



MAP Hospital Workgroup Web Meeting  
October 15, 2013 | 12:00 pm – 2:00 pm ET

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The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Hospital Workgroup on Tuesday, October 15, 2013. An online archive of the meeting is available by clicking [here](#).

### Workgroup Member Attendance

Frank Opelka (Chair)	Mitchell Levy [subject matter expert: Patient Safety]
Amanda Stefancyk, American Organization of Nurse Executives [substitute for Patricia Conway-Morana]	Donna Slosburg, ASC Quality Collaboration
Barbara Caress, Building Services 32BJ Health Fund	Ellen Schwalenstocker, Children’s Hospital Association [substitute for Andrea Benin]
Cristie Upshaw Travis, Memphis Business Group on Health	Helen Haskell, Mothers Against Medical Error
Dana Alexander [subject matter expert: Health IT]	Lance Roberts, Iowa Healthcare Collaborative
David Engler, America’s Essential Hospitals	Louise Probst, St. Louis Area Business Health Coalition
Dolores Mitchell [subject matter expert: State Policy]	Mary Lehman MacDonald, American Federation of Teachers Healthcare
Michael Phelan [subject matter expert: Emergency Medicine]	Nancy Foster, American Hospital Association [substitute for Richard Umbdenstock]
Ronald Walters, Alliance of Dedicated Cancer Centers	Shaheen Halim, CMS
Shelley Fuld Nasso, National Coalition for Cancer Survivorship	Wei Ying, Blue Cross Blue Shield of Massachusetts

### Welcome and Review of Meeting Objectives

Session led by Frank Opelka, MAP Hospital Workgroup Chair. Additional presentations were made by Erin O’Rourke, Project Manager, NQF and Ann Hammersmith, General Counsel, NQF.

- Dr. Opelka welcomed the group and reviewed the 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 (VBP) program; and,

- Consolidate and prioritize gaps in the IQR program to inform pre-rulemaking deliberations.
- Ms. Hammersmith led disclosures of interest for workgroup members.

### **Identify Current Finalized Measures for Removal from IQR**

Session led by Frank Opelka. Additional presentation by Erin O'Rourke.

- Ms. O'Rourke presented the results of an exercise Hospital Workgroup members completed prior to the web meeting to identify finalized measures in the IQR program to recommend for removal.
- In reviewing the measures, the workgroup acknowledged the potential burden of retaining topped-out measures but cautioned that the removal of such measures could create gaps in the program or take focus away from important topics.
- The workgroup reiterated its desire to focus on outcome measures or process measures that are proximal to outcomes.
- The importance of NQF endorsement was stressed and the workgroup emphasized that NQF-endorsed measures should be used when available. However, the group also noted that there may be a need to use measures that are not endorsed to fill important gap areas if endorsed measures are not available. This is consistent with the MAP Measure Selection Criteria.
- The workgroup ultimately came to consensus on recommending six measures for removal from the IQR program:
  - NQF #0135 HF-2 Evaluation of LVS Function
  - NQF #0133 Participation in a Systematic Database for Cardiac Surgery
  - NQF #0527 SCIP-INF-1 Prophylactic antibiotic received within one hour prior to surgical incision
  - VTE-5 VTE Discharge Instructions
  - VTE-4 Patients receiving un-fractionated Heparin with doses/labs monitored by protocol
  - STK-8 Stroke education
- The workgroup was in general agreement to recommend the removal of the Stroke 30-day Risk Standardized Readmission measure from the program. However, a decision on the related measure of Stroke 30-day mortality rate required further discussion. In light of the outstanding questions, both measures will be discussed further at the December 11-12, 2013 Hospital Workgroup In-Person Meeting.

### **Identify Current Finalized IQR Measures for Inclusion in VBP**

Session led by Frank Opelka. Additional presentation by Erin O'Rourke.

- Ms. O'Rourke presented the results of an exercise Hospital Workgroup members completed prior to the web meeting to prioritize finalized IQR measures for inclusion in the VBP program.
- The workgroup discussed the importance of including measures in the VBP program that represent important concerns of patients or areas where there is a significant need for improvement.
- The workgroup reiterated concerns with using claims-based data and noted that when measures are tied to compensation it is especially important that they be accurate.
- The workgroup came to consensus on recommending five measures be prioritized for inclusion in the VBP program in the future:
  - NQF #0469 Elective delivery prior to 39 completed weeks of gestation

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- NQF #0351 PSI-4 Death among surgical inpatients with serious treatable complications
- NQF #1550 Hip/Knee Complication: Hospital-level Risk-Standardized Complication Rate (RSCR) following Elective Primary Total Hip Arthroplasty
- NQF #1893 COPD 30-day mortality rate
- AMI Payment per Episode of Care
- Due to time constraints, the workgroup did not fully discuss the remaining measures. The workgroup will discuss the following three measures during its November 13, 2013 web meeting:
  - 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

### Public Comment, Wrap Up, and Summary

Session led by Frank Opelka.

- Dr. Opelka summarized the recommendations from the web meeting and opened the meeting for public comments. Comments focused on encouraging members to look at the reasons measures lost endorsement when reviewing them for use in programs.
- The upcoming MAP Hospital Workgroup meetings are:
  - November 13: web meeting to continue discussion on VBP and IQR gaps and to kick-off the pre-rulemaking process
  - December 4: All-MAP web meeting to review list of measures under consideration
  - December 11-12: Hospital Workgroup In-Person Meeting to develop pre-rulemaking input to the MAP Coordinating Committee
- Results from the Hospital Workgroup's pre-rulemaking deliberations will be shared with the MAP Coordinating Committee during their January 8-9, 2014 in-person meeting.
- A public comment period will be held January 14-28, 2014 to gather additional public input on all of MAP's pre-rulemaking recommendations.
- The final Pre-Rulemaking Report will be submitted to the Department of Health and Human Services (HHS) no later than February 1, 2014.