



MAP Hospital Workgroup In-Person Meeting December 12-13, 2012

The National Quality Forum (NQF) convened an in-person meeting of the Measure Applications Partnership (MAP) Hospital Workgroup on Wednesday and Thursday, December 12-13, 2012. An [online archive](#) of the meeting is available.

Workgroup Members in Attendance:

Frank Opelka (Chair)	Gail Janes, Centers for Disease Control & Prevention (CDC)
Dana Alexander, [subject matter expert: Health IT]	Mitchell Levy, [subject matter expert: Patient Safety]
Richard Bankowitz, Premier, Inc.	Shekhar Mehta, American Society of Health-System Pharmacists
Andrea Benin, National Association of Children's Hospitals and Related Institutions	R. Sean Morrison, [subject matter expert: Palliative Care]
Barbara Caress, Building Services 32BJ Health Fund	Pam Owens, Agency for Healthcare Research & Quality (AHRQ)
Patricia Conway-Morana, American Organization of Nurse Executives	Lance Roberts, Iowa Healthcare Collaborative
Nancy Foster, American Hospital Association [substitute for Rich Umbdenstock]	Ann Marie Sullivan, [subject matter expert: Mental Health]
Jane Franke, Blue Cross Blue Shield of Massachusetts	Cristie Upshaw Travis, Memphis Business Group on Health
Shaheen Halim, Centers for Medicare & Medicaid Services (CMS)	Ronald Walters, Alliance of Dedicated Cancer Centers
Jesse James, Office of the National Coordinator for HIT (ONC) [substitute for Kevin Larsen]	

Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach

Session led by Frank Opelka, MAP Hospital Workgroup Chair. Lindsay Lang, Senior Director, NQF, presented background information. The primary objectives of the meeting were to:

- Review and provide input on currently finalized program measure sets for federal programs applicable to hospital settings;
- Review and provide input on measures under consideration for federal programs applicable to hospital settings;
- Identify high-priority measure gaps for each program measure set; and

- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

Dr. Opelka welcomed the workgroup to the first in-person meeting of the second year of MAP.

- Ann Hammersmith, General Counsel, NQF, led disclosures of interest for workgroup members.
- Ms. Lang reviewed the four-step pre-rulemaking approach for 2013:
 - Building on MAP's prior recommendations;
 - Evaluating each finalized program measure set using MAP's Measure Selection Criteria;
 - Evaluating measures under consideration for what they would add to the program measure sets;
 - Identifying high-priority gaps for programs and settings.
- She also explained new aspects of pre-rulemaking this year, such as the role that MAP's families of measures and core measure sets will play, as well as requests from CMS for more specific rationale for MAP recommendations on each measure.

Application of Hospital Readmissions Measures

- Cristie Travis and Dana Alexander opened the discussion of the Hospital Readmission Reduction Program Measure Set. Six measures were under consideration and three were currently finalized.
- The workgroup discussed cross-program considerations for readmission measurement and applied MAP's Measure Selection Criteria and prior work providing Guidance for the Selection of Readmission Measures.
- The workgroup considered measures with updated methodology that excludes planned readmissions, as well as measures addressing additional conditions.
- High-priority measure gaps noted included readmission measures to address high-impact conditions, such as diabetes and cancer, behavioral health conditions, and conditions particularly relevant to the adult commercial population (individuals aged 18-64).

Application of Healthcare-Acquired Conditions Measures

- Jane Franke and Mitchell Levy reflected on the measures under consideration for the Hospital Acquired Conditions (HAC) Payment Reduction Program. The workgroup discussed the 25 measures under consideration and eight currently finalized measures.
- The workgroup developed guiding principles for applying measures to hospital programs with considerations for measurement within pay-for-reporting and pay-for-performance programs. These principles were refined and applied to decision-making for subsequent programs throughout the remainder of the two-day meeting.
- High-priority measure gaps noted included adverse drug events, ventilator-associated events, sepsis, and obstetric complications composite.

Pre-Rulemaking Input on Inpatient Quality Reporting (IQR) Program Measure Set

- Richard Bankowitz and Lance Roberts reviewed the IQR program measure set. The workgroup discussed the 20 measures under consideration and 60 currently finalized measures in the program set.
- The workgroup recognized the need for additional measures of affordability and supported the Medicare Spending per Beneficiary measure and supported the direction of the Acute Myocardial Infarction Episode of Care measure, noting both should be submitted for and receive NQF endorsement.
- They supported updated readmission measure methodologies to exclude planned readmissions and updated safety measure risk-adjustment for volume of exposure within a facility, contingent on NQF endorsement.
- High-priority measure gaps noted included pediatric and maternal/child health measures, alignment of cancer and behavioral health measures across programs, safety measures in the areas of medication reconciliation and culture of patient safety, cost, and care transitions.

Pre-Rulemaking Input on Hospital Value-based Purchasing (VBP) Program Measure Set

- Barbara Caress and Nancy Foster opened the discussion of the Hospital VBP program measure set. The workgroup reviewed 17 measures under consideration and 19 currently finalized measures.
- MAP supported outcome and process measures strongly tied to positive outcomes, and measures that address safety, prevention, affordability, and care transitions.
- MAP supported the direction of emergency department throughput measures, but noted validity concerns regarding the measures under consideration.
- High-priority measure gaps noted included medication errors, mental and behavioral health, and patient and family engagement.

Pre-Rulemaking Input on Medicare and Medicaid EHR Incentive Program (Meaningful Use) for Hospitals and Critical Access Hospitals (CAHs) Measure Set

- Sean Morrison reflected on the measures included in the Meaningful Use Program for Hospitals and CAHs.
- The workgroup reviewed one measure under consideration and 29 currently finalized measures.
- Program implementation and compliance challenges were discussed.

Pre-Rulemaking Input on Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure Set

- Shekhar Mehta and Ron Walters reacted to the PCHQR program measure set. The workgroup reviewed 19 measures under consideration and five currently finalized measures.
- The workgroup highlighted the need to gain experience with measurement in PPS-Exempt Cancer Hospitals and align this measure set with similar programs such as IQR and VBP.
- While some measures under consideration for PCHQR may be “topped out” in other programs, potential performance variation or disparities in care quality within these facilities are unknown.

- High-priority measure gaps noted included patient and family engagement, patient-reported outcomes, measures of survival, patient-reported symptoms and clinical outcomes, palliative and hospice care, and psychosocial/supportive services for the patient and family or caregiver.

Pre-Rulemaking Input on Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measure Set

- Ann Marie Sullivan evaluated the IPFQR program measure set. The workgroup reviewed five measures under consideration and six currently finalized measures.
- The workgroup supported alignment between the IPFQR program measure set with measures in programs such as IQR and VBP, and the extension of psychiatric care quality measurement to outpatient settings, particularly emergency departments, and inpatient hospitals without psychiatric units.
- The workgroup supported measures related to patient follow-up after hospitalization, encouraging the hospitals to develop relationships with community resources.
- High-priority measure gaps noted included patient and family/caregiver experience of care, establishing relationships with community resources, behavioral health assessments and care in the emergency department, effect of psychiatric medications on medical conditions, and partial/day hospitalization.

Pre-Rulemaking Input on Hospital Outpatient Quality Reporting (OQR) Program Measure Set

- Gail Janes shared her reaction to the OQR program measure set. The workgroup reviewed seven measures under consideration and 24 currently finalized measures.
- The workgroup supported alignment between the OQR and ASCQR program measure sets as well as alignment with ambulatory measures in programs such as PQRS and Physician Compare.
- High-priority measure gaps noted included emergency department throughput and overcrowding, disparities, cost, patient-reported outcomes, patient and family engagement, and experience of care.

Pre-Rulemaking Input on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measure Set

- The workgroup reviewed five measures under consideration and eight currently finalized measures for the ASCQR program measure set.
- The workgroup supported alignment between the ASCQR and OQR program measure sets.
- High-priority measure gaps noted included follow-up after procedures, complications, cost and affordability, patient and family engagement and experience of care, and patient-reported outcomes.

Pre-Rulemaking Input on Medicare Shared Savings Program (MSSP) Measure Set

- The Hospital Workgroup shared responsibility for reviewing this program with the Clinician Workgroup.
- There were no measures under consideration and 33 currently finalized measures in the MSSP measure set.

- The workgroup emphasized that this program should include measures addressing the linkages between inpatient and outpatient settings.
- High-priority measure gaps noted included measures of readmissions, adjusted length of stay, and emergency department utilization.

Wrap Up

- The workgroup wanted to provide additional input on currently finalized measures for some of the federal programs applicable to hospital settings, so a follow-up exercise and web meeting will take place during the week following the in-person meeting.
- Input from the Hospital Workgroup meetings will be shared with the MAP Coordinating Committee during their January 8-9, 2013 in-person meeting.
- A public comment period will be held January 14-28, 2013 to gather additional public input on MAP's pre-rulemaking recommendations.
- The final Pre-Rulemaking Report will be submitted to the Department of Health and Human Services no later than February 1, 2013.