

**MEASURE APPLICATIONS PARTNERSHIP  
HOSPITAL WORKGROUP**

*Convened by the National Quality Forum*

**Summary of In-Person Meeting #1**

An in-person meeting of the Measure Applications Partnership (MAP) Hospital Workgroup was held on Wednesday, October 12, and Thursday, October 13, 2011. For those interested in reviewing an online archive of the web meeting, please click on the link below:

[http://www.qualityforum.org/Setting\\_Priorities/Partnership/Hospital\\_Workgroup.aspx](http://www.qualityforum.org/Setting_Priorities/Partnership/Hospital_Workgroup.aspx)

**Workgroup Members in Attendance at the October 12-13, 2011 Meeting:**

Frank Opelka, American College of Surgeons (Chair)	Dolores Mitchell [subject matter expert: state policy]
Andrea Benin, National Association of Children's Hospitals and Related Institutions	R. Sean Morrison, Mt. Sinai School of Medicine ( <i>phone</i> )
Barbara Caress, Building Services 32BJ Health Fund	Chesley Richards, Centers for Disease Control and Prevention
Nancy Foster, American Hospital Association [substitute for Richard Umbdenstock]	Lance Roberts, Iowa Healthcare Collaborative
Jane Franke, Blue Cross Blue Shield of Massachusetts	Bruce Siegel [subject matter expert: safety net]
Shaheen Halim, Centers for Medicare & Medicaid Services	Brock Slabach, National Rural Health Association ( <i>phone</i> )
Helen Haskell, Mothers Against Medical Error	Ann Marie Sullivan, New York City Health and Hospital Corporation
Michael Kelley, Veterans Health Administration	Kasey Thompson, American Society of Health- Systems Pharmacists Shekhar Mehta [substitute for Kasey Thompson]
Mitchell Levy [subject matter expert: patient safety]	Cristie Travis, Memphis Business Group on Health
Leah Marcotte, Office of the National Coordinator for Health Information Technology [substitute for Pamela Cipriano]	Ronald Walters, Alliance of Dedicated Cancer Centers

This was the first in-person meeting of the Hospital Workgroup. The primary objectives of the meeting were to:

- Provide input to the MAP Coordinating Committee on the draft measure selection criteria;
- Evaluate Centers for Medicare & Medicaid Services (CMS) measure sets for the Hospital Inpatient Quality Reporting (IQR), Outpatient Quality Reporting (OQR), and Value-based Purchasing (VBP) programs;
- Identify a proposed core set of hospital measures;

- Provide input to the Coordinating Committee on the approach to accomplishing the pre-rulemaking input to HHS;
- Provide input to the Coordinating Committee on the selection of performance measures for cancer care, particularly PPS-exempt Cancer Hospitals.

Workgroup Chair, Frank Opelka, began the meeting with a welcome and introductions. Ann Hammersmith, General Counsel, NQF, provided clarifying remarks about potential conflicts of interest for the Workgroup members. This was followed by disclosures of interest by the Workgroup.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided an overview of the Hospital Workgroup's charge and specific tasks. The workgroup members then drew terms for membership. The chart below presents the terms for all Hospital Workgroup members.

Connie Hwang, Vice President, Measure Applications Partnership, NQF, explained the proposed approach to and Hospital Workgroup role in MAP's pre-rulemaking task. The workgroup then discussed the overall goals of MAP and the proposed approach. The consensus of the group was to use what measures are currently available in this first round of work, and identify measurement gaps to be addressed as MAP moves forward. The workgroup noted specific challenges, such as harmonization across settings, data collection, and finding meaningful measures for both consumers and healthcare providers.

Lindsay Lang, Senior Program Director, Strategic Partnerships, NQF, and Frank Opelka led a discussion about the CMS Hospital Inpatient Quality Reporting (IQR) program measure set exercise completed by the workgroup prior to the meeting. Workgroup members used an online survey tool to evaluate the IQR program measure set using the MAP "working" measure selection criteria. The workgroup provided feedback on the criteria, particularly the importance of NQF-endorsement and the relationship of the measures back to the National Quality Strategy. They also identified strengths and opportunities of the IQR program measure set, such as areas for measure harmonization, the importance of including outcomes measures clustered with evidence-based process measures, and measure gaps (i.e., behavioral health, perinatal/maternal health, child health, care transitions).

In the afternoon, the Hospital Workgroup was asked to use the MAP "working" measure selection criteria to rate the CMS Hospital Outpatient Quality Reporting (OQR) program measure set, and then discuss their findings in small breakout groups. This led to a robust discussion about the measures within the OQR program set; many workgroup members pointed out that the set was not very cohesive or particularly meaningful to the public. They emphasized the importance of having reporting mechanisms that show hospitals' performance variation and risk adjustment so that purchasers and consumers can make meaningful choices. They identified measures related to care in the emergency department and disparities-sensitive measures as specific gap areas.

Following the discussions of the IQR and OQR program measure sets, the workgroup considered the CMS Hospital Value-based Purchasing program measure set as a possible starting place in forming a hospital core measure set. The workgroup focused predominantly on the National Quality Strategy and high-impact conditions as they compiled a list of measures.

The result of the discussion was a list of measures under consideration, pulled from all three federal programs reviewed by the workgroup – IQR, OQR, and VBP – as well as other existing NQF-endorsed measures. A corresponding list of critical measure gap areas was identified by the workgroup. It was decided the workgroup would revisit this draft hospital core measures list as the first agenda item for day 2 of the meeting.

At the start of day 2, over breakfast, the Hospital Workgroup members were given the list of hospital measures that they had identified as a potential hospital core measure set, along with the list of gaps. They were asked to rank the hospital measures. After completing this ranking exercise, the workgroup discussed their choices, making arguments both for and against inclusion of various measures. They then engaged in one final ranking exercise to decide on a proposed hospital core measure list, the results of which were collected by NQF staff.

The remainder of day 2 was focused on the Hospital Workgroup's task to recommend measures for use in quality reporting for PPS-exempt cancer hospitals. Ron Walters with the Alliance of Dedicated Cancer Centers, and a member of the Hospital Workgroup, gave a presentation about priorities for cancer care measurement, highlighting the unique characteristics of the cancer patient population and current measure gaps in cancer care (e.g., patient-reported outcomes, survivorship, palliative and end-of-life measures).

The following three presentations were by guests who helped to lay out the current cancer care measurement landscape.

Tom Croghan of Mathematica and Phyllis Torda of NCQA reviewed the work of the CMS Cancer Care Measures Technical Expert Panel (TEP). The CMS TEP recently identified five measures for quality reporting related to the PPS Exempt cancer hospitals. Tom Croghan and Phyllis Torda explained the prioritization and selection process the panel used in reviewing measures to reach the set of five ultimately recommended to CMS, as well as the opportunities identified for future measurement. Following the presentation, the workgroup posed additional questions to the presenters and discussed the five measures chosen by the TEP.

Next, Angela Franklin, Senior Director, Performance Measures, NQF, reviewed the history of consensus development projects completed by NQF related to cancer care, the current landscape of NQF-endorsed measures, pipeline measures for NQF's upcoming endorsement project, and measure gaps.

To speak to data source and HIT implications for cancer care measurement, Michael Nuess and Kristen McNiff from the American Society of Clinical Oncology (ASCO) provided information about ASCO's existing registry of cancer measures. Stephen Edge from the American College of Surgeons Commission on Cancer also joined the meeting by phone to provide an overview of the Commission on Cancer's National Cancer Data Base (NCDB), the quality measurement tools that it uses, and examples of voluntary public reporting that some PPS-exempt cancer hospitals are already doing using the information from NCDB. He also laid out some limitations of using the cancer registry for quality measurement and opportunities for collaboration.

The workgroup’s subsequent discussion as they moved toward identification of a cancer care core measure list emphasized the importance of taking a patient-centric approach to cancer care measurement and recognized that cancer care happens in many more settings than designated cancer facilities. The workgroup discussed the importance of striking the right balance between creating a measure set aimed specifically at high impact cancer care in addition to creating a measure set aimed at overall high impact hospital care. Frank Opelka led the workgroup through a discussion and ranking of the NQF-endorsed cancer care measures, which resulted in a list of recommended measures as well as a list of identified gaps for cancer care measurement. The meeting concluded with Frank Opelka briefly recapping all of the work accomplished within the two days and reviewing the next steps for the workgroup, which included a follow-up survey to finalize the proposed cancer and hospital measure sets.

#### Hospital Workgroup Member Terms

1-Year Term	2-Year Term	3-Year Term
Alliance of Dedicated Cancer Centers, represented by Ronald Walter, MD, MBA, MHA, MS	National Association of Children’s Hospitals and Related Institutions, represented by Andrea Benin, MD	AHA, represented by Richard Umbdenstock
American Organization of Nurse Executives, represented by Patricia Conway-Morana, RN	Mitchell Levy, MD, FCCM, FCCP	American Society of Health-System Pharmacists, represented by Shekhar Mehta, PharmD, MS
BCBS of Mass, represented by Jane Franke, RN, MHA	Dolores Mitchell	Building Services 32BJ Health Fund, represented by Barbara Caress
Memphis Business Group on Health, represented by Cristie Upshaw Travis, MSHA	Dale Shaller, MPA	Iowa Healthcare Collaborative, represented by Lance Roberts, PhD
MAME, represented by Helen Haskell, MA	Bruce Siegel, MD, MPH	Frank G. Opelka, MD, FACS
NRHA, represented by Brock Slabach, MPH, FACHE	Ann Marie Sullivan, MD	Premier, Inc., represented by Richard Bankowitz, MD, MBA, FACP
R. Sean Morrison, MD	AHRQ, represented by Mamatha Pancholi, MS	CMS, represented by Shaheen Halim, PhD, CPC-A
Brandon Savage, MD	CDC, represented by Chesley Richards, MD, MPH, FACP	VHA, represented by Michael Kelley, MD
ONC, represented by Leah Marcotte		