



MAP Hospital Workgroup Web Meeting  
November 13, 2013 | 1:00 pm – 3:00 pm ET

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The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Hospital Workgroup on Wednesday, November 13, 2013. An online archive of the meeting is available on the [project webpage](#).

### Workgroup Member Attendance

Frank Opelka (Chair)	
Dana Alexander [subject matter expert: Health IT]	Shelley Fuld Nasso, National Coalition for Cancer Survivorship
Andrea Benin, Children’s Hospital Association	Pamela Owens, Agency for Healthcare Research and Quality (AHRQ)
Barbara Caress, Building Services 32BJ Health Fund	Michael Phelan [subject matter expert: Emergency Medicine]
David Engler, America’s Essential Hospitals	Daniel Pollock, CDC
Nancy Foster, American Hospital Association [substitute for Richard Umbdenstock]	Louise Probst, St. Louis Area Business Health Coalition
Floyd Fowler [subject matter expert: Patient Experience]	Brock Slabach, National Rural Health Association
Helen Haskell, Mothers Against Medical Error	Donna Slosburg, ASC Quality Collaboration
Shaheen Halim, Centers for Medicare & Medicaid Services (CMS)	Lance Roberts, Iowa Healthcare Collaborative
Shekhar Mehta, American Society of Health-System Pharmacists	Cristie Upshaw Travis, Memphis Business Group on Health
Dolores Mitchell [subject matter expert: State Policy]	Ronald Walters, Alliance of Dedicated Cancer Centers
Sean Morrison [subject matter expert: Palliative Care]	Wei Ying, Blue Cross Blue Shield of Massachusetts

### Welcome and Review of Meeting Objectives

Session led by Frank Opelka, MAP Hospital Workgroup Chair. Additional presentation was made by Erin O’Rourke, Project Manager, NQF.

- Dr. Opelka welcomed the group and reviewed the 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

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

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

- Ms. O'Rourke continued the presentation of results of an exercise Hospital Workgroup members completed prior to the Hospital Workgroup's October web meeting to prioritize finalized IQR measures for inclusion in the VBP program. This discussion was a continuation of October's dialogue.
- The workgroup reiterated that when measures are tied to compensation, as they are in VBP, it is especially important that they be accurate and risk-adjusted. The group debated the balance between retaining topped-out measures of important issues and the need for a parsimonious measure set to drive high performance and quality improvement.
- The workgroup came to consensus on recommending that HHS prioritize two measures for inclusion in the VBP program in the future:
  - 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
- Workgroup members suggested additional measure concepts that should be addressed in the VBP program, including medication reconciliation and emergency department (ED) throughput. Members suggested that measures addressing these concepts be added to the IQR program so they can later be considered for VBP.
- Participants from the public made two comments on this discussion.
  - The American College of Emergency Physicians supported measures addressing ED throughput for use in VBP.
  - The Greater New York Hospital Association does not support the inclusion of NQF# 1716 and #1717 in VBP because attribution issues could lead to unfair penalties.

### Review IQR Measure Gaps

Session led by Frank Opelka. Additional presentation by Sarah Lash, Senior Director, NQF.

- The workgroup reiterated the importance of the gaps that have been previously identified for the IQR program, specifically noting the need for measures addressing pediatrics, maternal/child health, cancer, behavioral health, affordability/cost, care transitions, and additional safety measures covering medication reconciliation, culture of patient safety, pressure ulcers, and measures of hospital-acquired conditions (HACs) that will be publicly reported.
- Additional gaps were also identified including patient education, palliative and end of life care, and adverse drug events.

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- The workgroup noted that many gaps identified should be priorities, but that it is advisable for HHS to focus on filling gap areas where measures already exist rather than gaps with significant needs for measure development.
- As a public comment, the National Partnership for Women and Families urged the workgroup to take an active role in prioritizing gaps. NPWF expressed appreciation that Hospital Compare would resume public reporting of HACs in December 2014 and urged HHS to consider reporting of additional HACs.

### MAP Pre-Rulemaking Approach for Current Cycle

Session led by Sarah Lash.

- Ms. Lash reviewed the MAP four-step pre-rulemaking approach for 2013/2014, highlighting revisions to the MAP Measure Selection Criteria (MSC) and decision categories:
  - Building on MAP's prior recommendations,
  - Evaluating each finalized program measure set using the MAP Measure Selection Criteria,
  - Evaluating measures under consideration for what they would add to the program measure sets, and
  - Identifying high-priority gaps for programs and settings.

### Overview of Federal Programs

Session led by Erin O'Rourke. Additional presentations by Rachel Weissburg, Project Manager, NQF, and Poonam Bal, Project Analyst, NQF.

- NQF program staff provided an overview of the nine federal programs that the Hospital Workgroup will likely review during the 2013/2014 pre-rulemaking process. Staff included an analysis of the uptake of MAP's 2012/2013 input based on this year's Federal rulemaking.
- Workgroup expressed interest in receiving a more detailed analysis of uptake that discusses individual measures and the government's rationale for agreeing or disagreeing with MAP's input.

### Public Comment, Wrap Up, and Summary

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

- Dr. Opelka summarized the recommendations from the web meeting and asked for closing comments from the public.
- Workgroup members will be assigned a program to review and present in preparation for the December 11-12 in-person meeting.
- Future MAP pre-rulemaking activities for the current cycle include:
  - December 1: list of measures under consideration (MUC) posted;
  - December 2-9: early public comment on the 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 8-9: Coordinating Committee in-person meeting;
  - January 14-28: public comment period;
  - February 1: Pre-Rulemaking Report will be submitted to the Department of Health and Human Services.