorsed. Six measures in the set have lost endorsement.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	All NQS priorities are addressed by the program measure set.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	The measure set addresses three high-impact conditions.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	Measures in the program align with VBP, Meaningful Use, Hospital Readmissions Reduction Program, HAC Payment Reduction Program, and the PPS-Exempt Cancer Hospital Quality Reporting Program. Additionally, 29 measures are used in private sector programs.
5. Program measure set includes an appropriate mix of measure types	The program includes process, structure, outcome, patient experience of care, and cost measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set addresses care within the hospital setting. Two measures are patient reported outcome measures (PRO).
7. Program measure set includes considerations for healthcare disparities	Four measures are disparities sensitive.
8. Program measure set promotes parsimony	While the set was reduced in the 2012 rule-making cycle, 59 measures remain in the program measure set for FY 2015.*

*The IQR program includes 59 finalized measures for FY 2015 and 60 finalized measures for FY 2016; however, 61 measures are listed in the table of Current Finalized Measures. The HCAHPS and the CTM-3 are considered as separate measures in the table. These are listed as one measure in the 2013 IPPS final rule.

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 <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>

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

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

⁶ <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>

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

Hospital Value-Based Purchasing

Program Type:

Pay for Performance – Information is 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 succeeding fiscal years: 2%.

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

Care Settings Included:

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

Statutory Mandate:

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

Statutory Requirements for Measures:

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

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

The Secretary of HHS can replace any measures in appropriate cases (e.g., where all hospitals are effectively in compliance or measures do not represent best practice). Measures of readmissions are statutorily excluded and cannot be included in the Hospital VBP program².

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP supported the inclusion of the NHSN CLABSI measure (NQF#0139) and SCIP-Inf-10 Preoperative Temperature Management (NQF #0452).
- MAP supported the direction of the Medicare Spending per Beneficiary measure pending further specification and testing and also recommended harmonizing with a similar measure in the Physician Value-Based Modifier Program.

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	The majority (16) of measures in the program set are NQF-endorsed. Three measures in the set have lost endorsement: NQF # 0136, 0148, and 0217.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The program set does not address the NQS priorities of health living or affordability.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	Two high-impact conditions are addressed by the program measure set.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	The measure set addresses the statutory requirements set forth by the ACA. All measures in VBP are included in IQR and six are included in Meaningful Use as well. The majority (14) of measures are used in private programs.
5. Program measure set includes an appropriate mix of measure types	The set includes process, outcome, patient experience of care, and cost measures.
6. Program measure set enables measurement across the person-centered episode of care	One patient-reported outcome (PRO) measure is included.
7. Program measure set includes considerations for healthcare disparities	Two measures are disparities sensitive.
8. Program measure set promotes parsimony	The measure set addresses many of the MAP Measure Selection Criteria with 19 measures. Measures are included in the IQR program.

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

² <http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/html/2011-10568.htm>

Medicare and Medicaid EHR Incentive Program for Hospitals and 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 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:

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.⁶ Preference should be given to quality measures endorsed by NQF.⁷

Additional Program Considerations:

- For Stage 1:⁸
 - Eligible Hospitals and CAHs must report on all 15 total clinical quality measures.
- For Stage 2 (2014 and beyond):⁹
 - Eligible Hospitals and CAHs 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.

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP suggested measures should ideally demonstrate how EHRs facilitate information exchange between institutions and longitudinal tracking of care.
- MAP also supported the alignment of the Hospital Meaningful Use measures with those in other hospital performance measurement programs.
- MAP supported the addition of measures relating to high-impact conditions and measures that address previously identified gap areas.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	All finalized measures in this program are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	All of the NQS priority areas are addressed by the measure set with the exception of Patient and Family Engagement.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	Nearly half (12) 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 (16) of the measures are used in private programs. The majority (25) of measures are used in other Federal programs (i.e., IQR, OQR, and VBP).
5. Program measure set includes an appropriate mix of measure types	The majority (26) of the measures are process measures, while the remaining three measures are outcome measures. There are no structural, cost, or patient experience measures in this set.
6. Program measure set enables measurement across the person-centered episode of care	No patient-reported outcome (PRO) measures are included.
7. Program measure set includes considerations for healthcare disparities	One measure is disparities sensitive.
8. Program measure set promotes parsimony	The measure set addresses many of the measure selection criteria with 29 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>

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- 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>

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 as specified. CMS plans to address incentives for the PCH Quality Reporting Program in future rulemaking.²

Care Settings Included:

PPS-exempt hospitals which primarily provide care for persons with cancer (as described in Section 1866(k)(1) of the Social Security Act).

Statutory Mandate: Sec. 3005 of the Affordable Care Act (ACA) requires CMS to establish a quality reporting program for PCHs beginning FY 2014.

Statutory Requirements for Measures:

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

Additional Program Considerations:

Future rule-making 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 2012 Pre-Rulemaking Program-Specific Input:

- The current finalized five measures were under consideration and supported by MAP during the 2012 pre-rulemaking activities. MAP noted this was a limited starter set and encouraged program expansion.
- MAP reinforced the importance of alignment and advised that cancer care measures be included in IQR, and IQR measures should be applied to PPS-exempt cancer hospitals.
- Previously identified gaps within the program set include:
 - Outcome measures, particularly measures of survival (with appropriate risk adjustment)
 - Health and well-being

- Patient safety
- Prevention and screening
- Treatment of lung, prostate, gynecological, hematological, and pediatric cancers
- Palliative care

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	All (5) of the finalized measures are NQF Endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Two NQS priorities addressed: safer care and treatment/prevention of leading causes of morbidity and mortality.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	Two high-impact conditions addressed: breast cancer and colon cancer.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	All of the measures in this set are used in private programs. The CAUTI and CLABSI measures are included in other Federal quality reporting programs: Hospital Inpatient, Inpatient Rehab Facility, and Long-term Care Hospital. CLABSI is also in Hospital VBP.
5. Program measure set includes an appropriate mix of measure types	The measure set contains process and outcome measures; however, it lacks structural, cost, and patient experience measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set includes three evaluation and initial management measures for the outpatient setting and two hospital-acquired conditions measures.
7. Program measure set includes considerations for healthcare disparities	There are no disparities sensitive-measures included in the measure set.
8. Program measure set promotes parsimony	The program currently includes five measures total.

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>

Inpatient Psychiatric Facilities Quality Reporting Program

Program Type:

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

Incentive Structure:

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

Care Settings Included:

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

Statutory Mandate:

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

Statutory Requirements for Measures:

The IPF Quality Reporting Program was required to begin with performance measures established by CMS by October 1, 2012 for FY 2014.

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

The Secretary of HHS may:

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

MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP reviewed six measures under consideration and supported all six measures for inclusion during the 2012 pre-rulemaking activities.
- Previously identified gaps within the program set include:
 - Coordination between inpatient psychiatric care and alcohol/substance abuse treatment centers;
 - Outcome measures for after care – patients keeping follow up appointments;

- Monitoring of metabolic syndrome for patients on antipsychotic medications; and
- Primary care follow-up after discharges for psychiatric episodes.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	All six finalized measures in the program set are endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Three NQS priorities are addressed (Safety, Communication/Care Coordination, and Patient/Family Engagement).
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	There are no high-impact conditions directly addressed by this measure set.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	One measure aligns with the Long-term Care Hospital Quality Reporting Program.
5. Program measure set includes an appropriate mix of measure types	Only process measures were included within the measure set.
6. Program measure set enables measurement across the person-centered episode of care	Measures within the program address care within and discharge from the inpatient setting.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes six measures total.

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

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

Hospital Outpatient Quality Reporting

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 (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) payment update for non-participation.² Hospitals providing outpatient services such as clinic visits, emergency department visits, 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 CY 2012, 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 (including trauma team activation) 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 process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures.

The Secretary of HHS may:

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

Additional Program Considerations:

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

MAP 2012 Pre-Rulemaking Program-Specific Input:

- There were no measures under consideration for OQR during MAP's 2012 pre-rulemaking activities.
- Of the 26 finalized measures, MAP determined seven measures should be removed from the program until they are further developed; however, these measures remain in OQR at this time. Measures OP-9, OP-10, OP-14, and OP-15 were previously submitted for NQF endorsement, but

did not receive it. Endorsement was being removed from measures OP-20 and OP-22, and measure OP-25 has not been submitted for endorsement.

- Previously identified gaps within the program set include:
 - 3-Item Care Transition Measure (CTM-3)
 - Patient safety
 - Risk-adjusted outcomes
 - Weight and diabetes management

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	The majority (17) measures are NQF endorsed; three with time-limited endorsement.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measure set addresses all of the NQS priorities.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	The program measure set includes eight measures addressing high-impact conditions.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	Within the measure set, three measures align with PQRS and one measure aligns with Meaningful Use – Hospitals and Critical Access Hospitals. Three measures are also used in private programs.
5. Program measure set includes an appropriate mix of measure types	The measure set includes a variety of measure types, the majority being process measures; however, the set lacks measures of patient experience and cost.
6. Program measure set enables measurement across the person-centered episode of care	The measure set includes throughput measures related to urgent/emergent care.
7. Program measure set includes considerations for healthcare disparities	One measure is disparities sensitive.
8. Program measure set promotes parsimony	The measure set addresses many of the MAP Measure Selection Criteria with 24 measures total.

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>

Ambulatory Surgical Centers Quality Reporting Program

Program Type:

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

Incentive Structure:

Medicare ambulatory surgical centers (ASCs) will receive a reduction of 2.0 percentage points of their annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) ASC payment system update for non-participation beginning CY 2014.² The ASC Quality Reporting program data collection begins CY 2012 with most measures to be used for payment determination beginning CY 2014.

Care Settings Included:

Any hospital outpatient setting, outpatient hospital service, or ambulatory surgical center paid under the ASC Payment System.

Statutory Mandate:

CMS is authorized but not required to implement a reduction in annual payment updates for failing to report on quality measures (ASC Quality Reporting) 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 or Inpatient Quality Reporting Programs.

The program measure set should include process, structure, outcome, patients' perspectives on care, efficiency, and costs of care measures. To the extent feasible, outcome and patient experience measures should be risk-adjusted. In order to reduce burden of measurement on smaller ASCs, CMS finalized only claims based measures for the first year of the program and only structural measures in the second year of the program.

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 2012 Pre-Rulemaking Program-Specific Input:

- MAP did not consider any new measures for this program during the 2012 pre-rulemaking activities
- MAP recommended that ASCs be held to the same standard as acute care hospital outpatient procedural areas and encouraged greater alignment among surgical programs.

- MAP noted the program measure set should be expanded to include care transitions, patient experience of care (i.e., Surgical CAHPS), Surgical Care Improvement Project (SCIP), appropriateness of procedure, and risk-adjusted outcome measures.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	The majority (6) of measures are NQF endorsed; one with time-limited endorsement.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	The measure set addresses the NQS priority of Safety.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	There are no high-impact conditions directly addressed by this measure set.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	One measure is aligned with other Federal quality reporting programs, including Hospital Inpatient and Long-Term Care Hospital. Five measures are used in private sector programs.
5. Program measure set includes an appropriate mix of measure types	The measure set contains process, outcome, and structural measures; however, it lacks cost and patient experience measures.
6. Program measure set enables measurement across the person-centered episode of care	Measures address the specific point in time of care at the ASC, not across care settings or providers.
7. Program measure set includes considerations for healthcare disparities	The measure set does not include any disparities-sensitive measures.
8. Program measure set promotes parsimony	The program includes eight measures total.

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

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

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 2012 Pre-Rulemaking Program-Specific Input:

- In comparison to the other federal clinician performance measurement programs, MAP determined that the MSSP measure set approximates an ideal measure set as it addresses patient experience, multiple cross-cutting priorities and high-impact conditions, as well as key quality outcomes.
- MAP suggested that the program measure set be further aligned with the Medicare Advantage 5-star quality rating system measure set and private-sector measurement efforts for health plans and accountable care organizations.
- MAP recognized that the MSSP program is designed to generate cost savings; however, the measure set should incorporate cost measures to encourage transparency.
- MAP noted that the MSSP measure set could be improved by addressing community supports and patient-reported measures of health and functional status.

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

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	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 (19) 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 (19) of the measures are used in private programs; most (24) 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 (5) 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>

2012/2013 Pre-Rulemaking Guidance to Hospital Workgroup from MAP Dual Eligible Beneficiaries Workgroup

In providing input to HHS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider how the programs may impact the quality of care delivered to Medicare-Medicaid dual eligible beneficiaries. More than 9 million Americans eligible for both Medicare and Medicaid comprise a heterogeneous group that includes many of the poorest and sickest individuals covered by either program. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. HHS is pursuing several strategies to improve the quality of care provided to dual eligible beneficiaries, including tasking MAP with considering the implications of existing Federal measurement programs affecting this vulnerable group.

General Principles for Measure Selection

The Dual Eligible Beneficiaries Workgroup has identified the subject areas in which performance measurement can provide the most leverage in improving the quality of care: **quality of life, care coordination, screening and assessment, mental health and substance use**, as well as **structural measures**. A list of measures in these areas which are collectively considered core is provided in the last section of this document. The core set was updated in 2012 to reflect current priorities and the best available measures. MAP workgroups should consider that the following issues are strongly related to quality of care in the dual eligible beneficiary population, regardless of the type of care being provided.

- **Setting goals for care:** Wherever possible, measurement should promote a broad view of health and wellness. Person-centered plans of care should be developed in collaboration with an individual, his/her family, and his/her care team. A plan of care should establish health-related goals and preferences for care that incorporate medical, behavioral, and social needs.
- **Chronicity of care:** More than 60 percent of dual eligible beneficiaries have three or more chronic conditions, with the most common being cardiovascular disease, diabetes, Alzheimer's disease and related disorders, arthritis, and depression. Many people with disabilities require long-term supports and services, of varying intensity, throughout their lifetimes.
- **Cognitive status:** More than 60 percent of dual eligible beneficiaries are affected by a mental or cognitive impairment. Etiologies of these impairments are diverse and may include intellectual/developmental disability, mental illness, dementia, substance abuse, or stroke.
- **Care transitions and communication:** Many factors, including those listed above, make dual eligible beneficiaries more vulnerable to problems that arise during all types of care transitions. Communication and coordination across all providers is vital. Transactions between the medical system and the community-based services system are particularly important for beneficiaries who use long-term supports.

Considerations for Hospital Programs

The Hospital Workgroup should consider the overarching factors identified by the Dual Eligible Beneficiaries Workgroup that are linked to high-quality care in the hospital setting. Of primary importance is the need to manage the risks associated with hospitalizations, whether related to safety, medication management, or symptoms that can affect geriatric patients such as delirium. Facilitating a smooth transition from a hospital stay to another setting of care is vital, as dually eligible patients are frequently the least able to navigate that change themselves. Coordinated care also helps to reduce readmissions, another important quality factor for this population. Finally, quality and care coordination must be considered from the perspective of "frequent users" of hospital care, including vulnerable patients accessing the emergency department.

The Dual Eligible Beneficiaries Workgroup urged caution when recommending clinical process measures. Use of these measures should not negatively impact quality of life decisions made in collaboration with a patient and his/her family. In addition, the workgroup felt that condition-specific measures are marginally important compared to the cross-cutting issues identified.

Evolving Core Set of Measures for Dual Eligible Beneficiaries

The Dual Eligible Beneficiaries Workgroup identified an evolving core set of measures from an extensive and ongoing search of currently available measures. It was most recently updated in October 2012 to inform 2012/2013 pre-rulemaking deliberations. The overall frequency of revised core set measure use in HHS programs is currently as follows:

- Proposed/finalized in 2 or more HHS programs: 12 measures
- Proposed/finalized in 1 HHS program: 6 measures

HHS uptake of measures in proposed and final rules in 2012 was generally consistent with MAP’s specific recommendations made as a result of input from the Dual Eligible Beneficiaries Workgroup. Related to measures supported by the Dual Eligible Beneficiaries Workgroup for Hospital programs, we observed the following concordance:

- MAP supported and HHS finalized inclusion of *HBIPS-7: Post discharge continuing care plan transmitted to next level of care provider upon discharge (0558)* in the Inpatient Psychiatric Facility Quality Reporting program.
- MAP supported and HHS finalized inclusion of the *3-Item Care Transition Measure (CTM-3) (0228)* in IQR.

Measures from Evolving Core Set for Dual Eligible Beneficiaries Under Consideration for 2012/2013 Cycle

NQF #	Measure Name	Program in Which Measure Is Under Consideration	Dual Eligible Beneficiaries Workgroup Input
0166	HCAHPS	PPS-Exempt Cancer Hospital Quality Reporting	Support for inclusion in program; however, relatively few dual eligible beneficiaries access PPS-exempt cancer hospitals.
0228	3-Item Care Transition Measure	Hospital Value-Based Purchasing (VBP)	Strong support for inclusion in program; this measure is in the “Starter Set.”
0576	Follow-Up After Hospitalization for Mental Illness	Inpatient Psychiatric Hospital Quality Reporting	Strong support for inclusion in program; providers need to develop stronger links to community services to improve handoffs and outcomes.
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Hospital Inpatient Quality Reporting (IQR)	Strong support for inclusion in program; this measure is in the “Starter Set.”

Targeted Input: Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (VBP) Programs

The Dual Eligible Beneficiaries Workgroup considered measures from IQR that were eligible for possible addition to VBP. Members supported:

- HCAHPS and any other measures of patient/caregiver experience or patient-reported outcomes
- Safety measures, especially composites and measures of infections like CAUTI and CLABSI
- Nursing-sensitive measures; nurses are important in monitoring status of complex inpatients
- Measures that are sensitive to the time and effort needed to take an accurate history from a vulnerable individual, (e.g., someone with cognitive impairment) and execute follow-up (e.g., admission, discharge)

Measures involving 30-day follow-up and/or outcomes will be challenging to improve but very important for dual eligible beneficiaries because of the number of handoffs and care coordination challenges they experience; stronger connections between providers and community services will be needed. Members discouraged use of total cost measures in payment programs because of potential adverse consequences on high-need beneficiaries. Gaps were noted in measures for pressure ulcers as well as the availability and accessibility of equipment for persons with disabilities.

MAP “WORKING” MEASURE SELECTION CRITERIA



NATIONAL
QUALITY FORUM

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

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

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

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

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

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

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

- | | |
|-------------------------|---|
| Subcriterion 2.1 | Safer care |
| Subcriterion 2.2 | Effective care coordination |
| Subcriterion 2.3 | Preventing and treating leading causes of mortality and morbidity |
| Subcriterion 2.4 | Person- and family-centered care |
| Subcriterion 2.5 | Supporting better health in communities |
| Subcriterion 2.6 | Making care more affordable |

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

NQS priority is adequately addressed in the program measure set

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subcriterion 6.3 Program measure set adequately measures patient care across time

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

7. Program measure set includes considerations for healthcare disparities²

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

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

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

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

8. Program measure set promotes parsimony

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

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

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

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

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

Table 1: National Quality Strategy Priorities

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

Table 2: High-Impact Conditions:

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

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

MAP “WORKING” MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE



NATIONAL
QUALITY FORUM

Instructions for applying the measure selection criteria:

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

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

FOR CRITERION 1 - NQF ENDORSEMENT:

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

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

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

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

FOR CRITERION 2 - PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:

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

FOR CRITERION 3 - PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:

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

FOR CRITERION 4 - PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:

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

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

FOR CRITERION 5 – PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

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

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

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

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

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

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

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

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

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

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

(such as medical staff organizations, methods of peer review, and methods of reimbursement).⁹ In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

FOR CRITERION 6 – PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:

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

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

FOR CRITERION 7 – PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.¹⁰

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

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

FOR CRITERION 8 – PROGRAM MEASURE SET PROMOTES PARSIMONY:

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

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

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

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

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

MAP Decision Categories and Rationale

MAP Decision (Standardized Options)	MAP Rationale (Standardized Options)	MAP Findings (Open Text)
Support	<ul style="list-style-type: none"> • NQF-endorsed measure • Addresses a NQS priority not adequately addressed in the program measure set • Addresses a high-impact condition not adequately addressed in the program measure set (<i>Note: for PAC/LTC high-impact condition will be replaced with PAC/LTC core concept</i>) • Promotes alignment across programs, settings, and public and private sector efforts • Addresses specific program attributes • Addresses a measure type not adequately represented in the program measure set • Enables measurement across the person-centered episode of care • Addresses healthcare disparities • Promotes parsimony • Addresses a high-leverage opportunity for dual eligible beneficiaries • Core measure not currently included in the program measure set 	<i>MAP findings will highlight additional considerations raised by the group.</i>
Support Direction	<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 	<i>MAP findings will include suggestions for modifications to measures/measure concept, or indicate that the measure is not currently endorsed for the program’s setting.</i>
Phased Removal	<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 promotes alignment 	<i>MAP findings will indicate the timing of removal.</i>
Do Not Support	<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 	<i>MAP findings will refer to the finalized or ‘Supported’ measure under consideration that is preferred.</i>

- A 'Supported' measure under consideration addresses a 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

Insufficient Information

- MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure

Descriptions from Strategic Plan:

- **Support** indicates measures for immediate inclusion in the program measure set, or for continued inclusion in the program measure set in the case of measures that have previously been finalized for the program.
- **Support Direction** indicates measures, measure concepts, or measure ideas that should be phased into the program measure set over time.
- **Phased Removal** indicates measures that should remain in the program measure set for now, yet be phased out as better measures become available.
- **Do Not Support** indicates measures or measure concepts that are not recommended for inclusion in the program measure set. These include measures or measure concepts under consideration that do not address measure gaps or programmatic goals as well as previously finalized measures for immediate removal from the program measure set.
- **Insufficient Information** indicates measures, measure concepts, or measure ideas for which MAP does not have sufficient information (e.g., measure description, numerator or denominator specifications, exclusions) to determine what recommendation to make.



MAP GUIDANCE FOR THE SELECTION OF AVOIDABLE ADMISSION AND READMISSION MEASURES

MAP's Role

Recognizing the complexity inherent in measuring and safely reducing hospital readmissions, the NQF Board of Directors asked MAP to develop guidance for implementing readmission measures for public reporting and performance-based payment programs, in the context of care coordination and shared accountability. This document is intended to provide guidance to program implementers (e.g., CMS, health plans) and to MAP members during pre-rulemaking deliberations about the use of avoidable admission and readmission measures.

The guidance document defines implementation principles for reducing avoidable admissions and readmissions and the implementation issues that should be taken into account when selecting avoidable admission and readmission measures for programs. This guidance is intended to be used in tandem with the MAP Measure Selection Criteria. The identification of measures for specific programs, which is the focus of the MAP pre-rulemaking process, is beyond the scope of this document.

Background

Safely reducing avoidable admissions and readmissions represents a substantial opportunity for improvement in health care quality and affordability. The National Quality Strategy promotes effective communication and care coordination through improving the quality of care transitions and communications across settings. The HHS Partnership for Patients initiative has identified readmissions as a priority, setting an ambitious goal of reducing readmissions by 20% by the end of 2013. To this end, payers and purchasers in the public and private sectors, in collaboration

with providers and health professionals, are working to better coordinate care and reduce avoidable admissions and readmissions.

The gap between current performance and what is achievable is enormous. About one in five Medicare beneficiaries who have been hospitalized are readmitted within 30 days, increasing costs of the Medicare program by billions of dollars.⁶ Although Medicare beneficiaries are more likely to be readmitted, private sector purchasers also spend billions of dollars each year on rehospitalizations.^{7,8} Patients and their families bear multiple burdens associated with avoidable admissions and readmissions, in terms of prolonged illness and pain, potential unnecessary exposure to harm, emotional distress, loss of productivity, inconvenience, and added cost.

Addressing avoidable admissions and readmissions is complex and will require a fundamental transformation of our approaches to healthcare delivery and financing. Many readmissions, particularly those that are planned, are likely necessary for good care. However, a variety of factors contribute to avoidable admissions and readmissions, including coordination of care delivery related to the quality of inpatient or post-acute treatment, poor communication, inadequate care planning, lack of patient involvement with and understanding of the treatment plan, and inadequate community supports.⁹

Just as the causes of avoidable admissions and readmissions are multi-factorial, so are the solutions.¹⁰ Effective coordination of care requires all of those involved in care delivery to look beyond their walls and identify partners in improving care. Hospitals play a central role in reducing readmissions, but health professionals

(particularly primary care providers) and other post-acute providers (such as nursing homes and home health providers) also have equally important roles. In addition, health plans can contribute data and incentives. Perhaps most importantly, patients and their support systems in the community, are essential but often untapped partners in reducing avoidable admissions and readmissions and must be fully integrated into any improvement strategy.

Performance measurement also plays an important role in motivating efforts to safely reduce avoidable admissions and readmissions. Measurement provides readily available information to focus improvement efforts and drives change and accountability for improvement. However, measurement is not a perfect science, and attention to what is measured and how it is measured is important to understand and mitigate potential undesired effects of measurement.

Implementation Principles for Safely Reducing Avoidable Admissions and Readmissions

To guide the selection of measures that will encourage care coordination and safely reduce avoidable admissions and readmissions, MAP Safety/Care Coordination Task Force and Coordinating Committee members identified the following implementation principles:

- **Promote shared accountability.** Reducing avoidable admissions and readmissions requires the coordinated efforts of everyone involved in patient care across the continuum, and performance measures are needed to assess readmissions across every site of care. New multi-disciplinary teams and creative partnerships are needed to build coordinated approaches to care centered on the patient, and new payment and delivery models are needed to incentivize integration across the system. Two examples that could provide the right incentives are accountable care organizations and patient-centered medical homes, financed by shared savings, bundled payments, or global payments. MAP identified

the importance of identifying a single point of contact for care coordination, most often a primary care provider. MAP also noted the need for development of health professionals' care coordination skills and capacity to work within patient-centered, team-based models of care to promote shared accountability. Performance measures are needed across every site of care to assess the effectiveness of these shared accountability approaches for safely reducing readmissions.

- **Engage patients as partners.** Patients and their caregivers have the best information about their needs, and patients themselves are a common thread across their care. As such, their active engagement as partners in care is essential for safely reducing avoidable admissions and readmissions. Patients should serve in leadership roles, such as governance boards, and provide input into the design and implementation of policies and programs. Individuals should be partners in their care planning to ensure they help shape their goals for care, fully understand their care plans, and receive the support they need to effectively engage in their care processes. Providers must account for differing levels of health literacy and activation among patients and for various life circumstances. MAP identified focusing on the needs of complex patients, such as persons with mental illness or children with poorly-controlled asthma, to be an effective starting place for engaging patients.
- **Ensure effective transitions.** One of the greatest contributing factors to reducing readmissions is safe and effective transitions from one care setting to the next, including to home. All of the other principles and interventions discussed here contribute to smooth, patient-centered transitions, including effective communication with patients and among providers, and engaging patients and community resources throughout the process. MAP identified additional factors that support effective transitions, including systems that ensure follow-up appointments are made and

kept, follow-up phone calls are made, and prescriptions are filled and medications are taken properly.

- **Communicate across transitions.** Timely exchange of information, so that the right person has the right information at the right time, is key to reducing avoidable admissions and readmissions. Two-way communication with patients and patient education are important so that everyone involved understands the care plan. Communication among providers is important to ensure all are following the same care plan and handoffs are completed. MAP noted that because health plans have relationships with a variety of providers and related organizations, health plans can be pivotal in ensuring that important information is shared with providers to track patient progress across settings. MAP also noted the important role for health IT in supporting communication across transitions.
- **Engage communities as partners.** Patient and caregiver readiness for discharge from inpatient or post-acute care depends on the supports that will be available to them once they return home or to community-based care. Numerous community-based resources are available, but providers and patients may be unaware of or unable to access the programs. For patients with long-term care needs, local agencies can assist individuals in navigating support options, such as home-delivered meals, transportation, and personal care attendant services.

Implementation Issues for Avoidable Admission and Readmission Measures

MAP Safety/Care Coordination Task Force and Coordinating Committee members reviewed the available measures to determine which should be included in the care coordination family of measures¹¹ and identified gaps for which current measures do not exist or may need refinement. In addition, MAP members raised potential implementation issues associated with the use of avoidable admission and readmission measures.

In deliberations about which avoidable admission

and readmission measures should be included in the care coordination family, MAP identified a number of issues to inform the use of these measures in programs:

- **Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination.** The suite should assess performance of all entities and individuals who are jointly accountable for safely reducing readmissions (e.g., hospital, post-acute, and ambulatory providers), should include measures of both avoidable admissions and readmissions, and should address important care coordination processes as well as readmissions. Process measures and patient-reported measures of experience with care can help guide basic actions that are fundamental to improving outcomes.
- **All-cause and condition-specific measures of avoidable admissions and readmissions are both important.** All-cause measures provide aggregate information across conditions that is less likely to suffer from small sample size issues, and may be more meaningful for public reporting. In addition, all-cause measures promote systems thinking and give providers flexibility to determine the most effective interventions for the highest-priority improvement opportunities across their systems. Condition-specific measures provide actionable information for those working to improve care coordination in condition-specific domains, and are meaningful to patients with specific conditions.
- **Monitoring by program implementers is necessary to understand and mitigate potential unintended consequences of measuring avoidable admissions and readmissions.** Potential undesirable effects of measurement include providers delaying necessary readmissions to improve measurement results and lower scores disadvantaging those caring for higher-risk populations. Monitoring options, or potential balancing measures, include mortality rates, average length of stay, observation

days, emergency department visits, patient experience, post-discharge follow-up rates, proportion of discharges to post-acute care settings versus home, and financial impact on safety net providers.

- **Risk adjustment** for patient-level severity of illness alone may not address all of the nuances inherent in the complexity of reporting avoidable admissions and readmissions. Institutional providers, health professionals, and health plans have very different resources available to serve very different patient populations. Similar entities should be compared to each other. Program implementers should consider stratifying measures by factors

such as race, gender, and socioeconomic status to enable fair comparisons. Stratification has the advantage of not obscuring disparities in care for populations with inequities in health outcomes. In addition, program implementers should consider adjustments to payments, rather than adjustments to measures, to address equity issues.

- Readmission measures should **exclude planned readmissions**, to avoid penalizing providers for readmissions that are necessary for high quality care. The National Uniform Billing Committee has identified new billing codes that can be used to identify planned and unrelated readmissions on claims.

6 Jencks SF, Williams MV, Coleman EA, Rehospitalizations among patients in the Medicare fee-for-service program, *New Engl J Med*, 2009;360(14):1418-1428.

7 Goldfield NI, McCullough EC, Hughes JS, et al., Identifying potentially preventable readmissions, *Health Care Financ Rev*, 2008;30(1):75-91.

8 Medicare Payment Advisory Commission (MedPAC), *Report to Congress: Promoting Greater Efficiency in Medicare*, Washington, DC:MedPAC, 2007.

9 We have limited definitive evidence about the causes of avoidable admissions and readmissions. MAP members raised these patient-level, provider-level, and community-level factors as likely contributing causes.

10 As for the causes of avoidable admissions and readmissions, we have limited definitive evidence about the most effective solutions. MAP members raised these care coordination-related efforts as promising approaches.

11 See MAP Families of Measures Public Comment Draft report, available at: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=71737>.

Healthcare-Acquired Condition Measures: Breakdown by Condition

Healthcare-Acquired Condition	Not Endorsed				NQF-Endorsed							
	CMS Individual Rate	CMS Composite HAC - 8	CMS Composite HAC - 10	CDC Reliability -adjusted NHSN* (5 measures)	CDC NHSN (4 measures)	CDC & ACS Harmonized SSI	AHRQ Composite PSI-90	AHRQ PSI 05	AHRQ PSI 12	AHRQ PSI 15	TJC VTE-6	AHRQ PSI-04
CLABSI	X	X	X	X	X		X					
CAUTI				X	X							
SSI			X	X		X						
C-diff				X	X [†]							
MRSA				X	X [†]							
Foreign objects	X	X	X				X	X				
VTE			X						X		X	X
Puncture	X						X			X		
Pressure Ulcers	X	X	X				X					
Falls & Trauma	X						X (hip fracture only)					
Air Embolism	X	X	X									
Blood Incompatibility	X	X	X									
Poor Glycemic Control	X	X	X									

* NQF-endorsed NHSN measures are being updated with additional risk-adjustment for volume of exposure within a facility

[†] Endorsement pending ratification by the NQF Board of Directors

Healthcare-Acquired Condition Measures: Alignment Across Programs

	NQF # and Status	Measure Title	Measure Use in Public and Private Programs								
			HAC	IQR	VBP	MU	Cancer	IRF	LTCH	CHIPRA	Private Programs
1	0138 Endorsed	NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	MUC	FIN	MUC		FIN	FIN	FIN		National Database of Nursing Quality Indicators; Wellpoint
2	0139 Endorsed	NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	MUC	FIN	FIN		FIN		FIN	FIN	National Database of Nursing Quality Indicators; Wellpoint
3	0200 Not Endorsed	Death among surgical inpatients with treatable serious complications (failure to rescue)	MUC	FIN							
4	0345 Endorsed	Accidental Puncture or Laceration Rate (PSI 15)	MUC								
5	0363 Endorsed	Foreign Body Left During Procedure (PSI 5)	MUC								
6	0376 Endorsed	Incidence of Potentially Preventable Venous Thromboembolism	MUC	FIN		FIN					Alternative Quality Contract
7	0450 Endorsed	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	MUC								Alternative Quality Contract
8	0531 Endorsed	Patient Safety for Selected Indicators	MUC	FIN	FIN						
9	0753 Endorsed	ACS and CDC Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	MUC	FIN	MUC		MUC				American College of Surgeons National Surgical Quality Improvement Program
10	Not Endorsed	NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	MUC	FIN	MUC				MUC		AmeriHealth Mercy Family of Companies; Wellpoint
11	Not Endorsed	NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	MUC	FIN	MUC				MUC		AmeriHealth Mercy Family of Companies; Wellpoint
12	Not Endorsed	Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)	MUC	MUC	MUC		MUC	MUC	MUC		
13	Not Endorsed	Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)	MUC	MUC	MUC		MUC	MUC	MUC		
14	Not Endorsed	Reliability Adjusted Specific Surgical Site Infection (SSI)	MUC	MUC	MUC						
15	Not Endorsed	Reliability Adjusted Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia	MUC	MUC	MUC						
16	Not Endorsed	Reliability Adjusted Clostridium Difficile SIR Measure	MUC	MUC	MUC			MUC			
17	Not Endorsed	HAC-8 - Composite measure of seven hospital-acquired conditions	MUC								
18	Not Endorsed	HAC-10 - Composite measure of nine hospital-acquired conditions	MUC								

FIN = Measure current finalized in program, MUC = Measure under consideration

Healthcare-Acquired Condition Measures: Alignment Across Programs

	NQF # and Status	Measure Title	Measure Use in Public and Private Programs								
			HAC	IQR	VBP	MU	Cancer	IRF	LTCH	CHIPRA	Private Programs
19	Not Endorsed	Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock)	FIN							MUC	
20	Not Endorsed	Manifestations of Poor Glycemic Control	FIN							MUC	
21	Not Endorsed	Vascular Catheter-Associated Infections	FIN								
22	Not Endorsed	Catheter-Associated Urinary Tract Infections (UTI)	FIN								
23	Not Endorsed	Blood Incompatibility	FIN								
24	Not Endorsed	Air Embolism	FIN								
25	Not Endorsed	Pressure Ulcer Stages III & IV	FIN								
26	Not Endorsed	Foreign Object Retained After Surgery	FIN								

For Reference: Conditions included in the CMS Hospital-Acquired Conditions Payment Provision

Iatrogenic Pneumothorax with Venous Catheterization	Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) Following Certain Orthopedic Procedures: <ul style="list-style-type: none"> Total Knee Replacement Hip Replacement 	Surgical Site Infection Following Bariatric Surgery for Obesity: <ul style="list-style-type: none"> Laparoscopic Gastric Bypass Gastroenterostomy Laparoscopic Gastric Restrictive Surgery
Falls and Trauma <ul style="list-style-type: none"> Fractures, Dislocations Intracranial Injuries, Crushing Injuries Burn Other Injuries 	Manifestations of Poor Glycemic Control: <ul style="list-style-type: none"> Diabetic Ketoacidosis Nonketotic Hyperosmolar Coma Hypoglycemic Coma Secondary Diabetes with Ketoacidosis Secondary Diabetes with Hyperosmolarity 	Surgical Site Infection Following Certain Orthopedic Procedures: <ul style="list-style-type: none"> Spine Neck Shoulder Elbow
Stage III and IV Pressure Ulcers	Catheter-Associated Urinary Tract Infection	Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)
Blood Incompatibility	Vascular Catheter-Associated Infection	Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)
Air Embolism	Foreign Object Retained After Surgery	

FIN = Measure current finalized in program, MUC = Measure under consideration

Resource Use and Efficiency Measures Under Consideration

Resource use and efficiency are building blocks for understanding value (see graphic below). MAP has continually cited resource use and efficiency measures as critical measure gaps. Additionally, several federal public reporting programs (e.g., Hospital Inpatient Quality Reporting, Hospital Outpatient Quality Reporting) and value-based purchasing initiatives (e.g., Hospital Value-Based Purchasing, Physician Value-Based Payment Modifier, Medicare Shared Savings Programs) have statutory requirements to include measures of cost, resource use, or efficiency.

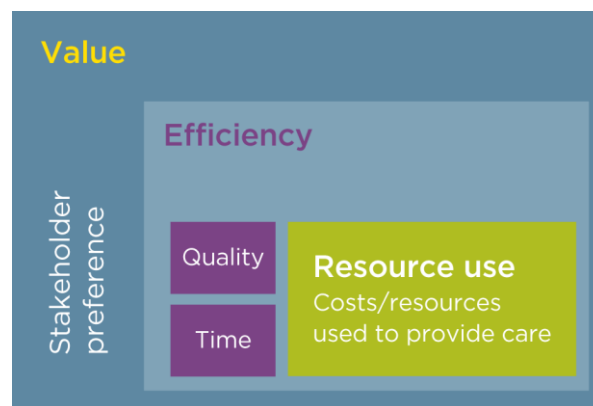
This year, MAP has been asked to consider whether several resource use and efficiency measures would add value to the program measure sets of several federal programs (see table below for a list of these measures). None of these measures have been considered for NQF endorsement, so they have not been assessed against the endorsement criteria of importance, scientific acceptability, usability, and feasibility. Despite the absence of such information, MAP will need to provide input to HHS on the suitability of these measures for the identified programs.

Background

NQF's [Cost and Resource Use Consensus Development Project](#) is an ongoing effort to evaluate resource use measures for NQF endorsement. The initial phase of the project sought to understand resource use measures and identify the important attributes to consider in their evaluation. This project generated the [NQF Resource Use Measure Evaluation Criteria](#). Additionally, this project established key definitions for resource use:

Resource Use: Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (may include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource.

Efficiency: The resource use (or cost) associated with a specific level of performance with respect to the other five Institute of Medicine (IOM) aims of quality: safety, timeliness, effectiveness, equity, and patient-centeredness. Time is sometimes used to define efficiency when determining efficiency of throughput processes or applying time-driven activity based costing methods.



Finally, this project highlighted key considerations for resource use and cost measures:

- Efficiency measurement approaches should be patient-centered, building on previous efforts such as the NQF Patient-Centered Episodes of Care (EOC) Efficiency Framework.

- NQF supports using and reporting resource use measures in the context of quality performance, preferably outcome measures. Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value and may lead to adverse unintended consequences.
- Given the diverse perspectives on cost and resource use measurement, it is important to know the purpose and perspectives these measures represent when evaluating the measures for endorsement.

Reviewing Measures Under Consideration

When reviewing the cost and resource use measures under consideration, please consider the following issues regarding the implementation of the measures.

- What are the best uses for per capita cost approaches?
 - Best uses for condition-specific per capita cost measures?
 - Best uses for total per capita cost measures?
- What are the best uses for episode-based approaches (e.g., condition-specific grouper)?
- What types of quality measures should be used with the cost/resource measures under consideration to provide a broader understanding of efficiency?
- For each measure listed below:
 - What specific quality measures should be used with the measure?
 - Will the measure results be useful for the program’s intended purpose?
 - Do the measures under consideration align with private sector efforts? How can we promote alignment with private sector efforts?
 - Are there any implementation concerns with the measures under consideration?
 - What risks do these measures pose for unintended consequences, and how can the risks be mitigated?

TABLE: RESOURCE USE AND EFFICIENCY MEASURES UNDER CONSIDERATION BY MAP

Measure Title	Program Under Consideration
Medicare Spending Per Beneficiary	Hospital Inpatient Quality Reporting Hospital Value-Based Purchasing Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting Long-term Care Hospital Quality Reporting Value-Based Payment Modifier Program/Physician Compare
AMI episode of care (inpatient hospitalization + 30 days post-discharge)	Hospital Inpatient Quality Reporting Value-Based Payment Modifier Program/Physician Compare
Total Per Capita Cost Measure	Physician Feedback/Value-Based Payment Modifier Program
Condition-Specific Per Capita Cost Measures for COPD, Diabetes, HF, and CAD	Physician Feedback/ Value-Based Payment Modifier Program
Episode Grouper: Acute Myocardial Infarction (AMI)	Physician Feedback
Episode Grouper: Coronary Artery Bypass Graft (CABG)	Physician Feedback
Episode Grouper: Percutaneous Coronary Intervention (PCI)	Physician Feedback
Episode Grouper: Coronary Artery Disease	Physician Feedback
Episode Grouper: Congestive Heart Failure (CHF)	Physician Feedback
Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)	Physician Feedback
Episode Grouper: Asthma	Physician Feedback
Episode Grouper: Pneumonia	Physician Feedback



Core Measure Set: Hospital Care Setting and Facility Level of Analysis

Setting- and level-of analysis-specific core measure sets are drawn from the MAP Families of Measures. These core measure sets may assist in identifying measures that could be added to program measure sets or measures that could replace previously finalized measures in program measure sets. MAP’s core measure sets serve as guidance for pre-rulemaking decisions; however, MAP is not restricted to considering only these measures.

Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
TOB-1 Tobacco Use Screening	1651	Cardiovascular, Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	1654	Cardiovascular, Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction	0083	Cardiovascular	Urgent Care, Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility, Group/Practice, Individual
Risk-Adjusted Operative Mortality for CABG	0119	Cardiovascular	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, National, Regional, State
Risk-Adjusted Operative Mortality MV Replacement + CABG Surgery	0122	Cardiovascular	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, National, Regional, State, Team
National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0138	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	0139	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State

Note: The Hospital Core Measure Set includes all measures within the various MAP Families of Measures that are specified for the hospital or ambulatory surgery setting and facility or team levels of analysis.



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Primary PCI received within 90 minutes of Hospital Arrival	0163	Cardiovascular, Care Coordination	Hospital/Acute Care Facility	Facility, National, Regional
Fibrinolytic Therapy received within 30 minutes of hospital arrival	0164	Care Coordination	Hospital/Acute Care Facility	Facility, National, Regional
HCAHPS	0166	Care Coordination	Hospital/Acute Care Facility	Facility
Pressure ulcer prevalence (hospital acquired)	0201	Safety	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, Team
Falls with injury	0202	Safety	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Team
Proportion receiving chemotherapy in the last 14 days of life	0210	Hospice	Clinician Office/Clinic, Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion with more than one emergency room visit in the last days of life	0211	Care Coordination, Hospice	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion admitted to the ICU in the last 30 days of life	0213	Care Coordination, Hospice	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Post breast conserving surgery irradiation	0219	Cancer	Hospital/Acute Care Facility	Facility
Adjuvant hormonal therapy	0220	Cancer	Hospital/Acute Care Facility	Facility



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection	0221	Cancer	Hospital/Acute Care Facility	Facility
Patients with early stage breast cancer who have evaluation of the axilla	0222	Cancer	Hospital/Acute Care Facility	Facility
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	0223	Cancer	Hospital/Acute Care Facility	Facility
Completeness of pathology reporting	0224	Cancer	Hospital/Acute Care Facility	Facility
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	0225	Cancer	Hospital/Acute Care Facility	Facility
3-Item Care Transition Measure (CTM-3)	0228	Care Coordination, Duals	Hospital/Acute Care Facility	Facility
Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	0229	Cardiovascular	Hospital/Acute Care Facility	Facility
Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	0230	Cardiovascular	Hospital/Acute Care Facility	Facility
Patient Burn	0263	Safety	Ambulatory Surgery Center (ASC)	Facility
Hospital Transfer/Admission	0265	Care Coordination	Ambulatory Surgery Center (ASC)	Facility
Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0267	Safety	Ambulatory Surgery Center (ASC)	Facility



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Median to Fibrinolysis	0287	Cardiovascular, Care Coordination	Hospital/Acute Care Facility	Facility
Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	0288	Cardiovascular, Care Coordination	Hospital/Acute Care Facility, Urgent Care	Facility, National
Median Time to ECG	0289	Cardiovascular	Hospital/Acute Care Facility, Urgent Care	Facility, National
Median Time to ECG	0289	Care Coordination	Hospital/Acute Care Facility, Urgent Care	Facility, National
Median Time to Transfer to Another Facility for Acute Coronary Intervention	0290	Care Coordination	Hospital/Acute Care Facility, Urgent Care	Can be measured at all levels, Facility, National
Administrative Communication	0291	Care Coordination	Hospital/Acute Care Facility	Facility
Medication Information	0293	Safety	Hospital/Acute Care Facility	Facility
Patient Information	0294	Care Coordination	Hospital/Acute Care Facility	Facility
Physician Information	0295	Care Coordination	Hospital/Acute Care Facility	Facility
Nursing Information	0296	Care Coordination	Hospital/Acute Care Facility	Facility
Procedures and Tests	0297	Care Coordination	Hospital/Acute Care Facility	Facility
Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)	0304	Safety	Hospital/Acute Care Facility	Facility
PICU Unplanned Readmission Rate	0335	Care Coordination	Hospital/Acute Care Facility	Facility
Accidental Puncture or Laceration Rate (PDI 1)	0344	Safety	Hospital/Acute Care Facility	Facility
Accidental Puncture or Laceration Rate (PSI 15)	0345	Safety	Hospital/Acute Care Facility	Facility
Death among surgical inpatients with serious, treatable complications (PSI 4)	0351	Safety	Hospital/Acute Care Facility	Facility



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Bilateral Cardiac Catheterization Rate (IQI 25)	0355	Cardiovascular	Hospital/Acute Care Facility	Facility
Foreign Body left after procedure (PDI 3)	0362	Safety	Hospital/Acute Care Facility	Facility
Foreign Body Left During Procedure (PSI 5)	0363	Safety	Hospital/Acute Care Facility	Facility
Incidence of Potentially Preventable VTE	0376	Safety	Hospital/Acute Care Facility	Facility
Prostate Cancer: Avoidance of Overuse Measure – Bone Scan for Staging Low-Risk Patients	0389	Cancer	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Other	Group/Practice, Individual, Team
Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	0390	Cancer	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Other	Group/Practice, Individual, Team
Adult Weight Screening and Follow-Up	0421	Cardiovascular, Diabetes, Duals	All settings	Can be measured at all levels
Change in Daily Activity Function as Measured by the AM-PAC:	0430	Duals	Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility, Individual
INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL	0431	Safety	Ambulatory Surgery Center (ASC), Urgent Care, Clinician Office/Clinic, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility
Thrombolytic Therapy	0437	Cardiovascular	Hospital/Acute Care Facility	Facility, Integrated Delivery System, National
Assessed for Rehabilitation	0441	Cardiovascular	Hospital/Acute Care Facility	Facility, Integrated Delivery System, National
Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	0450	Safety	Hospital/Acute Care Facility	Facility
Risk-Adjusted Morbidity: Length of Stay >14 Days After Elective Lobectomy for Lung Cancer	0459	Cancer	Hospital/Acute Care Facility	Facility
PC-01 Elective Delivery	0469	Safety	Hospital/Acute Care Facility	Facility, National



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
PC-02 Cesarean Section	0471	Safety	Hospital/Acute Care Facility	Facility, National
Under 1500g infant Not Delivered at Appropriate Level of Care	0477	Safety	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State
Severe Sepsis and Septic Shock: Management Bundle	0500	Safety	Hospital/Acute Care Facility	Facility, Integrated Delivery System
Prophylactic antibiotics discontinued within 24 hours after surgery end time	0529	Safety	Hospital/Acute Care Facility	Can be measured at all levels, Facility, National, Regional
30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock	0535	Cardiovascular	Hospital/Acute Care Facility	Facility
30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock	0536	Cardiovascular	Hospital/Acute Care Facility	Facility
HBIPS-6 Post discharge continuing care plan created	0557	Care Coordination, Duals	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility
HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	0558	Care Coordination, Duals	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
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.	0559	Cancer	Hospital/Acute Care Facility	Facility
Cardiac Rehabilitation Patient Referral From an Inpatient Setting	0642	Cardiovascular	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Facility, Group/Practice, Health Plan, Individual, Integrated Delivery System
Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0646	Safety	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0647	Care Coordination, Duals	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0648	Care Coordination, Hospice, Duals	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	0649	Care Coordination	Urgent Care, Hospital/Acute Care Facility	Facility, Integrated Delivery System
Otitis Media with Effusion: Systemic antimicrobials – Avoidance of inappropriate use	0657	Safety	Ambulatory Surgery Center (ASC), Urgent Care, Clinician Office/Clinic	Group/Practice, Individual, Team



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use	0659	Safety	Ambulatory Surgery Center (ASC), Urgent Care, Clinician Office/Clinic, Hospital/Acute Care Facility	Group/Practice, Individual, Team
Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival.	0661	Cardiovascular, Care Coordination	Clinician Office/Clinic, Hospital/Acute Care Facility	Facility
Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism	0667	Safety	Hospital/Acute Care Facility, Other	Facility, Group/Practice
Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury	0668	Safety	Hospital/Acute Care Facility, Other	Facility, Group/Practice
The STS CABG Composite Score	0696	Cardiovascular	Hospital/Acute Care Facility	Community, County or City, Facility, Group/Practice, National, Regional, State, Team
Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0704	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State
Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0705	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, National, Regional, State
Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0708	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Healthy Term Newborn	0716	Safety	Hospital/Acute Care Facility	Facility, Integrated Delivery System, Regional, State, Team
Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	0725	Care Coordination	Hospital/Acute Care Facility	Facility
Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	0726	Care Coordination		
American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	0753	Safety	Hospital/Acute Care Facility	Facility, National, State
Appropriate Cervical Spine Radiography and CT Imaging in Trauma	0755	Safety	Hospital/Acute Care Facility, Other	Facility, Group/Practice, National, Regional, State
Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated	1625	Hospice	Hospital/Acute Care Facility	Facility
Patients Admitted to ICU who Have Care Preferences Documented	1626	Care Coordination, Hospice, Duals	Hospital/Acute Care Facility	Facility, Health Plan, Integrated Delivery System
CARE - Consumer Assessments and Reports of End of Life	1632	Care Coordination, Hospice, Duals	Home Health, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Community, Facility, National, Regional
Hospice and Palliative Care - Pain Screening	1634	Safety, Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care - Pain Assessment	1637	Safety, Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care - Dyspnea Treatment	1638	Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Hospice and Palliative Care - - Dyspnea Screening	1639	Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care – Treatment Preferences	1641	Hospice, Duals	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	1716	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	1717	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	1789	Care Coordination, Duals	Hospital/Acute Care Facility	Facility
Cross-cultural communication domain of the Communication Climate Assessment Toolkit	1894	Hospice	Urgent Care, Clinician Office/Clinic, Hospital/Acute Care Facility	Facility
Health Literacy domain of Communication Climate Assessment Toolkit	1898	Hospice	Urgent Care, Clinician Office/Clinic, Hospital/Acute Care Facility	Facility
Cultural Competency Implementation Measure	1919	Duals	Urgent Care, Clinician Office/Clinic, Dialysis Facility, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Health Plan, Integrated Delivery System
OP-25 Safe Surgery Checklist	N/A	Safety	Hospital/Acute Care Facility	



Core Measure Set: System Level of Analysis

Setting- and level-of analysis-specific core measure sets are drawn from the MAP Families of Measures. These core measure sets may assist in identifying measures that could be added to program measure sets or measures that could replace previously finalized measures in program measure sets. MAP’s core measure sets serve as guidance for pre-rulemaking decisions; however, MAP is not restricted to considering only these measures.

Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Appropriate testing for children with pharyngitis	0002	Safety	Clinician Office/Clinic, Urgent Care	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	Duals	Clinician Office/Clinic, Hospital/Acute Care Facility	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
CAHPS Health Plan Survey v 4.0 - Adult questionnaire	0006	Care Coordination, Duals	Clinician Office/Clinic	Health Plan
NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)	0007	Care Coordination, Duals	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	0008	Care Coordination, Duals	Clinician Office/Clinic	Health Plan
CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement	0009	Care Coordination	Clinician Office/Clinic	Health Plan
Young Adult Health Care Survey (YAHCS)	0010	Care Coordination	Clinician Office/Clinic	County or City, Health Plan, National, Regional, State
Use of High Risk Medications in the Elderly	0022	Safety, Duals	Clinician Office/Clinic, Pharmacy	Health Plan, Integrated Delivery System

Note: The System Core Measure Set includes all measures within the various MAP Families of Measures that are specified for the health plan, integrated delivery system, community, county/city, regional, state, and national levels of analysis.



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Use of Imaging Studies for Low Back Pain	0052	Safety	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	0058	Safety	Urgent Care, Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100	0064	Diabetes	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Appropriate treatment for children with upper respiratory infection (URI)	0069	Safety	Urgent Care, Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Medication Reconciliation	0097	Hospice, Duals	Urgent Care, Clinician Office/Clinic	County or City, Group/Practice, Individual, Integrated Delivery System
Risk-Adjusted Operative Mortality for CABG	0119	Cardiovascular	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, National, Regional, State
Risk-Adjusted Operative Mortality MV Replacement + CABG Surgery	0122	Cardiovascular	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, National, Regional, State, Team
National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0138	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	0139	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Primary PCI received within 90 minutes of Hospital Arrival	0163	Cardiovascular , Care Coordination	Hospital/Acute Care Facility	Facility, National, Regional
Fibrinolytic Therapy received within 30 minutes of hospital arrival	0164	Care Coordination	Hospital/Acute Care Facility	Facility, National, Regional
Increase in number of pressure ulcers	0181	Safety	Home Health	Facility, Other
Family Evaluation of Hospice Care	0208	Care Coordination, Hospice, Cancer	Hospice	Facility, National
Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	0209	Safety, Hospice, Cancer, Duals	Hospice	Facility, National
Proportion receiving chemotherapy in the last 14 days of life	0210	Hospice	Clinician Office/Clinic, Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion with more than one emergency room visit in the last days of life	0211	Care Coordination, Hospice	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion admitted to the ICU in the last 30 days of life	0213	Care Coordination, Hospice	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion not admitted to hospice	0215	Care Coordination	Hospice	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion admitted to hospice for less than 3 days	0216	Care Coordination, Hospice	Hospice	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	0288	Cardiovascular , Care Coordination	Hospital/Acute Care Facility, Urgent Care	Facility, National



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Median Time to ECG	0289	Cardiovascular	Hospital/Acute Care Facility, Urgent Care	Facility, National
Median Time to ECG	0289	Care Coordination	Hospital/Acute Care Facility, Urgent Care	Facility, National
Median Time to Transfer to Another Facility for Acute Coronary Intervention	0290	Care Coordination	Hospital/Acute Care Facility, Urgent Care	Can be measured at all levels, Facility, National
HIV/AIDS: Medical Visit	0403	Care Coordination	Urgent Care, Clinician Office/Clinic	Integrated Delivery System
Documentation of Current Medications in the Medical Record	0419	Safety	Clinician Office/Clinic, Dialysis Facility, Home Health, Nursing Home/Skilled Nursing Facility, Other, Outpatient, Inpatient Rehabilitation Facility	Individual, National
Adult Weight Screening and Follow-Up	0421	Cardiovascular, Diabetes, Duals	All settings	Can be measured at all levels
Thrombolytic Therapy	0437	Cardiovascular	Hospital/Acute Care Facility	Facility, Integrated Delivery System, National
Assessed for Rehabilitation	0441	Cardiovascular	Hospital/Acute Care Facility	Facility, Integrated Delivery System, National
PC-01 Elective Delivery	0469	Safety	Hospital/Acute Care Facility	Facility, National
PC-02 Cesarean Section	0471	Safety	Hospital/Acute Care Facility	Facility, National
Under 1500g infant Not Delivered at Appropriate Level of Care	0477	Safety	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State
Severe Sepsis and Septic Shock: Management Bundle	0500	Safety	Hospital/Acute Care Facility	Facility, Integrated Delivery System
Prophylactic antibiotics discontinued within 24 hours after surgery end time	0529	Safety	Hospital/Acute Care Facility	Can be measured at all levels, Facility, National, Regional
Medication Reconciliation Post-Discharge	0554	Safety	Clinician Office/Clinic	County or City, Health Plan, Integrated Delivery System, National, Regional



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy	0572	Cancer	Clinician Office/Clinic, Other	County or City, Group/Practice, Health Plan, Individual
Comprehensive Diabetes Care: HbA1c control (<8.0%)	0575	Diabetes	Clinician Office/Clinic	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Follow-Up After Hospitalization for Mental Illness	0576	Care Coordination, Duals	Clinician Office/Clinic, Inpatient, Outpatient	Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Deep Vein Thrombosis Anticoagulation >= 3 Months	0581	Safety	Clinician Office/Clinic	County or City, Group/Practice, Health Plan, Individual, Integrated Delivery System
Pulmonary Embolism Anticoagulation >= 3 Months	0593	Safety	Clinician Office/Clinic	County or City, Group/Practice, Health Plan, Individual, Integrated Delivery System
Cardiac Rehabilitation Patient Referral From an Inpatient Setting	0642	Cardiovascular	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Facility, Group/Practice, Health Plan, Individual, Integrated Delivery System
Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0646	Safety	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0647	Care Coordination, Duals	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0648	Care Coordination, Hospice, Duals	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	0649	Care Coordination	Urgent Care, Hospital/Acute Care Facility	Facility, Integrated Delivery System
Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	0669	Cardiovascular	Urgent Care	Facility, National
Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	0674	Safety	Nursing Home/Skilled Nursing Facility	Facility, National
Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument	0691	Care Coordination, Duals	Nursing Home/Skilled Nursing Facility	Facility, National
Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	0692	Care Coordination, Duals	Nursing Home/Skilled Nursing Facility	Facility, National
The STS CABG Composite Score	0696	Cardiovascular	Hospital/Acute Care Facility	Community, County or City, Facility, Group/Practice, National, Regional, State, Team
30-Day Post-Hospital AMI Discharge Care Transition Composite Measure	0698	Care Coordination	Hospital/Acute Care Facility	National
30-Day Post-Hospital HF Discharge Care Transition Composite Measure	0699	Care Coordination	Hospital/Acute Care Facility	National



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0704	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State
Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0705	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Group/Practice, Health Plan, National, Regional, State
30-day Post-Hospital PNA (Pneumonia) Discharge Care Transition Composite Measure	0707	Care Coordination	Hospital/Acute Care Facility	National
Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	0708	Care Coordination	Hospital/Acute Care Facility	County or City, Facility, Health Plan, National, Regional, State
Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year.	0709	Cardiovascular , Care Coordination	Clinician Office/Clinic, Other	County or City, Group/Practice, Health Plan, National, Regional, State
Healthy Term Newborn	0716	Safety	Hospital/Acute Care Facility	Facility, Integrated Delivery System, Regional, State, Team
Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	0726	Care Coordination		
Optimal Diabetes Care	0729	Diabetes, Duals	Clinician Office/Clinic	Group/Practice, Integrated Delivery System
Comprehensive Diabetes Care	0731	Diabetes	Clinician Office/Clinic	Group/Practice, Health Plan, Individual
American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure	0753	Safety	Hospital/Acute Care Facility	Facility, National, State
Appropriate Cervical Spine Radiography and CT Imaging in Trauma	0755	Safety	Hospital/Acute Care Facility, Other	Facility, Group/Practice, National, Regional, State



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Asthma Emergency Department Visits	1381	Care Coordination	Hospital/Acute Care Facility	County or City, Health Plan
Risky Behavior Assessment or Counseling by Age 13 Years	1406	Cardiovascular , Diabetes	Clinician Office/Clinic, Outpatient	Group/Practice, Individual, National, Regional, Team
Total Resource Use Population-based PMPM Index	1598	Cardiovascular , Diabetes	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Dialysis Facility, Emergency Medical Services/Ambulance, Home Health, Hospice, Hospital/Acute Care Facility, Imaging Facility, Inpatient, Laboratory, Nursing Home/Skilled Nursing Facility, Outpatient, Pharmacy, Rehabilitation (renamed to "Inpatient Rehabilitation Facility"), Urgent Care	Community, Group/Practice
Total Cost of Care Population-based PMPM Index	1604	Cardiovascular , Diabetes	Ambulatory Surgery Center (ASC), Clinician Office/Clinic, Dialysis Facility, Emergency Medical Services/Ambulance, Home Health, Hospice, Hospital/Acute Care Facility, Imaging Facility, Inpatient, Laboratory, Nursing Home/Skilled Nursing Facility, Outpatient, Pharmacy, Rehabilitation (renamed to "Inpatient Rehabilitation Facility"), Urgent Care	Community, Group/Practice
Patients Treated with an Opioid who are Given a Bowel Regimen	1617	Safety, Hospice	Clinician Office/Clinic, Hospital/Acute Care Facility	Community, Group/Practice



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
Bereaved Family Survey	1623	Hospice	Hospice, Nursing Home/Skilled Nursing Facility	Facility, National, Regional
Patients Admitted to ICU who Have Care Preferences Documented	1626	Care Coordination, Hospice, Duals	Hospital/Acute Care Facility	Facility, Health Plan, Integrated Delivery System
CARE - Consumer Assessments and Reports of End of Life	1632	Care Coordination, Hospice, Duals	Home Health, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Community, Facility, National, Regional
TOB-1 Tobacco Use Screening	1651	Cardiovascular , Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	1654	Cardiovascular , Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	1716	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	1717	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
Plan All-Cause Readmissions	1768	Care Coordination, Duals	Hospital/Acute Care Facility, Inpatient	Health Plan



Measure Title	NQF#	MAP Family	Care Setting	Level of Analysis
COPD - Management of Poorly Controlled COPD	1825	Duals	Urgent Care, Clinician Office/Clinic, Home Health, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	County or City, Facility, Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Cultural Competency Implementation Measure	1919	Duals	Urgent Care, Clinician Office/Clinic, Dialysis Facility, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Health Plan, Integrated Delivery System
SNP6: coordination of Medicare and Medicaid Coverage	N/A	Duals		Health Plan
Unhealthy Alcohol Use: Screening and Brief Counseling		Duals	Clinician Office/Clinic	



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

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 Hospital Association	Richard Umbdenstock
American Organization of Nurse Executives	Patricia Conway-Morana, RN
American Society of Health-System Pharmacists	Shekhar Mehta, PharmD, MS
Blue Cross Blue Shield of Massachusetts	Jane Franke, RN, MHA, CPHQ
Building Services 32BJ Health Fund	Barbara Caress
Iowa Healthcare Collaborative	Lance Roberts, PhD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
Mothers Against Medical Error	Helen Haskell, MA
National Association of Children’s Hospitals and Related Institutions	Andrea Benin, MD
National Rural Health Association	Brock Slabach, MPH, FACHE
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Health IT	Dana Alexander, RN, MSN, MBA
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell
Patient Experience	Dale Shaller, MPA
Safety Net	Bruce Siegel, MD, MPH
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)	Gail Janes, PhD, MS
Centers for Medicare & Medicaid Services (CMS)	Shaheen Halim, PhD, CPC-A
Office of the National Coordinator for HIT (ONC)	Kevin Larsen, MD
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

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 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, and chairs the Hospital Quality Alliance.

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; a Master of Administration from Lynchburg College and is currently a Nursing Doctoral Candidate at 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 Nurse in Executive Practice and is a Fellow in the American College of Healthcare Executives. Pat is on the Board of Directors of the American Organization of Nurse Executives and is the Board Chairperson for the AONE Foundation. She is also a member of the American Nurses Association, Sigma Theta Tau International Honor Society, and the American College of Healthcare Executives. Pat is currently working full time on her doctoral dissertation, "Predicting Structural Divergence in Nursing."

AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Shekhar Mehta, PharmD, MS

Shekhar Mehta, Pharm.D., M.S., 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.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Jane Frank, RN, MHA, CPHQ

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.

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*.

NATIONAL ASSOCIATION OF 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.

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.

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 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 National Palliative Care Research Center, a national organization devoted to increasing the evidence base of palliative care in the United States. He is also the Vice-Chair of Research; Professor of Geriatrics and Medicine; and Hermann Merkin Professor of Palliative Medicine in the Brookdale Department of Geriatrics and Palliative Medicine at the Mount Sinai School of Medicine in New York City. 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 a PDIA American Academy of Hospice and Palliative Medicine National Leadership 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 a Faculty Council Award from the Mount Sinai School of Medicine. He is currently Principal Investigator of an NIA funded five-year multisite study on improving the management of pain in older adults. Dr. Morrison has published extensively 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 and has contributed to more than 10 books on the subject of geriatrics and 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 Philadelphia Enquirer, the New York Daily News, Newsday, AARP, and Newsweek. He figured prominently in the Bill Moyers series On Our Own Terms, a four-part documentary aired on PBS and in Gail Sheehy's new book, Passages in Caregiving.

R. Sean 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 Mitchell

Dolores L. Mitchell is the Executive Director of the Group Insurance Commission, the agency that provides life, health, disability, 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 350,000 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 Patrick. Mrs. Mitchell is a member of a number of professional and community organizations, including the Massachusetts Health Data Consortium, of which she is a Director, the Greater Boston Big Sister Association, of which she is a Board member, the Massachusetts Health Council, and the Mass E-Health Collaborative of which she is a Director. More recently, she is a member of the governing board of the Massachusetts Health Care Connector Authority, and its companion organization, the Quality and Cost Council. She is an elected member of the board of the National Committee for Quality Assurance (NCQA), the Hospital Quality Alliance (HQA), the Consumer/Purchaser Disclosure, and has recently been elected a member of the Board of Directors of the National Quality Forum (NQF), and is one of the founding members of Catalyst for Health Payment Reform. She is also an Advisory Board member of the Milbank Foundation. Mrs. Mitchell is a frequent speaker on health care, politics, women's career issues, and related subjects.

PATIENT EXPERIENCE

Dale Shaller, MPA

Dale Shaller is Principal of Shaller Consulting Group, a health policy analysis and management consulting practice based in Stillwater, Minnesota. He has devoted nearly three decades to the design, implementation, and evaluation of health care quality measurement and improvement programs, with a special focus on listening to the voice of the patient and promoting methods for engaging consumers in

managing their health and health care. His work on measuring and improving the experience of patients and families has been based in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program funded by the U.S. Agency for Healthcare Research and Quality. He has served as a member of the Harvard and Yale CAHPS research teams for 10 years, working on patient experience survey design, measurement, and reporting issues. He has directed the National CAHPS Benchmarking Database since its inception in 1998 and is a co-author of The CAHPS Improvement Guide and other articles related to strategies for improving the patient experience. Mr. Shaller currently serves as the Chair of the Patient Experience Committee for the Aligning Forces for Quality program funded by the Robert Wood Johnson Foundation. He has been a principal investigator on several projects funded by the Picker Institute, including a series of case studies documenting factors contributing to high-performing patient- and family-centered medical centers. He also has written a series of reports on consumer decision-making in health care, and was a founding developer of the TalkingQuality website that provides practical guidance to developers of health care quality reporting tools for consumers. He has served on many national health care advisory panels and is a frequent writer and presenter on health care quality and patient engagement strategies. He received his B.A. from Kalamazoo College and holds a Master's degree in public affairs from the Humphrey Institute of Public Affairs at the University of Minnesota.

SAFETY NET

Bruce Siegel, MD, MPH

Dr. Siegel has an extensive background in healthcare management, policy and public health. Before joining NAPH as Chief Executive Officer, he served 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. He also previously served as President and CEO of two NAPH members: Tampa General Healthcare and the New York City Health and Hospitals Corporation. 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. He currently is a member of the National Advisory Council for Healthcare Research and Quality. Dr. Siegel earned an A.B. from Princeton University, a Doctor of Medicine from Cornell University Medical College, and a Master of Public Health from Johns Hopkins University School of Hygiene and Public Health.

MENTAL HEALTH

Ann Marie Sullivan, MD

Ann Marie Sullivan, M.D. 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 currently on the Board of Trustees for the American Psychiatric Association and the Board of Directors of the NYC Mental Health Association. She is also a fellow for the New York Academy of Medicine and the American College of Psychiatrist.

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)

Gail Janes, PhD, MS

Gail Janes is a Sr. Health Scientist in health policy, with the Office of Prevention Through Healthcare (OPTH) in the Centers for Disease Control and Prevention (CDC), in Atlanta, GA. Her area of concentration is health data policy, and evidence based processes, as they relate to public health practice and policy. Since joining CDC in 1992, she has held various positions including Senior Scientist with the CDC Guide to Community Preventive Services, and Lead Scientist for Guideline Development with the Division of HIV Prevention, where she developed a protocol for applying evidence-based methodologies to the development of programmatic guidelines. She has recently worked closely with the Center for Medicare and Medicaid Services, on the application of value-based purchasing and public reporting to efforts to reduce hospital-associated infections, using CDC's National Healthcare Safety Network. She has also worked on comparative effectiveness methodologies with AHRQ's Center for Outcome Effectiveness, and served as a CDC liaison to the U.S. Preventive Services Task Force. Dr. Janes received her undergraduate degree from the University of Maryland and her doctoral degree in cell biology from Georgetown University. She also received a MS in biostatistics from the University of Illinois. Prior to joining CDC, she served as Senior Statistician with the Department of Veterans Affairs Multicenter Clinical Trial Program, and as Head of the Rotterdam Regional Cancer Registry, in the Netherlands.

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)

Kevin L. Larsen, MD

Kevin L. Larsen, MD is Medical Director of Meaningful Use at the Office of the National Coordinator for Health IT. In that role he is responsible for coordinating the clinical quality measures for Meaningful Use Certification and oversees the development of the Population Health Tool <http://projectpophealth.org>. Prior to working for the federal government he was Chief Medical Informatics Officer and Associate Medical Director at Hennepin County Medical Center in Minneapolis, Minnesota. He is also an Associate Professor of Medicine at the University of Minnesota. Dr. Larsen graduated from the University of Minnesota Medical School and was a resident and chief medical resident at Hennepin County Medical Center. He is a general internist and teacher in the medical school and residency programs. His research includes health care financing for people living in poverty, computer systems to support clinical decision making, and health literacy. In Minneapolis he was also the Medical Director for the Center for Urban Health, a hospital, community collaboration to eliminate health disparities. He served on a number of state and national committees in informatics, data standards and health IT.

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.

George J. Isham, MD, MS

George J. Isham, M.D., M.S. 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 for the Center of Effectiveness and Safety Research (CESR) at Kaiser Permanente. She is responsible for oversight of CESR, a network of investigators, data managers and analysts in Kaiser Permanente's regional research centers experienced in effectiveness and safety research. The Center draws on over 400 Kaiser Permanente researchers and clinicians, along with Kaiser Permanente's 8.6 million members and their electronic health records, to conduct patient-centered effectiveness and safety research on a national scale. Kaiser Permanente conducts more than 3,500 studies and its research led to more than 600 professional publications in 2010. It is one of the largest research institutions in the United States. Dr. McGlynn leads efforts to address the critical research questions posed by Kaiser Permanente clinical and operations leaders and the requirements of the national research community. CESR, founded in 2009, conducts in-depth studies of the safety and comparative effectiveness of drugs, devices, biologics and care delivery strategies. Prior to joining Kaiser Permanente, Dr. McGlynn was the Associate Director of RAND Health and held the RAND Distinguished Chair in Health Care Quality. She was responsible for strategic development and oversight of the research portfolio, and external dissemination and communications of RAND Health research findings. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness and technical quality of health care delivery. She has conducted research on the appropriateness with which a variety of surgical and diagnostic procedures are used in the U.S. and in other countries. She led the development of a comprehensive method for evaluating the technical quality of care delivered to adults and children. The method was used in a national study of the quality of care delivered to U.S. adults and children. The article reporting the adult findings received the Article-of-the-Year award from AcademyHealth in 2004. Dr. McGlynn also led the RAND Health's COMPARE initiative, which developed a comprehensive method for evaluating health policy proposals. COMPARE developed a new microsimulation model to estimate the effect of coverage expansion options on the number of newly insured, the cost to the government, and the effects on premiums in the private sector. She has

conducted research on efficiency measures and has recently published results of a study on the methodological and policy issues associated with implementing measures of efficiency and effectiveness of care at the individual physician level for payment and public reporting. Dr. McGlynn is a member of the Institute of Medicine and serves on a variety of national advisory committees. She was a member of the Strategic Framework Board that provided a blueprint for the National Quality Forum on the development of a national quality measurement and reporting system. She chairs the board of AcademyHealth, serves on the board of the American Board of Internal Medicine Foundation, and has served on the Community Ministry Board of Providence-Little Company of Mary Hospital Service Area in Southern California. 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 BA in international political economy from Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her PhD in public policy from the Pardee RAND Graduate School.

DUAL ELIGIBLE BENEFICIARIES WORKGROUP LIAISON

James Dunford, MD

Dr. Dunford has served as Medical Director of San Diego Fire-Rescue since 1986 and became City Medical Director in 1997. Jim is Professor Emeritus at the UC, San Diego School of Medicine where he has practiced emergency medicine since 1980. Dr. Dunford attended Syracuse University and Columbia University College of Physicians & Surgeons and is board-certified in Emergency Medicine and Internal Medicine. He previously served as flight physician and medical director of the San Diego Life Flight program and founded the UCSD Emergency Medicine Training Program. Dr. Dunford's interests include translating research in heart attack, trauma and stroke care to the community. He investigates the interface between public health and emergency medical services (EMS). For his work with the San Diego Police Department Serial Inebriate Program (SIP) he received the 2007 United States Interagency Council on Homelessness Pursuit of Solutions Award. Dr. Dunford collaborates with the SDPD Homeless Outreach Team (HOT) and directs the EMS Resource Access Program (RAP) to case-manage frequent users of acute care services. He is a Co-investigator in the Resuscitation Outcomes Consortium (ROC), a US-Canadian effort responsible for conducting the largest out-of-hospital cardiac arrest and trauma resuscitation trials in North America.

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), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. 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 public reporting, payment incentives, accreditation and certification, workforce development, 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.

Lindsay Lang, MHSA, RN

Lindsay currently serves as a Senior Project Manager with the National Quality Forum (NQF). In her time at NQF, she has been responsible for developing a process for the maintenance of all NQF-endorsed performance measures and supported multiple convening activities. She currently leads a team creating the Quality Positioning System (QPS), a web-based search engine for finding NQF-endorsed measures, and supports the Hospital and Ad Hoc Safety Workgroups of the Measure Applications Partnership (MAP). Ms. Lang joined the National Quality Forum with 10 years of experience in the healthcare industry. She received her Bachelor of Science in Nursing from the University of Iowa and practiced as an RN in oncology, hematology and dialysis care settings. She went on to earn a Master's of Health Services Administration (MHSA) from the University of Kansas. During this time, she first developed an interest in working in healthcare quality serving as a Hospital Liaison for the National Database of Nursing Quality Indicators. Upon completion of her MHSA, she was awarded an Administrative Fellowship with Trinity Health system in Michigan. Prior to relocating to Washington, DC, Ms. Lang worked as a Nurse Manager of an inpatient neurosciences unit at Froedtert Hospital in Wisconsin. She came to NQF from the Advisory Board Company, where she worked as a Dedicated Advisor in the Business Intelligence.