

Measure Applications Partnership

Hospital Workgroup
Web Meeting

November 13, 2013



NATIONAL
QUALITY FORUM

Meeting Objectives

- Continue prioritizing measures for inclusion in the Hospital Value-Based Purchasing program (VBP)
- Consolidate and prioritize gaps in the Inpatient Quality Reporting (IQR) program to assist in reviewing measures under consideration during the December pre-rulemaking meeting
- Review MAP's pre-rulemaking approach for the current cycle
- Provide an overview of federal programs likely to be considered and uptake analysis

***Continuing Discussion to Identify
Finalized IQR Measures for
Inclusion in VBP***

Continuing Discussion of VBP

- VBP is a pay-for-performance program with incentives based on measure information publicly reported on the Hospital Compare website.
- During the workgroup's last discussion, five measures from IQR were supported for inclusion in VBP.
- The workgroup did not have enough time to finish discussion of three additional measures.

Current Finalized IQR Measures for Inclusion in VBP

Decision:

- Should these measures be recommended for inclusion in VBP?
 - 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
- Are there additional measures in IQR that should be prioritized for inclusion in VBP?

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:
 - Pediatrics
 - Maternal /child health
 - Cancer
 - Behavioral health
 - 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?
- Are other significant measure gaps present in IQR?

Opportunity for Public Comment

MAP Pre-Rulemaking Approach for Current Cycle

MAP Measure Selection Criteria

Background

- MAP initially developed the Measure Selection Criteria (MSC) prior to the first round of pre-rulemaking activities in 2011, primarily to guide decisions on recommendations for measure use in federal programs, with an emphasis on measure *sets*.
- Per HHS' request, a MAP Measure Selection Criteria and Impact Task Force met earlier this year to advise the Coordinating Committee about refinements to the MSC, emphasizing:
 - Applying lessons learned from the past two years
 - Integrating the Guiding Principles developed by the Clinician and Hospital Workgroups during the 2012-13 pre-rulemaking cycle

Revised MAP Measure Selection Criteria

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

Revisions to the Measure Selection Criteria

Overarching Changes

- Added a preamble to emphasize that the criteria are meant as guidance rather than rules; application should be to *measure sets*, not individual measures; and focus should be placed on filling important measure gaps and promoting alignment.
- More consistent use of terminology and formatting.
- Removed extraneous content, including the “Response Option” rating scales for each criterion or sub-criterion.

MAP's Pre-Rulemaking Approach

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

1. Build on MAP's Prior Recommendations

MAP's Prior Efforts

**Coordination Strategies
(i.e., Safety, Clinician, PAC-LTC, Dual
Eligible Beneficiaries)**

Pre-Rulemaking Use

- Provides setting-specific considerations that will serve as background information for MAP's pre-rulemaking deliberations.
- Key recommendations from each coordination strategy will be compiled in background materials.

**Gaps Identified Across All MAP
Efforts**

- Provides historical context of MAP gap identification activities.
- Will serve as a foundation for measure gap prioritization.
- A universal list of MAP's previously identified gaps will be compiled and provided in background materials.

***While MAP's prior efforts serve as guidance for this work, pre-rulemaking decisions are not restricted to measures identified within these efforts.**

1. Build on MAP's Prior Recommendations

MAP's Prior Efforts

2012 and 2013 Pre-Rulemaking Decisions

Families of Measures

NQS priorities (safety, care coordination)

Vulnerable populations (dual eligible beneficiaries, hospice)

High-impact conditions (cardiovascular, diabetes, cancer)

Pre-Rulemaking Use

- Provides historical context and represents a starting place for pre-rulemaking discussions.
- Prior MAP decisions will be noted in the individual measure information.
- Represents a starting place for identifying the highest-leverage opportunities for addressing performance gaps within a particular content area.
- Setting- and level-of-analysis-specific core sets will be compiled, drawing from the families and population cores. Core measures will be flagged in the individual measure information.
- MAP will compare the setting and level-of-analysis cores against the program measure sets.

Families of Measures and Core Measure Sets

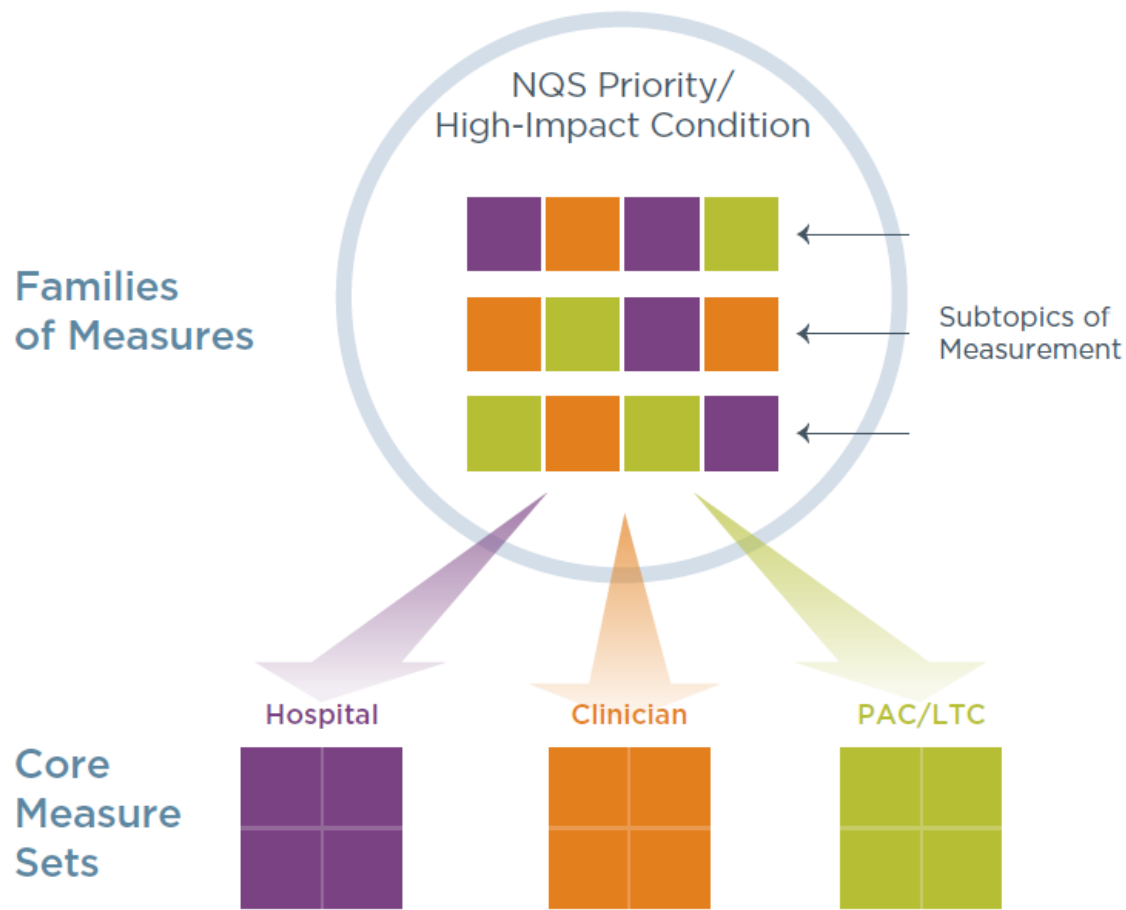
Families of Measures

“Related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS ” (e.g., care coordination family of measures, diabetes care family of measures)

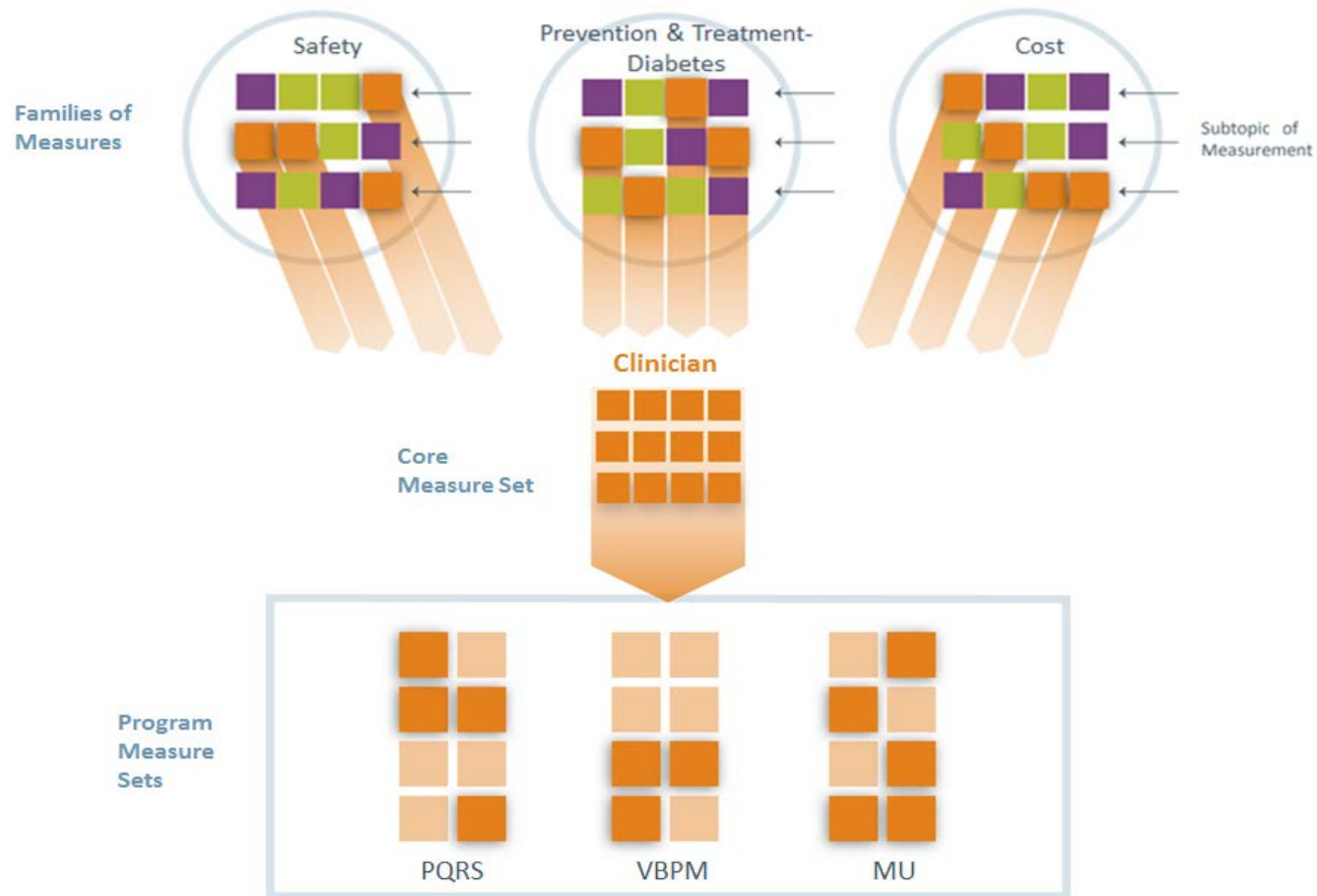
Core Measure Sets

“Available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations” (e.g., ambulatory clinician measure set, hospital core measure set)

Families of Measures



Families of Measures Populating Core Sets and Program Sets



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

MAP identifies:

- Measures to retain
- 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)

3. Evaluate Measures Under Consideration

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

MAP Decision Category	Decision Description	Rationale (Example)
Support	Indicates measures under consideration that should be added to a program measure set in the current rulemaking cycle.	<ul style="list-style-type: none"> • Measure addresses a previously identified measure gap • Measure is included in a MAP Family of Measures • Measure promotes parsimony and alignment across public and private sectors
Do Not Support	Indicates measures that are not recommended for inclusion in a program measure set.	<ul style="list-style-type: none"> • Measure is not appropriately specified or tested for the population, setting, or level of analysis • A different measure better address the topic
Conditionally Support	Indicates measures, measure concepts, or measure ideas that should be phased into a program measure sets when contingent factor(s) are met.	<ul style="list-style-type: none"> • Measure should receive NQF endorsement before being used in the program • Measure requires modification before use in the program • Measure needs testing for the setting before use in the program

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

MAP's Previously Identified Gaps

- Compiled from all of MAP's prior reports and recent MAP activities
- Categorized by NQS priority and high-impact conditions
- Compared with gaps identified in other NQF efforts (e.g., NPP, endorsement reports)

MAP will:

- Identify priorities for filling gaps across settings and programs
- Present measure ideas to spur development
- Capture barriers to gap filling and potential solutions

Overview of Federal Programs To Be Considered and Uptake Analysis

Potential Hospital Programs to Be Considered

- Hospital Inpatient Quality Reporting (IQR)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmission Reduction Program (HRRP)
- Hospital Outpatient Quality Reporting (OQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting (PCHQR)
- Hospital Acquired Condition (HAC) Reduction Program
- Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use or MU)

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

IQR Uptake Analysis

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 21 measures for the Hospital IQR program
 - Of these measures, 19 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 16 measures supported, 8 were finalized (50% concordance)
 - » Of the 3 measures not supported, 2 were finalized (33% concordance)
 - » Overall concordance was 47% (9/19)
 - MAP had a “Support Direction” recommendation for the remaining 2 measures, 1 of which was finalized

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 25 measures for the HAC Reduction Program
 - Of these measures, 17 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 8 measures supported, 3 were finalized (38% concordance)
 - » Of the 9 measures not supported, 0 were finalized. (100% concordance)
 - » Overall concordance was 71% (12/17)
 - MAP had a “Support Direction” recommendation for the remaining 8 measures, 3 of which were finalized

HRRP Program Summary

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 6 measures for the Hospital VBP program
 - Of these measures, 5 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 4 measures supported, 4 were finalized (100% concordance)
 - » Of the 1 measures not supported, 0 were finalized. (100% concordance)
 - » Overall concordance was 100% (5/5)
 - MAP had a “Support Direction” recommendation for the remaining measure, which was finalized

OQR Program Summary

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 7 measures for the Hospital OQR program
 - Of these measures, 4 received a “Support” recommendation from MAP
 - » Of the 4 measures supported, 3 were proposed (75% concordance)
 - » Overall concordance was 75% (3/4)
 - MAP had a “Support Direction” recommendation for 2 of the remaining measures, both of which were proposed
 - MAP determined it had “Insufficient Information” on the final measure, which was not proposed
- The final rule has not yet been released, so these figures are subject to change.

ASCQR Program Summary

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

ASCQR Uptake

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 5 measures for the ASCQR program
 - Of these measures, 2 received a “Support” recommendation from MAP
 - » Of the 2 measures supported, 2 were proposed (100% concordance)
 - » Overall concordance was 100% (2/2)
 - MAP had a “Support Direction” recommendation for 2 of the remaining measures, both of which were proposed
 - MAP determined it had “Insufficient Information” on the final measure, which was not proposed
- The final rule has not yet been released, so these figures are subject to change.

IPFQR Program Summary

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 5 measures for the IPFQR program
 - Of these measures, 3 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 2 measures supported, 1 was finalized (50% concordance)
 - » Of the 1 measure not supported, 0 were finalized. (100% concordance)
 - » Overall concordance was 66% (2/3)
 - MAP had a “Support Direction” recommendation for the remaining 2 measures, 1 of which was finalized.
- MAP also provided input on an additional measure during its ad hoc review
 - MAP had a split decision; the measure was finalized

PCHQR Program Summary

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 19 measures for the PCHQR program
 - Of these measures, 17 received a “Support” recommendation from MAP
 - » Of the 17 measures supported, 12 were finalized (71% concordance)
 - » Overall concordance was 71% (12/17)
 - MAP had a “Support Direction” recommendation for the remaining 2 measures, 1 of which was finalized.

Hospital-Acquired Condition (HAC) Reduction Program Summary

- **Program Type:**
 - Pay for Performance – Information will be reported on the Hospital Compare website beginning FY 2015
- **Incentive Structure:**
 - Hospitals scoring in the highest quartile for rates of HACs will have their Medicare payments reduced by 1% for all DRGs
 - FY 2014 IPPS rule created two domains which will be equally weighted to create a total HAC score that will be used to determine payment adjustments
 - » Domain 1: AHRQ Patient Safety Indicators
 - *Includes PSI-90, a composite of 8 measures*
 - » Domain 2: CDC NHSN measures
 - *Includes CAUTI, CLABSI, SSI, MRSA, Clostridium difficile infection*

Hospital-Acquired Condition (HAC) Reduction Program Summary

- **Statutory Requirements for Measures:** Measures should address the same conditions as the HAC “no-pay” policy and any other conditions HHS deems appropriate:
 - Foreign Object Retained After Surgery
 - Air Embolism
 - Blood Incompatibility
 - Stage III and IV Pressure Ulcers
 - Falls and Trauma (e.g., fractures, intracranial injuries, burns)
 - Manifestations of Poor Glycemic Control (e.g, diabetic ketoacidosis, hypoglycemic coma)
 - Catheter-Associated Urinary Tract Infection (UTI)
 - Vascular Catheter-Associated Infection
 - Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG):
 - Surgical Site Infection Following Bariatric Surgery for Obesity
 - Surgical Site Infection Following Certain Orthopedic Procedures: Spine, Neck, Shoulder, Elbow
 - Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)
 - Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) Following Certain Orthopedic Procedures: Total Knee Replacement, Hip Replacement
 - Iatrogenic Pneumothorax with Venous Catheterization

HAC Reduction Program Uptake

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on 25 measures for the HAC Reduction program
 - Of these measures, 17 received either a “Support” or “Do Not Support” recommendation from MAP
 - » Of the 8 measures supported, 3 were finalized (38% concordance)
 - » Of the 9 measure not supported, 0 were finalized. (100% concordance)
 - » Overall concordance was 71%
 - MAP had a “Support Direction” recommendation for the remaining 8 measures, 3 which were finalized

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

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

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

HHS Uptake of MAP's 2012/2013 Recommendations

- MAP provided input on one measure for the Hospital and CAH Meaningful Use program
 - This measure had a “support direction” recommendation.
 - There was no rule addressing the Meaningful Use program this year.

Opportunity for Public Comment

Next Steps

Workgroup Pre-Rulemaking Assignments

Assignments will be distributed in late November prior to December meeting

- Each workgroup member will be assigned a program. You will be asked to:
 - Review finalized program measure set and evaluate it using the MAP Measure Selection Criteria
 - Identify gaps, measures for addition or removal, additional programmatic considerations
 - Consider if new measures under consideration would contribute to improving the finalized program measure set

- To support this activity, staff will provide:
 - Program summary sheet including an initial evaluation of the program measure set against the MSC
 - Setting-specific core measures developed from the MAP families of measures and a list of measure gaps
 - Current program measure set and list of measures under consideration

Important Pre-Rulemaking Dates

- **December 1:** MUC list received and posted
- **December 2-9:** Public comment period on measures under consideration
- **December 4:** All-MAP Web Meeting to review list of measures under consideration
- **December 11-12:** Hospital Workgroup In-Person Meeting
- **January 7-8:** Coordinating Committee In-Person Meeting
- **Mid-January:** 2-week public comment period on draft pre-rulemaking Report
- **February 1:** Pre-Rulemaking Report due to HHS

Adjourn