

Measure
Applications
Partnership

Hospital Workgroup
Web Meeting

October 15, 2013



NATIONAL
QUALITY FORUM

Welcome

Meeting Objectives

- Identify current finalized measures for removal from the Inpatient Quality Reporting (IQR) program
- Prioritize measures for inclusion in the Hospital Value-Based Purchasing program (VBP)
- Consolidate and prioritize gaps in the IQR program to inform pre-rulemaking deliberations

Introductions and Disclosures of Interest

MAP Hospital Workgroup Membership

Workgroup Chair: Frank G. Opelka, MD, FACS

Organizational Members

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

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MAP Hospital Workgroup Membership

Organizational Members Continued

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

Subject Matter Experts

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

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MAP Hospital Workgroup Membership

Federal Government Members

Agency for Healthcare Research and Quality	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)	To Be Determined
Veterans Health Administration	Michael Kelley, MD

MAP Coordinating Committee Co-Chairs

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

Identify Current Finalized Measures for Removal from IQR

IQR Program Summary

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

Current Finalized Measures for Removal from IQR

Exercise Results

- We received 11 responses to the homework assignment
 - Consumer, purchaser, provider, and community stakeholder groups were represented
 - 3 measures were suggested for removal by at least 50% of respondents
 - An additional 4 measures were suggested for removal by at least 33% of respondents

Current Finalized Measures for Removal from IQR

Exercise Results

- NQF #0135 HF-2 Evaluation of LVS Function
 - 7 respondents suggested this measure be removed
 - Respondents noted that this is a process measure and is topped out
- NQF #0113 Participation in a Systematic Database for Cardiac Surgery
 - 6 respondents suggested this measure be removed
 - Respondents noted:
 - » There is a need to move away from structural measures assessing participation
 - » Participation is too far removed from outcomes

Current Finalized Measures for Removal from IQR

Exercise Results

- NQF #0527 SCIP INF–1 Prophylactic antibiotic received within 1 hour prior to surgical incision
 - 6 respondents suggested this measure be removed
 - Respondents noted:
 - » Should be removed to make way for measures that are more meaningful to consumers
 - » Is topped out
 - » Does not address a high-impact condition
 - » MAP has previously indicated a desire to move away from process measures

Current Finalized Measures for Removal from IQR

Exercise Results

- VTE–5 VTE discharge instructions (formerly NQF #0375)
 - 4 respondents suggested this measure be removed
 - Respondents noted:
 - » Has lost NQF endorsement
 - » Is a “check-the-box” measure
 - » Does not address a high-impact condition
 - » May not have a strong link with outcomes

Current Finalized Measures for Removal from IQR

Exercise Results

- Stroke 30-day Risk Standardized Readmission
 - 4 respondents suggested this measure be removed
 - Respondents noted:
 - » Measure is not NQF-endorsed
 - » Measure was not endorsed due to concerns about risk modeling and exclusions that have not yet been addressed

Current Finalized Measures for Removal from IQR

Exercise Results

- Stroke 30-day mortality rate
 - 4 respondents suggested this measure be removed
 - Respondents noted:
 - » Is not NQF-endorsed
 - » Was not endorsed due to concerns about risk modeling and exclusions that still need to be addressed
 - » Exclusions do not include trauma or suicide
 - » Data on stroke outcomes is critically important and could be accomplished by the inclusion of NQF Measure # 0467: Acute Stroke Mortality Rate (AHRQ IQI-17)

Current Finalized Measures for Removal from IQR

Decisions:

- Are there objections to recommending the removal of any of the suggested measures?
 - NQF #0135 HF-2 Evaluation of LVS Function
 - NQF #0113 Participation in a Systematic Database for Cardiac Surgery
 - NQF #0527 SCIP INF-1 Prophylactic antibiotic received within 1 hour prior to surgical incision
 - VTE-5 VTE discharge instructions (formerly NQF #0375)
 - Stroke 30-day Risk Standardized Readmission
 - Stroke 30-day mortality rate

Current Finalized Measures for Removal from IQR

Decisions:

- Are there additional measures that should be recommended for removal?
 - MAP has previously recommended that VTE-6 Incidence of potentially preventable VTE (formerly NQF #0376) be removed
 - 2 additional measures have lost NQF endorsement
 - » VTE-4 Patients receiving un-fractionated Heparin with doses/labs monitored by protocol (formerly NQF #0374)
 - » STK-8 Stroke education (formerly NQF #0440)

Opportunity for Public Comment

Identify Current Finalized IQR Measures for Inclusion in VBP

VBP Program Summary

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

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- We received 11 responses to the homework assignment
 - Consumer, purchaser, provider and community stakeholder groups were represented
 - 1 measure was recommended for inclusion in VBP by at least 50% of respondents
 - An additional 7 measures were recommended for inclusion by at least 33% of respondents

Current Finalized IQR Measures for Inclusion in VBP

Considerations

- Applicable measures recommended for removal from IQR will also be recommended for removal from VBP
- A measure must be included in IQR and reported on Hospital Compare for 1 year prior to inclusion in VBP; MAP recommendations for inclusion would depend on a measure meeting these statutory requirements

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #0469 Elective delivery prior to 39 completed weeks of gestation
 - 7 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Would create incentives to change practice patterns and achieve the goal of reducing elective early deliveries
 - » Indicator of over-intervention that may result in poor outcomes for mothers and babies and costly health issues
 - » Experience from the Hospital Engagement Networks (HENs) has shown that there is a significant opportunity to improve the incidence of early elective deliveries

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #0351 PSI-4 Death among surgical inpatients with serious treatable complications
 - 5 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Is an important basis of comparison among hospitals
 - » Addresses an important patient safety outcome that can incentivize providers to create a safe environment for all patients
 - » Opportunity for improvement and disparities have been shown to exist

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #1550 Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty
 - 5 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Important outcome measure for consumers
 - » Addresses a high volume surgery area (>600K surgeries in 2003) and volume is increasing; cost expected to increase to >\$58 billion by 2015

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #0163 AMI–8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)
 - 4 respondents recommended this measure for inclusion
 - Respondents noted:
 - » At 95%, those that are performing less than this should be subject to the VBP program
 - » Potentially important measure of overuse of PCI
 - » Timing of PCI is important to outcomes

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #1716 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure
 - 4 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Addresses an important high-volume, patient safety concern
 - » CMS has indicated this measure will be proposed for VBP

Current Finalized IQR Measures for inclusion in VBP

Exercise Results

- NQF #1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
 - 4 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Addresses an important high-volume, patient safety concern
 - » CMS has indicated this measure will be proposed for VBP
 - » Would create an incentive for strict vigilance

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- NQF #1893 COPD 30-day mortality rate
 - 4 respondents recommended this measure for inclusion
 - Respondents noted:
 - » COPD is a high-volume condition
 - » Addresses a high-risk population

Current Finalized IQR Measures for Inclusion in VBP

Exercise Results

- AMI Payment per Episode of Care
 - 4 respondents recommended this measure for inclusion
 - Respondents noted:
 - » Measure is an example of cost effectiveness of care
 - » Measure addresses a high-volume, high-risk population

Current Finalized IQR Measures for Inclusion in VBP

Decision:

- Should these measures be recommended for inclusion in VBP?
 - NQF #0469 Elective delivery prior to 39 completed weeks of gestation
 - NQF #0351 PSI-4 Death among surgical inpatients with serious treatable complications
 - NQF #1550 Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty
 - NQF #0163 AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)
 - NQF #1716 NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure
 - NQF #1717 NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure
 - NQF #1893 COPD 30-day mortality rate
 - AMI Payment per Episode of Care
- Are there additional measures that should be recommended for inclusion?

Current Finalized IQR Measures for inclusion in VBP

Decision:

- The workgroup has noted a number of VBP gaps. Are there additional measures in IQR that would address these gaps?
 - Medication errors
 - Mental and behavioral health
 - Patient and family engagement
 - Additional safety measures
 - » Medication reconciliation
 - » Culture of patient safety

Opportunity for Public Comment

Review IQR Measure Gaps

Previously Identified IQR Measure Gaps

- The Hospital Workgroup has previously identified a number of gaps in the IQR program:
 - Pediatric measures
 - Maternal /child health measures
 - Cancer measures
 - Behavioral health measures
 - Affordability/cost
 - Care transitions
 - Additional safety measures:
 - » Medication reconciliation
 - » Culture of patient safety
 - » Pressure ulcers
 - » Measures of HACs that will be publicly reported

IQR Measure Gaps

Discussion:

- Which of the previously identified gaps should be prioritized when considering additional measures for IQR?
- MAP has previously identified a number of gap areas that span the NQS priorities. Are there gaps on the list provided in the materials that the Hospital Workgroup would note as applying to IQR?
- Are there available measures the workgroup would recommend for inclusion in IQR to address these gaps?

Opportunity for Public Comment

Summary and Next Steps

Next Steps

- **November 13:** MAP Hospital Workgroup Pre-Rulemaking Kick-Off Web Meeting
- **December 4:** All MAP Web Meeting
- **December 11-12:** MAP Hospital Workgroup In-Person Meeting
- **January 7-8:** MAP Coordinating Committee In-Person Meeting
- **February 1:** MAP Pre-Rulemaking Report due to HHS

Adjourn