

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

All MAP Web Meeting
June 5, 2012
12:00 pm - 2:00 pm ET

PARTICIPANT INSTRUCTIONS:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL: nqf.commpartners.com .
2. Under "Enter a meeting," type in the meeting number **873719** and click on "Enter."
3. In the "Display Name" field, type in your first and last name and click on "Enter Meeting."
4. Dial **1-866-394-7812** and enter passcode **83845591#**.

Meeting Objectives:

- *Reflect on MAP Year 1 Accomplishments*
- *Review Proposed MAP Scope of Work, Timeline, and Deliverables for 2012*

12:00 pm **Welcome and Review of Meeting Objectives**
George Isham and Beth McGlynn, Coordinating Committee Co-Chairs

12:05 pm **MAP Year 1 Accomplishments**
Beth McGlynn

- *Performance Measurement Coordination Strategies and MAP Pre-rulemaking Report*
- *Uptake of MAP Recommendations by HHS*
- *Discussion*
- *Opportunity for Public Comment*

12:45pm **Proposed MAP Scope of Work, Timeline, and Deliverables for 2012**
George Isham
Chip Kahn and Gerry Shea, Strategy Task Force Co-Chairs

- *MAP Structure*
- *Development of MAP Strategic Plan*
- *Timeline and Deliverables*
- *Discussion*
- *Opportunity for Public Comment*

1:50 pm **Next Steps**
Beth McGlynn

- *SharePoint for Meeting Materials*
- *Upcoming Meetings*

2:00 pm **Adjourn**

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All MAP Web Meeting

June 5, 2012



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Welcome and Review of Meeting Objectives

Welcome to New MAP Members

Committee/Workgroup	New MAP Members
Coordinating Committee	<ul style="list-style-type: none"> All members sought reappointment
Clinician Workgroup	<ul style="list-style-type: none"> American College of Emergency Physicians: Bruce Auerbach, MD Pacific Business Group on Health: David Hopkins, PhD
Dual Eligible Beneficiaries Workgroup	<ul style="list-style-type: none"> SNP Alliance: Richard Bringewatt Consortium for Citizens with Disabilities: Clarke Ross, DPA Disability Expert: Anne Cohen, MPH
Hospital Workgroup	<ul style="list-style-type: none"> Health IT Expert: Dana Alexander, RN, MSN, MBA, FAAN
PAC/LTC Workgroup	<ul style="list-style-type: none"> Clinician/Nephrology Expert: Louis H. Diamond, MBChB, FCP (SA), FACP, FHIMSS
<ul style="list-style-type: none"> NQF Board to finalize membership June 15, 2012 All reappointments and new appointments will be for 3-year terms 	
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Meeting Objectives

- *Reflect on MAP Year 1 Accomplishments*
- *Review Proposed MAP Scope of Work, Timeline, and Deliverables for 2012*

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MAP Year 1 Accomplishments

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Statutory Authority

Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to **“convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.**

Purpose of MAP

- Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs
- Identify gaps for measure development, testing, and endorsement
- Encourage alignment of public and private sector programs
- Align measurement across programs, settings, levels of analysis, and populations:
 - Promote coordination of care delivery
 - Reduce data collection burden

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MAP Framework for Aligned Performance Measurement: National Quality Strategy

- Working with communities to promote wide use of best practices to enable healthy living
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Ensuring that each person and family are engaged as partners in their care
- Making care safer by reducing harm caused in the delivery of care
- Promoting effective communication and coordination of care
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models



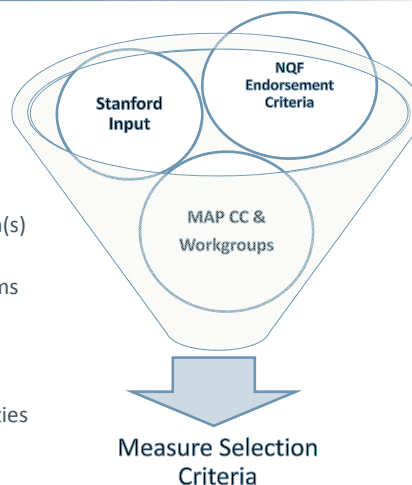
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Establishment of MAP Measure Selection Criteria

Program measure set:

1. Measures are NQF-endorsed or meet the requirements for expedited review
2. Adequately addresses each of the National Quality Strategy (NQS) priorities
3. Adequately addresses high-impact conditions relevant to the program's intended population(s)
4. Promotes alignment with specific program attributes, as well as alignment across programs
5. Includes an appropriate mix of measure types
6. Enables measurement across the person-centered episode of care
7. Includes considerations for healthcare disparities
8. Promotes parsimony



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[Measure Selection Criteria](#) and [Interpretive Guide Links](#)

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Measure Applications Partnership Reports – Year 1

Performance Measurement Coordination Strategies

Coordination Strategy for Clinician Performance Measurement	Reports submitted October 1, 2011
Readmissions and Healthcare-Acquired Conditions Performance Measurement Strategy Across Public and Private Payers	
Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Interim Report	
Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care	Report submitted February 1, 2012
Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals	Reports submitted June 1, 2012
Performance Measurement Coordination Strategy for Hospice and Palliative Care	
Measuring Healthcare Quality for the Dual Eligible Beneficiary Population: Final Report to HHS	

Annual Pre-rulemaking Input to HHS

MAP Pre-Rulemaking Report	Report submitted February 1, 2012
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Reports can be found at this link on the [NQF website](#)

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MAP Coordination Strategy Reports Takeaways

- **National Quality Strategy (NQS)** provided the guiding framework for MAP decision-making
- **Person-centered** approach central to all coordination strategies
- Further **alignment** of performance measurement between public and private sector activities needed to enhance coordination and incentives
- Many high priority **measurement gaps** were identified, including patience experience, functional status, cost, and care coordination
- Recognized **data source and HIT implications**, including the need for common data collection and reporting mechanisms

Pre-Rulemaking Report

- Provided input on over 350 measures under consideration by HHS for nearly 20 Federal performance measurement programs:
 - **Support the measure** – MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program
 - » Approximately 40% of the measures under consideration
 - **Support the direction of the measure** – MAP supports the measure concept, however, further development, testing, or implementation feasibility must be addressed before inclusion
 - » Approximately 15% of the measures under consideration
 - **Do not support the measure** – Measure is not recommended for inclusion in the association federal program
 - » Approximately 45% of the measures under consideration
 - *For nearly 70% of the measures within the do not support category, MAP did not have enough information to complete its evaluation, so could not support those measures at this time*

Federal Programs for Pre-rulemaking Input	MAP Workgroup
Value-Based Payment Modifier	Clinician Workgroup
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Hospital Inpatient Quality Reporting	Hospital Workgroup
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	PAC/LTC Workgroup
Nursing Home Quality Initiative and Nursing Home Compare Measures	
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
End Stage Renal Disease Quality Management	

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Learning from Year 1

- MAP emphasized the need for alignment with the NQS, across programs and settings and between the public and private sectors
- Need for a more person-centered approach, especially for high-need subgroups
- Deeper dive into measure gaps and gap-filling strategies
- Additional measure information needed for pre-rulemaking activities, such as measure impact
- Feedback loops needed from HHS and private sector experience with measure use and implementation

Uptake of MAP Recommendations by HHS

Uptake of MAP Recommendations by HHS

- **Electronic Health Record (EHR) Meaningful Use Incentive Program Stage 2 proposed rule** addressed Eligible Professionals (EPs) and Hospitals and Critical Access Hospitals
- **FY 2013 Inpatient Prospective Payment System (IPPS) proposed rule** addressed the following programs:
 - Hospital Inpatient Quality Reporting (IQR) Program
 - Hospital Value-Based Purchasing (VBP)
 - Inpatient Psychiatric Facility Quality Reporting
 - Long-Term Care Hospital (LTCH) Quality Reporting
 - PPS-Exempt Cancer Hospitals Quality Reporting
 - Ambulatory Surgery Quality Reporting (note: no new measures were proposed)

Stage 2 EHR Meaningful Use Incentive Program: Uptake of MAP Recommendations

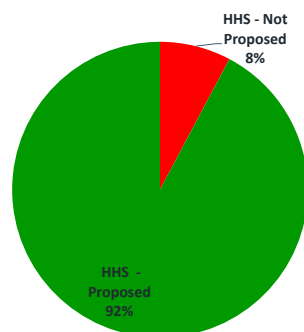
- **Limited time was available to influence the proposed rule:**
 - MAP Pre-Rulemaking Report released 2/1/2012
 - Stage 2 EHR Incentive Program proposed rule issued 2/23/2012
- **Concordance between MAP recommendations and proposed rule:**
 - Strong (92%) for MAP “Support” recommendations
 - Weak (29%) for MAP “Do Not Support” recommendations
 - » However, the majority (10/17) of measures not proposed were among those that MAP did not support
- There were also 4 measures that MAP supported if they were to become NQF-endorsed; HHS proposed use of these measures

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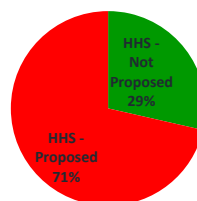
Stage 2 EHR Meaningful Use Incentive Program: Uptake of MAP “Support” and “Do Not Support” Recommendations

MAP: “Support” (N = 90)



92% concordance between MAP
recommendations and HHS proposal

MAP: “Do Not Support” (N = 35)



29% concordance between MAP
recommendations and HHS proposal

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IPPS Proposed Rule: Uptake of MAP Recommendations

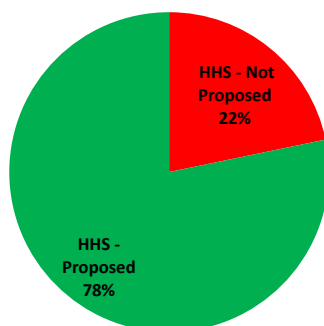
- **Concordance between MAP recommendations and the proposed rule:**
 - >80% overall concordance of MAP “Support” and “Do Not Support” measure recommendations with corresponding HHS proposed measure use across the IPPS programs
- The MAP recommendation to “Support Direction” of certain measures appears to have been applied in different ways within the IPPS Proposed Rule, making concordance assessment difficult

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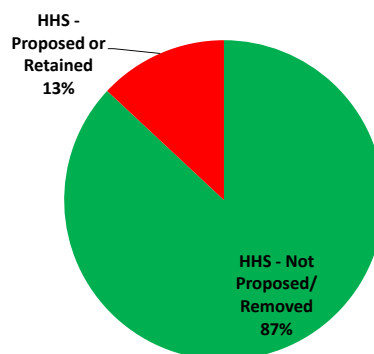
IPPS Proposed Rule: Uptake of MAP “Support” and “Do Not Support” Recommendations

MAP: “Support” (N = 23)



78% concordance between MAP recommendations and HHS proposal

MAP: “Do Not Support” (N = 23)

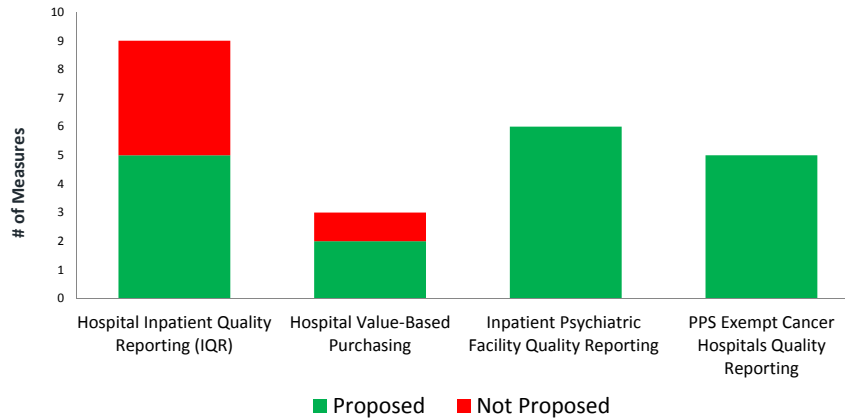


87% concordance between MAP recommendations and HHS proposal

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IPPS Proposed Rule : Uptake of MAP “Support” Recommendations at the Program Level*

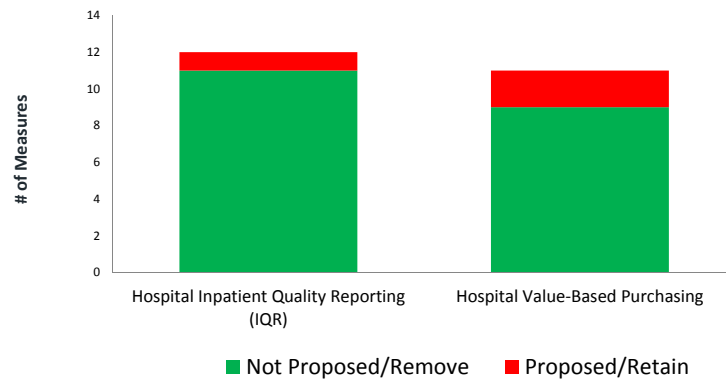


*Note: MAP did not have a “Support” recommendations for any LTCH measures

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IPPS Proposed Rule: Uptake of MAP “Do Not Support” Recommendations at the Program Level*



*Note: MAP did not have a “Do Not Support” recommendations for any PPS-exempt Cancer Hospital, LTCH, or Inpatient Psychiatric Facility measures

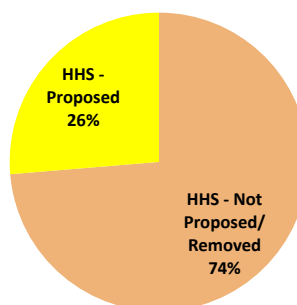
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IPPS Proposed Rule: Uptake of MAP “Support Direction” Recommendations

MAP: “Support Direction” (N=19)

- In some cases, HHS cited MAP’s “Support Direction” recommendations as part of the rationale for proposing certain measures
- The “Support Direction” response category will need to be revisited to clarify intent



Measures for Which MAP Did Not Make Recommendations

Among the measures in the proposed rules that MAP did not review:

- **EHR Incentive Program Stage 2 (n= 65 measures)**
 - 59 had been finalized in Stage 1
 - 56 are to carry over to Stage 2; 3 are to be removed because of redundancy or loss of NQF endorsement
 - 6 were proposed to be added, but 5 of these were already finalized in other programs
- **IPPS proposed rule (n= 82 measures)**
 - 80 had been finalized in existing programs
 - 71 are to be retained; 9 are proposed for removal from existing programs, largely to reduce redundancy
 - 2 were proposed to be added, 1 of which was already finalized in another program

Summary of Uptake of MAP Recommendations by HHS

- HHS considered and commented on specific MAP recommendations for the various programs in the proposed rules.
- Concordance between MAP recommendations and the EHR meaningful use incentive program Stage 2 proposal was mixed. The short time interval (3 weeks) for HHS to review MAP input was likely a contributing factor.
- Overall, there was strong concordance between MAP recommendations and the disposition of measures in the FY 2013 IPPS proposed rule.
- The “Support Direction” response category will be revisited prior to the next review cycle.

Discussion

Opportunity for Public Comment

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Proposed MAP Scope of Work, Timeline, and Deliverables for 2012

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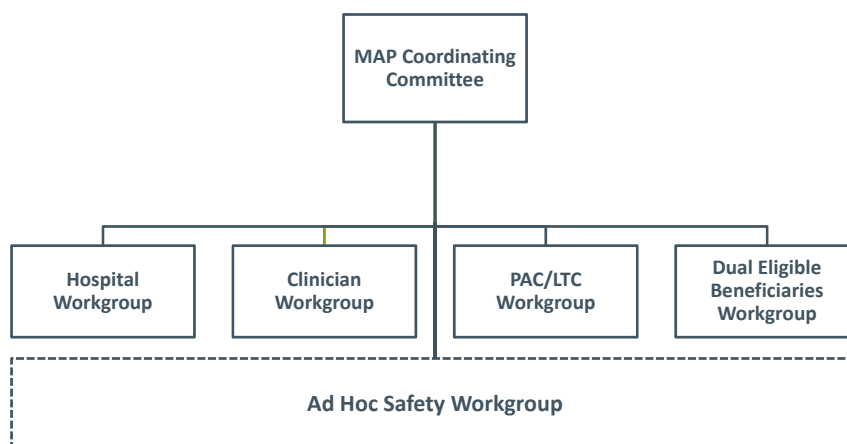
Proposed MAP Work for 2012

- Develop MAP 3-year strategic plan for achieving aligned performance measurement that enables improvement, transparency, and value
- Identify families of measures for specific topics and core measure sets composed of available measures and gaps
 - Enhance existing two-tiered structure with topic-focused, time-limited task forces
- Provide pre-rulemaking input to HHS on measures under consideration for rulemaking
 - Expand decision making support for activities
- Delve into measurement issues for dual eligible sub-populations

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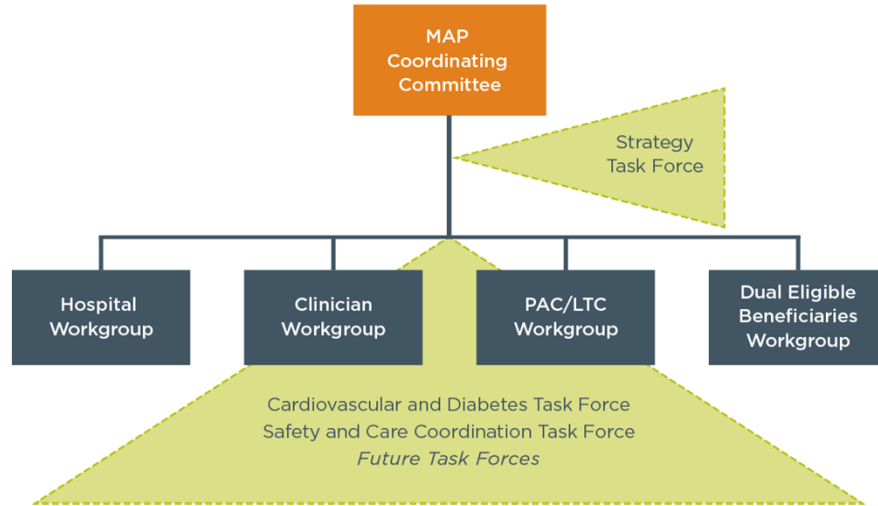
MAP Structure Year 1



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MAP Structure Year 2

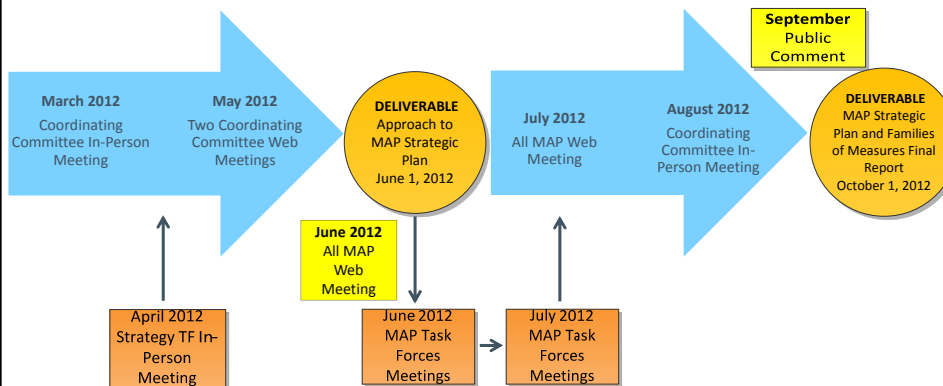


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Proposed MAP Work: Strategy Task Force

The charge of the MAP Strategy Task Force is to advise the Coordinating Committee on a 3-year strategic plan.



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MAP Strategy Taskforce Membership

- **Chip Kahn, Member of MAP Coordinating Committee (co-chair)**
- **Gerry Shea, Member of MAP Coordinating Committee (co-chair)**
- George Isham, MAP Coordinating Committee co-chair
- Beth McGlynn, MAP Coordinating Committee co-chair
- Helen Darling, National Priorities Partnership co-chair
- Bernie Rosof, National Priorities Partnership co-chair
- Alice Lind, MAP Dual Eligible Beneficiaries Workgroup chair
- Mark McClellan, MAP Clinician Workgroup chair
- Frank Opelka, MAP Hospital Workgroup chair
- Carol Raphael, MAP PAC/LTC Workgroup chair
- Christine Bechtel, MAP Coordinating Committee member
- Nancy Wilson, MAP Coordinating Committee member (federal agency liaison)
- Patrick Conway, MAP Coordinating Committee member (federal agency liaison)

Approach to MAP Strategic Plan: Submitted to HHS June 1, 2012

Goal

Apply performance measures to achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy (NQS)

Objectives

1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS;
2. Stimulate gap-filling for high-priority measure gaps;
3. Promote alignment of performance measurement across HHS programs and between public and private initiatives; and
4. Ensure MAP's recommendations are relevant to public and private stakeholders and MAP's processes are effective.

Approach to MAP Strategic Plan: Submitted to HHS June 1, 2012

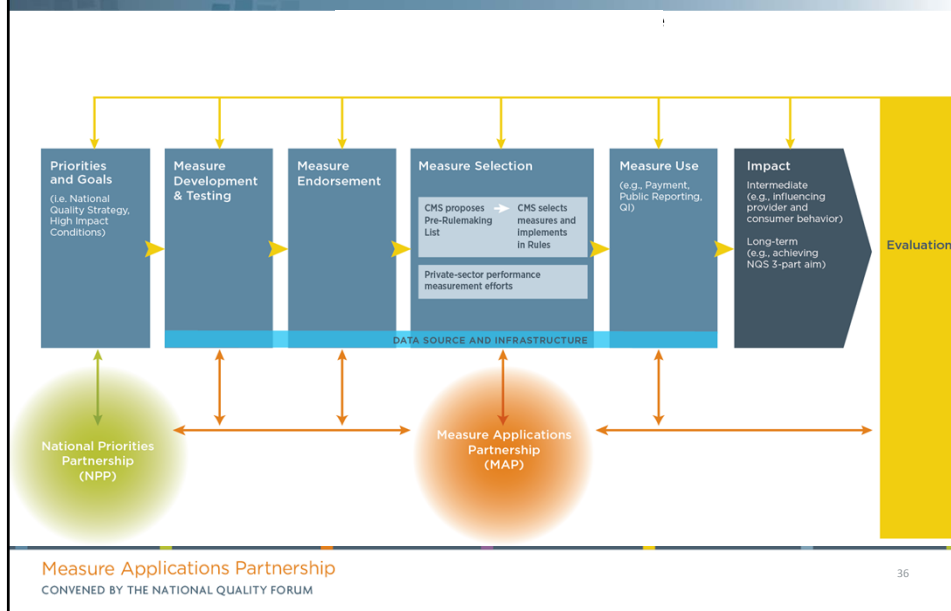
■ Strategies and Tactics

- Families of Measures and Core Measure Sets
- Addressing Measure Gaps
- Measure Implementation Phasing Strategies
- MAP Analytic Plan
- MAP Measure Selection Criteria
- MAP Evaluation Plan
- MAP Communication Plan

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Quality Measurement Enterprise



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Proposed MAP Work for 2012: Families of Measures

Families of Measures and Core Measure Sets to Align Performance Measurement Across Federal Programs and Public and Private Payers

Family of measures – “related available measures and measure gaps for specific topic areas that span programs, care settings, levels of analysis, and populations” (e.g., care coordination family of measures, diabetes care family of measures)

Core measure set – “available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations” (e.g., PQRS core measure set, hospital core measure set, dual eligible beneficiaries core measure set)

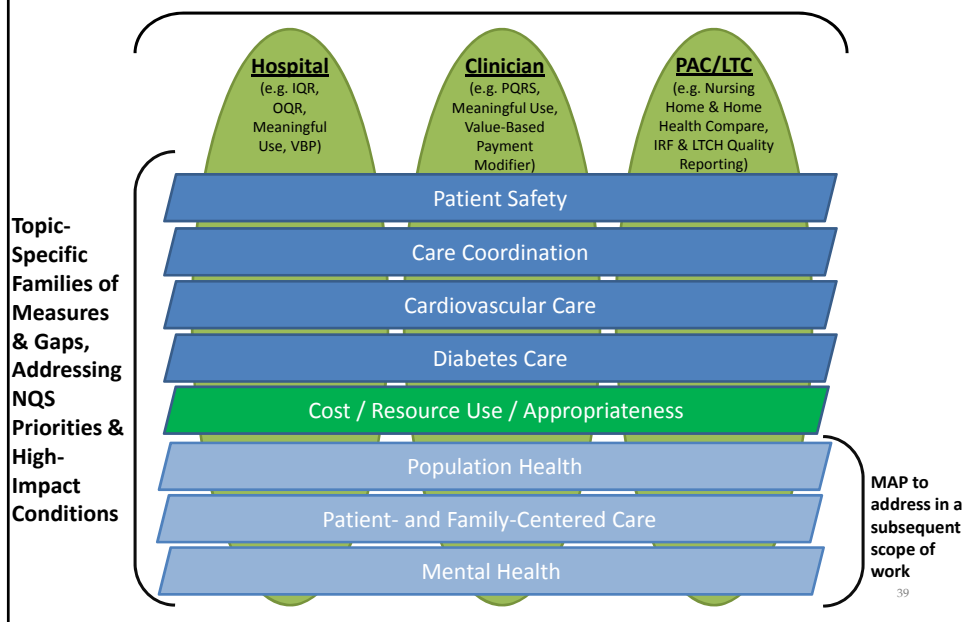
Proposed MAP Work for 2012: Families of Measures

Proposed families of measures for NQS priorities and high-impact conditions

- Families of measures identified by task forces
 - Task force membership drawn from existing MAP Coordinating Committee and workgroup membership to achieve balance and necessary expertise
 - Coordinating Committee oversees work of task forces
- Wave 1 – due to HHS October 1, 2012
 - Safety and Care Coordination
 - Cardiovascular and Diabetes Care
- Wave 2 – due date TBD - 2013
 - Population Health (e.g., prevention, key health behaviors, healthy lifestyles, and well-being)
 - Cost of Care (e.g., total cost, resource use, appropriateness)
 - Patient- and Family-Centered Care
 - Mental Health

Proposed Families of Measures Illustration:

Core Measure Sets for Settings, Programs & Populations, Drawn from Families



Patient Safety/Care Coordination Task Force Membership

Task Force Chair: Frank Opelka

Organizational Members

Aetna	Iowa Healthcare Collaborative
Alliance of Dedicated Cancer Centers	L.A. Care Health Plan
America's Health Insurance Plans	Memphis Business Group on Health
American Hospital Association	Mothers Against Medical Error
American Organization of Nurse Executives	National Association of Children's Hospitals and Related Institutions
American Society of Health-System Pharmacists	National Association of Medicaid Directors
Blue Cross Blue Shield of Massachusetts	National Rural Health Association
Building Services 32BJ Health Fund	Pacific Business Group on Health
Catalyst for Payment Reform	Premier, Inc.
CIGNA	SNP Alliance
Humana, Inc.	The Alliance

Patient Safety/Care Coordination Task Force Membership

Subject Matter Experts

Health IT: Dana Alexander
Patient Safety: Mitchell Levy
State Medicaid: MaryAnne Lindeblad
Mental Health: Anne Marie Sullivan
State Policy: Dolores Mitchell
Palliative Care: R. Sean Morrison
Mental Health: Rhonda Robinson Beale
Patient Experience: Dale Shaller
Safety Net: Bruce Siegel

Federal Government Members

Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Office of the National Coordinator for HIT (ONC)
Veterans Health Administration (VHA)
Health Resources and Services Administration (HRSA)
Office of Personnel Management/FEHBP (OPM)

Liaisons

NPP: David Stevens
CDP (Safety): Bill Conway
CDP (Care Coordination): Gerri Lamb

Cardiovascular/Diabetes Task Force Membership (invited)

Task Force Chair: Chris Cassel

Organizational Members

Academy of Managed Care Pharmacy	American Medical Rehabilitation Providers Association
American Academy of Family Physicians	Consumers' CHECKBOOK
American Academy of Nurse Practitioners	Iowa Healthcare Collaborative
American College of Cardiology	Minnesota Community Measurement
American College of Emergency Physicians	National Transitions of Care Coalition
American Hospital Association	Physician Consortium for Performance Measurement
American Medical Directors Association	Premier, Inc.

Cardiovascular/Diabetes Task Force Membership (invited)

Subject Matter Experts

Population Health: Eugene Nelson
 Health IT/Patient Report Outcome
 Measures: Jim Walker

Federal Government Members

Centers for Medicare & Medicaid Services (CMS)
 Office of the National Coordinator for HIT (ONC)

Liaisons

Accreditation/Certification: National
 Committee on Quality Assurance (NCQA)
 NPP: Peter Briss
 CDP: Ray Gibbons

Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries

- MAP will analyze special measurement considerations for high-need sub-populations:
 - Medically complex adults living in the community
 - Medically complex older adults living in institutional care facilities
 - Individuals with cognitive impairment
 - Individuals with serious mental illness (SMI)
- Within each sub-population, MAP will consider current limitations to effective measurement and potential strategies to address identified limitations
- MAP would also determine the most suitable performance measures currently available and delineate specific gaps to inform future measure development that considered the strength of available evidence
- Deliverables
 - » Interim Report: December 28, 2012
 - » Final Report: July 1, 2013

MAP Pre-Rulemaking Input

- Convening activities will begin in December
 - HHS to release list of measures under consideration by December 1, 2012
 - Web meetings and workgroup In-person meetings to follow
- Approach for 2012 pre-rulemaking activities
 - Build off information gathered from families of measures developed by MAP task forces
 - Utilize new analysis-driven measure information

Analytical Support for MAP

- Identify, organize, and synthesize information to enhance MAP decision-making processes
- Background research for workgroup and task force topics:

Types of Data/Information	Potential Sources
Incidence/prevalence, morbidity and mortality, cost, etc.; opportunities to improve; disparities	HHS data, IOM reports, high-quality research studies
Implementation history of quality measures; feedback on benefits and unintended consequences	NQF partnerships, online publications, scans of public and private programs
Measure performance results	Published reports, online portals, user experiences

Analytical Support for MAP

- Choosing measurement priorities based on impact, improvability, and inclusiveness will allow more effective and efficient use of time by workgroups and task forces
- A fuller view of existing measure applications will more readily facilitate identification of measure families, gap areas, and progress toward achieving desired outcomes

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Proposed MAP Work for 2012: Key Deliverables

Proposed Deliverables	Proposed Date Due to HHS
Outline of Approach to MAP Strategic Plan	June 1, 2012
<ul style="list-style-type: none"> • MAP Strategic Plan for Aligning Performance Measurement • Refined MAP Measure Selection Criteria and High-Impact Conditions • Families of Measures: <ul style="list-style-type: none"> - Cardiovascular Health & Diabetes + cost of care implications - Patient Safety & Care Coordination + cost of care implications 	October 1, 2012
Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Interim Report	December 28, 2012
MAP Pre-Rulemaking Input	February 1, 2013
Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Final Report	July 1, 2013
<ul style="list-style-type: none"> • Cost of care (e.g., total cost, resource use, appropriateness) • Families of Measures: Population Health, Patient and Family Engagement, and Mental Health 	TBD - 2013

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Discussion

Opportunity for Public Comment

Next Steps

SharePoint for MAP Meeting Materials

What is SharePoint and why use it to support MAP's processes?

- Web-based document sharing platform
- Will streamline and enhance access to MAP meeting materials

How and when will SharePoint be implemented for MAP support?

- MAP members will receive an e-mail with more detailed instructions

