Measure Applications Partnership

Hospital Workgroup
Web Meeting

October 8, 2014

NATIONAL QUALITY FORUM

Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- Review Critical Program Objectives for Hospital Programs
- Opportunity for Public Comment
- Next Steps

Welcome, Introductions, and Review of Meeting Objectives

MAP Hospital Workgroup Membership

Workgroup Chair: Frank G. Opelka, MD, FACS
Workgroup Vice-Chair: Ronald Walters, MD, MBA, MHA, MS

Organizational Members

Alliance of Dedicated Cancer Centers	Karen Fields, MD
American Federation of Teachers Healthcare	Kelly Trautner
American Hospital Association	Nancy Foster
American Organization of Nurse Executives	Amanda Stefancyk Oberlies, RN, MSN, MBA, CNML, PhD(c)
America's Essential Hospitals	David Engler, PhD
ASC Quality Collaboration	Donna Slosburg, BSN, LHRM, CASC
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Children's Hospital Association	Andrea Benin, MD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
Mothers Against Medical Error	Helen Haskell, MA
National Coalition for Cancer Survivorship	Shelley Fuld Nasso
National Rural Health Association	Brock Slabach, MPH, FACHE

MAP Hospital Workgroup Membership

Organizational Members Continued

Pharmacy Quality Alliance	Shekhar Mehta, PharmD, MS
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
Project Patient Care	Martin Hatlie, JD
Service Employees International Union	Howard Berliner, ScD
St. Louis Area Business Health Coalition	Louise Probst, MBA, RN

Subject Matter Experts

Health IT	Dana Alexander, RN, MSN, MBA
Patient Experience	Floyd J. Fowler Jr., PhD
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell
Emergency Medicine	Michael Phelan, MD
Mental Health	Ann Marie Sullivan, MD

MAP Hospital Workgroup Membership

Federal Government Members

Agency for Healthcare Research and Quality	Pamela Owens, PhD
Centers for Disease Control and Prevention (CDC)	Daniel Pollock, MD
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH

MAP Coordinating Committee Co-Chairs

George J. Isham, MD, MS
Elizabeth A. McGlynn, PhD, MPP

NQF Staff

Senior Director	Taroon Amin
Senior Project Manager	Erin O'Rourke
Project Manager	Rachel Weissburg
Project Analyst	Poonam Bal

Meeting Objectives

- Review MAP 2014 pre-rulemaking approach
- Provide input on critical program objectives for hospital programs

MAP Pre-Rulemaking Approach

Background on MAP Process Improvement Efforts

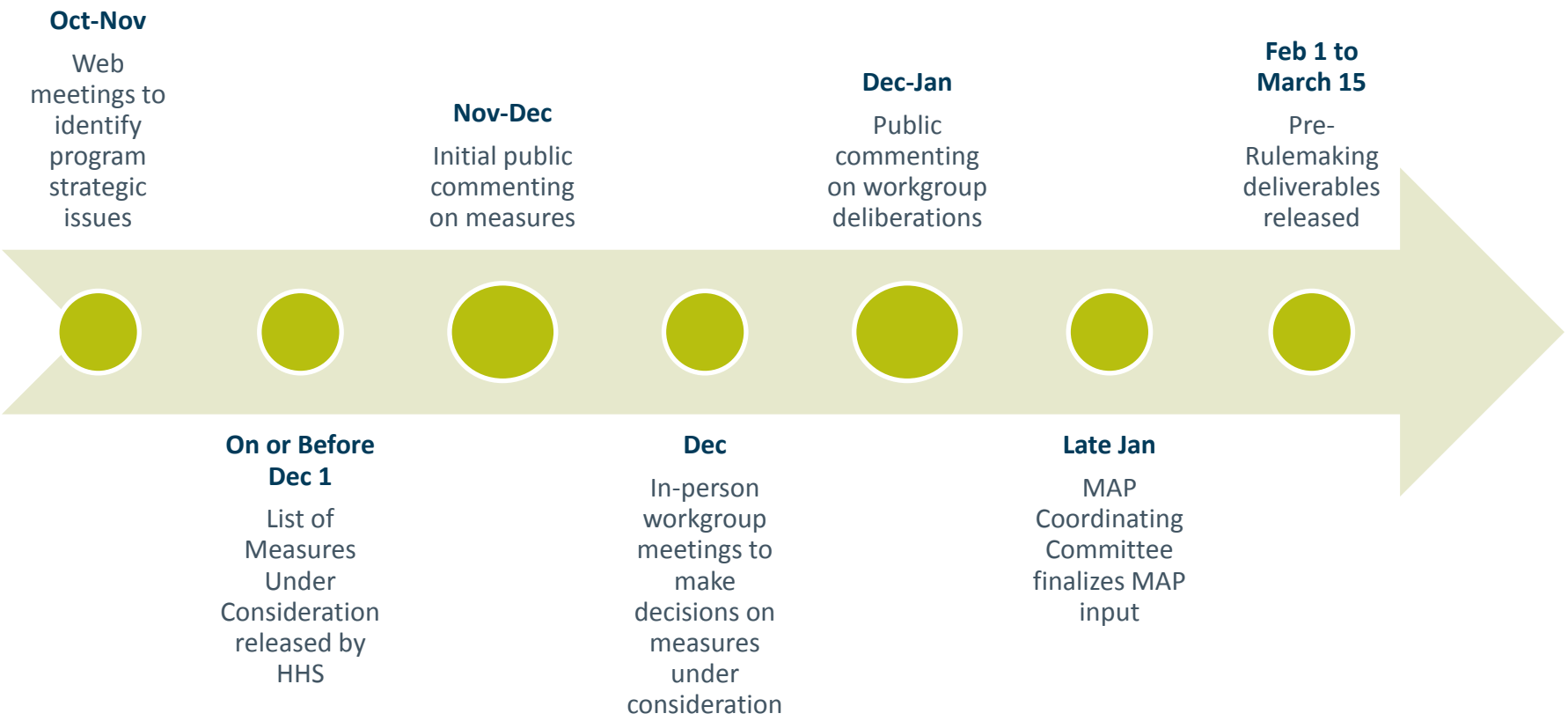
- Based on feedback from MAP members, external stakeholders, NQF members, and staff, NQF undertook an intensive process improvement effort on MAP.

- Our goal was to develop a streamlined and manageable process for MAP stakeholders and staff that results in an improved product.

New for 2014-2015 Pre-Rulemaking

- Expanded opportunities to gather public feedback
- Easier access to information through focused products
- Centering decisions on critical program needs and objectives
- Better navigation and focused analysis in meeting materials
- More consistent and transparent deliberations process

New for 2014-2015 Pre-Rulemaking: General Timeline



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)

Today's Meeting: Focus on prospective and strategic considerations for programs

- Intended to identify and discuss programmatic strategic issues such as:
  - Are the current measures in the program helping to meet the program's overall objectives?
  - Are there ongoing measure implementation challenges or unintended consequences?
  - Are there opportunities to align measure across programs in that setting or across all settings?
- Will be more prospective, as opposed to reviewing measures already finalized in the program

New for 2014-2015 Pre-Rulemaking: More Consistent Deliberations Process and Centering Decisions on Key Program Needs/Objectives

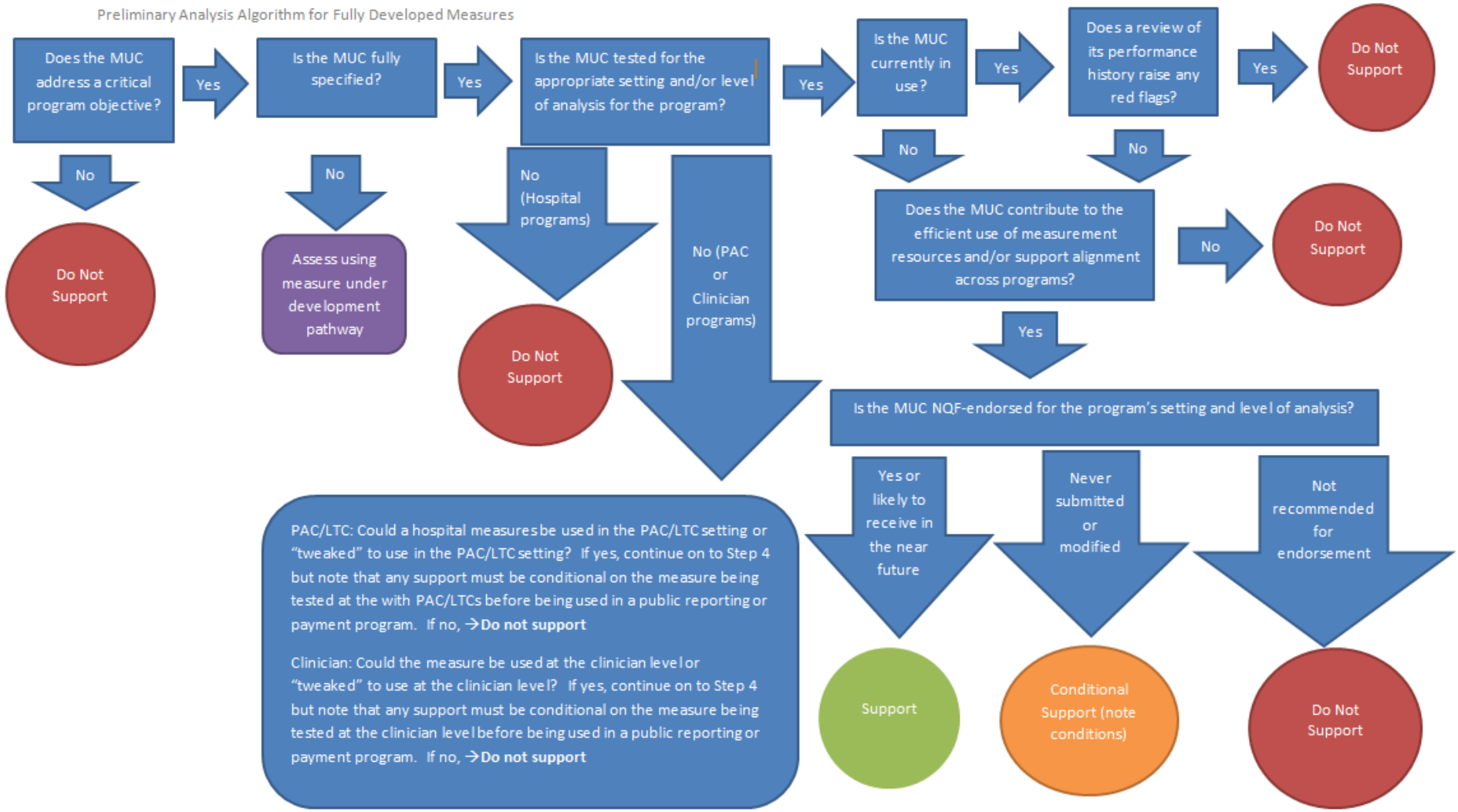
Old

- Variations occurred in reviewing and recommending measures.

New

- Consensus is reached when more than 60% agree.
- Using a “consent calendar” format that relies on a defined process for preliminary analysis, MAP workgroups will reach consensus decisions on the use of measures in a consistent manner.
- Members can identify measures that need discussion. Will allow the groups to spend more time on measures where there are differing stakeholder perspectives.

New for 2014-2015 Pre-Rulemaking: Preliminary Analysis



What to expect during the December in-person meetings: transparent and explicit decision making

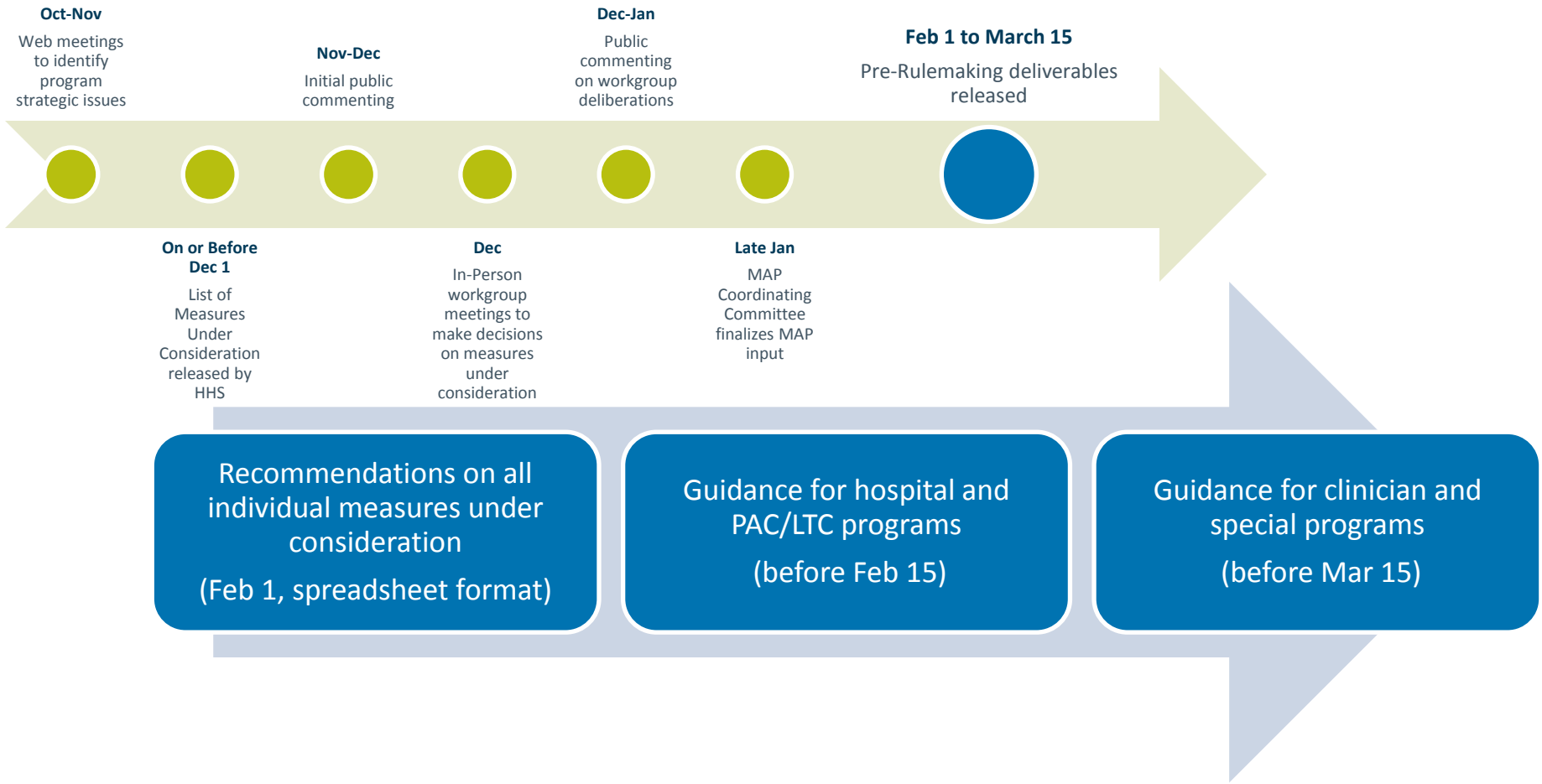
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, and voting will begin
- Workgroups will be expected to reach a decision on every measure under consideration (i.e., no “split decisions”)

New for 2014-2015 Pre-Rulemaking: Expanded Opportunities to Gather Public Feedback

Opportunities to Engage in Public Commenting

- **Round 1:** Public comment on individual measures immediately after the list of measures under consideration is publicly released.
  - To begin no later than December 1, but likely in mid-November
  - Comments will be taken into account during MAP workgroup in-person meetings.
- **Round 2:** Public comment on workgroup measure recommendations and program strategic issues (~3 weeks)
  - Roughly doubles the amount of time available to review MAP's preliminary recommendations
  - Comments considered by Coordinating Committee when providing final approval.

New for 2014-2015 Pre-Rulemaking: Focusing deliverables on individual measures and broader measurement guidance



Hospital Readmissions Reduction Program

Program Overview

- **Program Type:**
  - Pay for Performance and Public Reporting – Payments are based on information publicly reported on the Hospital Compare website.
- **Incentive Structure:**
  - Diagnosis-related group (DRG) payment rates will be reduced based on a hospital's ratio of actual to expected readmissions. The maximum payment reduction is 3 percent.
- **Program Goals:**
  - Reducing readmissions in hospitals paid under the Inpatient Prospective Payment System (IPPS), which includes more than three-quarters of all hospitals.
  - Providing consumers with information to help them make informed decisions about their health care.

MAP Critical Program Objectives

- Reduce the number of admissions to an acute care hospital within thirty days of a discharge from the same or another acute care hospital.
- Recognize that multiple entities across the health care system, including hospitals, post-acute care facilities, skilled nursing facilities, and others, all have a responsibility to ensure high quality care transitions to reduce unplanned readmissions to the hospital.
- The definition of readmissions should exclude unrelated readmissions, beyond planned readmissions.
- Acknowledge that factors affecting readmissions may include environmental, community-level, and patient-level factors, including socio-demographic factors.
- Encourage hospitals to take a leadership role in improving care beyond their walls through care coordination across providers since the causes of readmissions are complex and multifactorial.
- Begin with NQF-endorsed readmission measures for acute myocardial infarction (heart attack) (#0505), heart failure (#0330), and pneumonia (#0506), and then consider expanding the program to include other applicable conditions in January 2015.

Discussion Items for HRRP

- *Does the Hospital Workgroup agree with the draft program objectives?*
- *What is the current experience with implementing the measures in this program?*

HAC Reduction Program

Program Overview

- **Program Type:**
  - Pay-for-Performance and Public Reporting
- **Incentive Structure:**
  - The 25% of hospitals that have the highest rates of HACs (as determined by the measures in the program) will have their Medicare payments reduced by 1%.
  - The measures in the program are classified into two domains: Domain 1 includes the Patient Safety Indicator (PSI) 90 measure, a composite of eight administrative claims based measures and Domain 2 includes infection measures developed by the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (CDC NHSN).
- **Program Goals:**
  - To provide an incentive to reduce the incidence of HACs to improve both patient outcomes and the cost of care
  - To heighten awareness of HACs and eliminate the incidence of HACs that could be reasonably prevented by applying evidence-based clinical guidelines.
  - To support a broader public health imperative by helping to raise awareness and action by prompting a national discussion on this important quality problem.
  - To drive improvement for the care of Medicare beneficiaries, but also privately insured and Medicaid patients, through spill over benefits of improved care processes within hospitals.

MAP Critical Program Objectives

- Align the conditions measured between the HAC Reduction Program and the Hospital Acquired Conditions Present on Admissions Indicator Program (HAC-POA). The HAC-POA Indicator Program implemented a policy of not paying hospitals for hospital acquired conditions when they are secondary diagnoses, or conditions a patient develops after being admitted.
- There is also an overlap in measures between the HAC Reduction Program the Hospital Value-Based Purchasing Program, in particular the MRSA and C. Diff infection measures. CMS wants to focus as much attention as possible on these critical patient safety issues.
- In its 2013-14 round of pre-rulemaking, MAP noted a number of gaps for this program: PSI-5 to address foreign bodies retained after surgery, and development of measures to address wrong site/wrong side surgery and sepsis beyond post-operative infections. In the 2015 IPPS Final Rule, comments received by CMS urge for additional safety measures, in particular PSI-4: Death rate among surgical inpatients with serious, treatable complications (NQF #0351), PSI-16: Transfusion reaction count (NQF #0349),and surgical site infections (SSIs) following hip and knee arthroplasty and SSIs following high-volume procedures such as caesarean section surgery.

Discussion Items for the HAC Reduction Program

- *Does the Hospital Workgroup agree with the draft program objectives?*
- *What is the current experience with implementing the measures in this program?*

Hospital Inpatient Quality Reporting Program

Program Overview

- **Program Type:**
  - Pay-for-Reporting and Public Reporting
- **Incentive Structure:**
  - Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.
- **Program Goals:**
  - To provide an incentive for hospitals to report quality information about their services
  - To provide consumers information about hospital quality so they can make informed choices about their care

MAP Critical Program Objectives

- In the 2013-14 pre-rulemaking process, MAP recommended the rapid filling of the following fairly extensive gap list for this program: pediatrics, maternal/child health, cancer, behavioral health, affordability/cost, care transitions, patient education, palliative and end of life care, medication reconciliation, a culture of safety, pressure ulcer prevention, and adverse drug events.
  - MAP suggested that HHS could look to existing measures in the PPS-Exempt Cancer Hospital Quality Reporting Program, the Inpatient Psychiatric Facility Quality Reporting Program, and Hospice Quality Reporting Programs to begin to fill these gaps.
- Choose high impact measures that will improve both quality and efficiency of care and are meaningful to consumers.
- Move towards more outcome measures rather than structure or process measures.
- Align reporting requirements with other clinical programs where appropriate to reduce the burden on providers and support efficient use of measurement resources.

Discussion Items for IQR

- *Does the Hospital Workgroup agree with the draft program objectives?*

Hospital Value-Based Purchasing Program

Program Overview

- **Program Type:**
  - Pay for Performance
- **Incentive Structure:**
  - Medicare bases a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing Program (VBP). Medicare began by withholding 1 percent of its regular hospital reimbursements from all hospitals paid under its inpatient prospective payment system (IPPS) to fund a pool of VBP incentive payments. The amount withheld from reimbursements increases over time:
    - FY 2015: 1.5%
    - FY 2016: 1.75%
    - FY 2017 and future fiscal years: 2%
  - Hospitals are scored based on their performance on each measure within the program relative to other hospitals as well as on how their performance on each measure has improved over time. The higher of these scores on each measure is used in determining incentive payments.
- **Program Goals:**
  - Improve healthcare quality by realigning hospitals' financial incentives.
  - Provide incentive payments to hospitals that meet or exceed performance standards.

MAP Critical Program Objectives

- Measures selected for the VBP program must be included in IQR and reported on the Hospital Compare website for at least 1 year prior to use in the VBP program.
- Measures within this program should emphasize areas of critical importance for high performance and quality improvement, and ideally, link clinical quality and cost measures to capture value. For the VBP program, NQF-endorsed measures are strongly preferred and the program measure set should be parsimonious to avoid diluting the payment incentives.
- MAP identified a number of gap areas that should be addressed within the VBP program measure set, including medication errors, mental and behavioral health, emergency department throughput, a hospital's culture of safety, and patient and family engagement.

Discussion Items for VBP

- *Does the Hospital Workgroup agree with the draft program objectives?*

Inpatient Psychiatric Facilities Quality Reporting Program

Program Overview

- **Program Type:**
  - Pay for Reporting
- **Incentive Structure:**
  - Inpatient psychiatric hospitals or psychiatric units that do not report data on the required measures will receive a 2 percent reduction in their annual federal payment update.
- **Program Goals:**
  - Provide consumers with quality information to help inform their decisions about their healthcare options.
  - Improve the quality of inpatient psychiatric care by ensuring providers are aware of and reporting on best practices.
  - Establish a system for collecting and providing quality data for inpatient psychiatric hospitals or psychiatric units.

MAP Critical Program Objectives

- Ensure measures in the program are meaningful to patients.
- Align the reporting requirements in CMS' various quality reporting programs, particularly the Hospital Outpatient Quality Reporting program, to reduce burden for facilities that participate in these programs.
- Improve person-centered psychiatric care, such as assessing patient and family/caregiver experience and engagement and establishing relationships with community resources, are priority measure gap areas.
- Measure gaps in the IPFQR program include behavioral health assessments and care in the ED, readmissions, identification and management of general medical conditions, partial hospitalization or day programs, and a psychiatric care module for CAHPS.

Discussion Items for IPFQR

- *Does the Hospital Workgroup agree with the draft program objectives?*

PPS-Exempt Cancer Hospital Quality Reporting Program

Program Overview

- **Program Type:**
  - Data Reporting
- **Incentive Structure:**
  - There is currently no financial incentive for the 11 hospitals in this program to report quality measures. CMS plans to create an incentive structure in the future.
- **Program Goals:**
  - The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program is intended to provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the inpatient prospective payment system and the Inpatient Quality Reporting Program.
  - It is also intended to encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices

MAP Critical Program Objectives

- The program should include outcome, process, and patient experience of care measures including measures addressing care transitions and changes in functional status.
- The measure set should include a core set of measures appropriate to cancer hospitals that reflect the highest priority services provided by these hospitals.
- The measures should address gaps in cancer care quality. MAP has previously identified pain screening and management, patient and family/caregiver experience, patient-reported symptoms and outcomes, survival, shared decision making, cost, care coordination and psychosocial/supportive services as gap areas for this program
- Measures should align with the Inpatient Quality Reporting Program and Outpatient Quality Reporting Program where appropriate and relevant.

Discussion Items for PCHQR

- *Does the Hospital Workgroup agree with the draft program objectives?*

Hospital Outpatient Quality Reporting Program

Program Overview

- **Program Type:**
  - Pay for Reporting – Information is reported on the Hospital Compare website.
- **Incentive Structure:**
  - Hospitals that do not report data on the required measures will receive a 2 percent reduction in their annual Medicare payment update.
- **Program Goals:**
  - Establish a system for collecting and providing quality data to hospitals providing outpatient services such as clinic visits, emergency department visits, and critical care services
  - Provide consumers with quality of care information that will help them make informed decisions about their health care.

MAP Critical Program Objectives

- The OQR program measure set should include structure, process, outcome, patients' perspectives on care, efficiency, and costs of care measures
- Align the OQR with ambulatory care measures in programs such as Physician Quality Reporting System and Physician Compare.
- Specific gap areas for the OQR program measure set include measures of emergency department (ED) overcrowding, wait times, and disparities in care—specifically, disproportionate use of EDs by vulnerable populations. Other gaps include measures of cost, patient-reported outcomes, patient and family engagement, follow-up after procedures, fostering important ties to community resources to enhance care coordination efforts, and an outpatient CAHPS module.

Discussion Items for OQR

- *Does the Hospital Workgroup agree with the draft program objectives?*

Ambulatory Surgery Center Quality Reporting Program

Program Overview

- **Program Type:**
  - Pay for Reporting – Performance information is current reported to the Centers for Medicare & Medicaid Services (CMS) but it is expected to be publicly available in the future.
- **Incentive Structure:**
  - Ambulatory surgical centers (ACSs) that treat Medicare beneficiaries and fail to report data will receive a 2.0 percent reduction in their annual payment update.
- **Program Goals:**
  - Promote higher quality, more efficient care for Medicare beneficiaries.
  - Establish a system for collecting and providing quality data to ASCs.
  - Provide consumers with quality of care information that will help them make informed decisions about their health care.

MAP Critical Program Objectives

- Measures should be highly impactful and be meaningful to patients.
- The reporting requirements should be aligned with CMS' various quality reporting programs, particularly the Hospital Outpatient Quality Reporting program, to reduce burden for facilities that participate in these programs.
- The program includes ASCs operating exclusively to provide surgical services to patients not requiring hospitalization.
- The program measure set should include structure, process, outcome, patients' perspectives on care, efficiency, and costs of care measures.
- Priority measure gap areas for the ASCQR program include follow-up after procedures, complications including anesthesia related complications, cost, and patient and family engagement measures including an ASC-specific CAHPS module and patient-reported outcome measures.

Discussion Items for ASCQR

- *Does the Hospital Workgroup agree with the draft program objectives?*

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

Program Overview

- **Program Type:**
  - Pay for Reporting. The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.
- **Incentive Structure:**
  - For the Medicare Incentive program (hospitals), incentive payments began in 2011 and are comprised of an Initial Amount, Medicare Share, and Transition Factor. The CAH EHR Incentive payment is based on a formula for Allowable Costs and the Medicare Share. The Medicaid Incentive program includes an Overall EHR Amount and Medicaid Share. Medicare payment penalties will take effect in 2015 for providers who are eligible but do not participate. Payment penalties do not apply to Medicaid.
- **Program Goals:**
  - Promote widespread adoption of certified EHR technology by providers.
  - Incentivize "meaningful use" of EHRs by hospitals to:
    - Improve quality, safety, efficiency, and reduce health disparities
    - Engage patients and family
    - Improve care coordination, and population and public health
    - Maintain privacy and security of patient health information

MAP Critical Program Objectives

- The program should include measures of processes, experience, and/or outcomes of patient care as well as 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.
- Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.
- Preference should be given to quality measures endorsed by NQF.
- For Stage 1, eligible facilities must report on all 15 total clinical quality measures. For Stage 2 (2014 and beyond) eligible facilities must report on 16 clinical quality measures that cover 3 of the National Quality Strategy domains. Measures are selected from a set of 29 clinical quality measures that includes the 15 measures from Stage 1.
- Measures should represent the future of measurement (facilitating information exchange between institutions and longitudinal tracking of care, such as delta measures that monitor incremental changes in a patient's condition over time).
- Measure set should align with other hospital performance measurement programs.

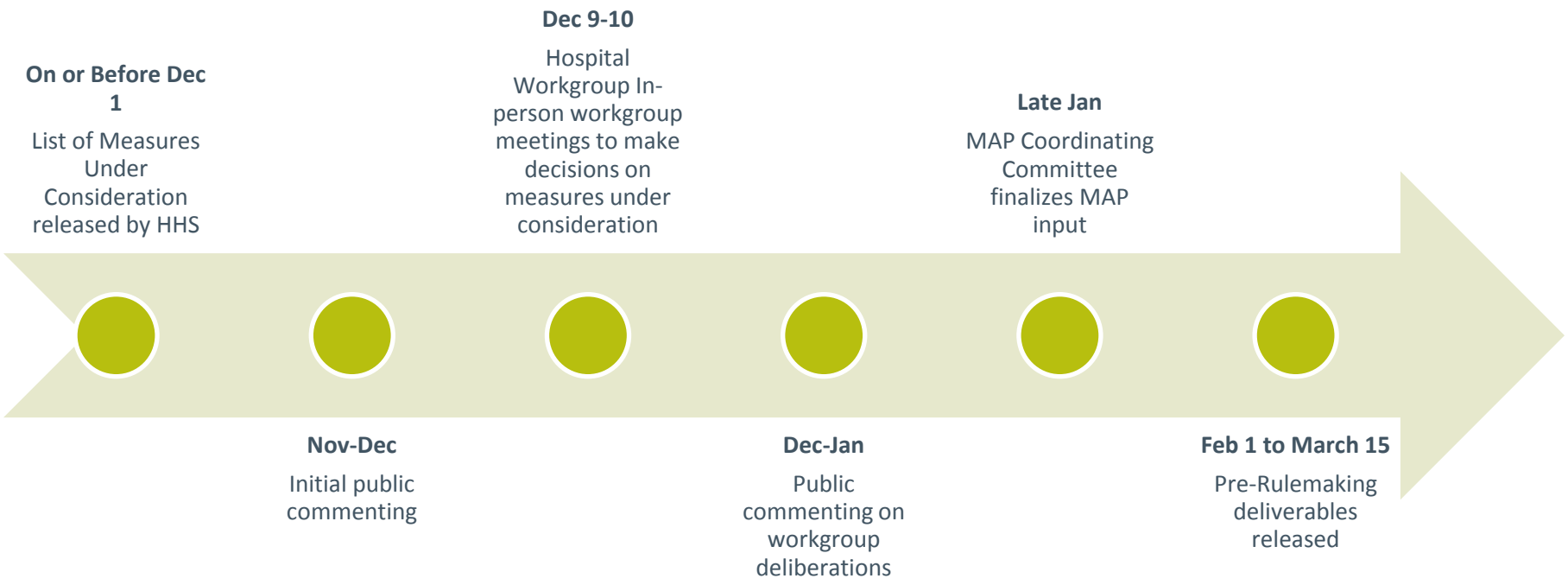
Discussion Items for Meaningful Use

- *Does the Hospital Workgroup agree with the draft program objectives?*

Opportunity for Public Comment

Next Steps

MAP Pre-Rulemaking Timeline



Adjourn