

MEASURE APPLICATIONS PARTNERSHIP
Hospital Workgroup
Convened by the National Quality Forum

Summary of In-Person Meeting #2

The Measure Applications Partnership (MAP) Hospital Workgroup met in-person on Thursday, December 15, 2011. For those interested in reviewing an online archive of the meeting, please click on the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/Hospital_Workgroup.aspx

Workgroup Members attending the meeting:

Frank Opelka, American College of Surgeons (Chair)	Shekhar Mehta, American Society of Health-Systems Pharmacists
Richard Bankowitz, Premier, Inc	Dolores Mitchell [subject matter expert: state policy]
Andrea Benin, National Association of Children's Hospitals and Related Institutions	R. Sean Morrison, Mt. Sinai School of Medicine [subject matter expert: palliative care]
Barbara Caress, Building Services 32BJ Health Fund	Chesley Richards, Centers for Disease Control and Prevention
Patricia Conway-Morana, American Organization of Nurse Executives	Lance Roberts, Iowa Healthcare Collaborative
Nancy Foster, American Hospital Association [substitute for Richard Umbdenstock]	Dale Shaller [subject matter expert: patient experience]
Jane Franke, Blue Cross Blue Shield of Massachusetts	Brock Slabach, National Rural Health Association
Shaheen Halim, Centers for Medicare & Medicaid Services	Bruce Siegel [subject matter expert: safety net]
Helen Haskell, Mothers Against Medical Error	Ann Marie Sullivan, New York City Health and Hospital Corporation (<i>phone</i>)
Michael Kelley, Veterans Health Administration	Cristie Travis, Memphis Business Group on Health
Mitchell Levy [subject matter expert: patient safety]	Ronald Walters, Alliance of Dedicated Cancer Centers
Leah Marcotte, Office of the National Coordinator for Health Information Technology	

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This was the second in-person meeting of the Hospital Workgroup. The primary objectives of the meeting were to:

- Review measures under consideration for inclusion in Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (VBP), Inpatient Psychiatric Facility Quality Reporting, Hospital Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use), and PPS-Exempt Cancer Hospital Quality Reporting;
- Provide input on finalized measure sets for Outpatient Quality Reporting (OQR) and Ambulatory Surgical Center Quality Reporting;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set;
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Workgroup Chair, Dr. Frank Opelka, began the meeting with a welcome and introductions. Dr. Opelka reviewed the objectives of the meeting and provided an overview of the workgroup's task. Following the opening remarks, Lindsay Lang, Senior Program Director, NQF, reviewed the meeting materials provided to the workgroup.

Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the MAP's approach to the pre-rulemaking process. Dr. Hwang reviewed the finalized MAP Measure Selection Criteria. She also described the role of the workgroup in assessing the measures under consideration for pre-rulemaking by HHS and providing recommendations to the Coordinating Committee for consideration at their January meeting. The [final report](#) containing the MAP's conclusions was due to HHS on February 1, 2012. Dr. Hwang presented the seven programs the Hospital Workgroup would be reviewing and advised on their three decisions options for each measure – support, support direction, or do not support. Ms. Lang then provided an overview of workgroup-specific considerations for the dual eligible beneficiaries population, including the high-leverage areas for quality improvement and the proposed core measures defined by the Dual Eligible Beneficiaries Workgroup. The workgroup also discussed care coordination as an example of cross-program measure alignment.

To accomplish the goals of the meeting, Dr. Opelka led the workgroup through a detailed discussion guide. The remainder of this meeting summary is captured below using the original discussion guide format with a synthesis of the findings and conclusions of the Hospital Workgroup included in the far right column.

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Hospital Workgroup Pre-Rulemaking Discussion Guide with Findings and Conclusions

Overarching Discussion Regarding Disparities		
<p>If measured and stratified appropriately, a number of the measures included within the program sets could be highly applicable to vulnerable populations. Some of these measures reveal disparities, as documented by AHRQ. Though these measures are not currently specified this way, some could be particularly applicable, and we could learn more through implementation. NQF is currently reviewing the entire endorsed portfolio for disparities-sensitive measures. There continues to be tension in the field about whether to apply stratification to current measures or to create different measures. During its first year, MAP is primarily addressing disparities through consideration for the needs of the dual eligible beneficiaries population.</p>		
Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Inpatient Quality Reporting (IQR) Program Measure Set		
<p>1. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • Program set includes 21 new measures under consideration for a total of 93 measures to be included in IQR • Considering all finalized measures and measures under consideration, 15 of the 34 Hospital core set measures are NOT included in IQR • Majority NQF-endorsed • All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular well-addressed; others less so • Addresses 6 high impact conditions • There is a mix of all measure types, though very few cost, structure, or patient experience measures <p>Alignment with other programs:</p> <ul style="list-style-type: none"> • 30 measures are included with VBP (finalized and under consideration) • 32 measures are included in Meaningful Use (finalized and under consideration) 	<p>The workgroup previously considered the IQR program set at their October meeting and identified the following measure gaps:</p> <ul style="list-style-type: none"> • Child health • Maternal care • Measures are not sensitive to disparities • Behavioral health beyond substance abuse • Patient-reported outcomes • Sepsis measures. The workgroup had suggested that sepsis be considered separately from infections as a whole. • Cost and resource use measures

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<p>2. Four NQF-endorsed measures under consideration related to care coordination</p>	<ul style="list-style-type: none"> • Effective care coordination is an NQS priority • Fill gaps identified by the workgroup for additional care transition and patient-reported measures • Reporting patients’ perspectives on care is a statutory requirement • Noted priority for dual eligible beneficiaries related to care after discharge • 0228: 3-Item Care Transition Measure (CTM-3) is part of the dual eligible beneficiaries core set • Condition-specific focus of AMI (0698), Heart Failure (0699) and Pneumonia (0707) 30-Day Post-Discharge Transition Composite measures do not allow for broad applicability <p><i>(Care coordination is a cross-program focus area)</i></p>	<p>Overall, the workgroup was very supportive of including additional measures of care coordination within the IQR program set.</p> <p>They supported the immediate inclusion of the CTM-3 measure within IQR. The workgroup members strongly urged that it be incorporated in to the existing HCAHPS survey to decrease reporting burden on both the patients and providers. It was noted that this approach is being tested at this time.</p> <p>Voting: 10 support, 8 support direction, 1 not support</p> <p>When considering the three condition-specific 30-Day Post-Discharge Transition Composite measures, the group was split regarding whether or not these were ready for inclusion immediately within IQR. A number of concerns were raised by workgroup members including the validity of the weighting within these measures, the usefulness/interpretability for improvement when combining readmissions, ED visits, and outpatient clinician visits into one composite, and overlap with readmission measures currently within IQR. There was a sense that these should undergo greater field testing before being used widely in a public reporting program.</p> <p>It was also noted that if the Coordinating Committee would opt to support these transition</p>
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		<p>composite measures for immediate inclusion, then parsimony with readmissions measures currently within the program should be considered as well.</p>
<p>3. Hospital-wide Readmission measure that is not NQF-endorsed, but under consideration in current NQF endorsement project</p>	<ul style="list-style-type: none"> • To date, recommended for NQF endorsement by the Steering Committee with modifications related to harmonization with a related measure • Effective care coordination and safer care are NQS priorities • Potentially supports workgroup recommendation to move toward all-patient, all-payer measures • Key issue for dual eligible beneficiaries – there is a measure with similar intent included within the duals core set <p><i>(Care coordination is cross-program focus area)</i></p>	<p>The workgroup was generally supportive of the hospital-wide readmission measure. Given that the measure is still undergoing NQF endorsement review, the group indicated that the measure should receive NQF endorsement prior to being included in the IQR. Ultimately, they were split regarding whether or not to include this measure at this time.</p> <p>Voting: 8 support, 8 support direction, 2 not support</p> <p>The workgroup raised a few methodological concerns regarding this measure:</p> <ul style="list-style-type: none"> • It's currently specified for patients 65 and older, and being tested in an all-payer population of patients aged 18 years or older. The workgroup strongly agreed that it should not be included until this testing is complete and can truly be a hospital-wide measure. • It may be difficult to identify and target specific areas for improvement with such a heterogeneous measure of performance. • The methodology used for distinguishing planned and unplanned readmissions was also highlighted. CMS, the measure

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		<p>developer, indicated that they are moving toward a consistent approach and will be conducting a “dry run” of the measures using the harmonized method, so it’s consistent with the other CMS disease-specific readmission measures which exclude unplanned readmissions.</p> <ul style="list-style-type: none"> The workgroup agreed it was important to raise concerns regarding potential unintended consequences of this measure, particularly if it could be tied to payment in the future. This is an important area in which to measure performance, but checks need to be in place to ensure that this does not drive payments away from hospitals that provide services to vulnerable populations or encourage denial of care for vulnerable populations.
<p>4. Heart Failure measures under consideration and finalized</p> <p>(0699: Heart Failure care transition measure noted above)</p>	<ul style="list-style-type: none"> Heart failure is high impact condition Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (0083) Symptom and Activity Assessment (0077) is not recommended for continued endorsement in current NQF endorsement project HF-1 Discharge Instructions (0136) is not recommended through NQF endorsement maintenance 3 Heart Failure measures: Combination Medical Therapy for LVSD, Counseling Regarding ICD for Patients with LVSD, Symptom Management are not NQF-endorsed Finalized IQR measures include 4 other existing Heart 	<p>The workgroup supported the inclusion of measure 0083 in the program measure set. Although there are a number of heart failure process measures in the set, the workgroup agreed that beta-blockers for LVSD were strongly tied to improved outcomes.</p> <p>Voting: 13 support, 0 support direction, 5 not support</p> <p>Given that 0077 has not been recommended for continued NQF endorsement and does not</p>

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	<p>Failure (0162, 0135, 0330, 0229) measures to round out a condition measure set</p>	<p>support the workgroup’s desire to move toward outcomes, they did not support including it in IQR at this time.</p> <p>Voting: unanimous – not support</p> <p>The workgroup unanimously agreed not to support the inclusion of 0136 in the measure set. Measure 0136 has not been recommended for continued NQF endorsement. Note: This finding applies to VBP and Meaningful Use as well.</p> <p>Voting: unanimous – not support</p> <p>The issue of parsimony was raised regarding measure 0330: Heart Failure 30-Day Risk Standardized Readmissions. The workgroup agreed that if the Heart Failure 30-Day Post-Discharge Transition Composite was supported for inclusion by the Coordinating Committee, then this measure may need to be considered for removal.</p> <p>The theme of parsimony continued as the workgroup considered 3 additional measures related to heart failure. They questioned how many measures were needed for this one condition and supported movement toward a composite. These 3 measures are not NQF-endorsed nor were their specifications available for review.</p>
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MEASURE APPLICATIONS PARTNERSHIP

		<p>The workgroup supported the direction of the Combination Medical Therapy for LVSD measure</p> <p>Voting: 0 support, 9 support direction, 7 not support</p> <p>The workgroup agreed that without specifications, it was unclear what was being measured. If this measure will help make the program set more parsimonious, that would be favored.</p> <p>The workgroup did not support the inclusion of the Counseling Regarding ICD for Patients with LVSD measure in IQR</p> <p>Voting: 0 support, 6 support direction, 10 not support</p> <p>The workgroup did not support the inclusion of the Symptom Management measure in IQR</p> <p>Voting: 0 support, 5 support direction, 8 not support</p>
<p>5. Eight behavioral health measures under consideration that are not NQF-endorsed, but under consideration in current NQF endorsement project</p>	<ul style="list-style-type: none"> • Submitted to NQF behavioral health endorsement project that launched in November 2011 • Related to tobacco, alcohol, substance screening, treatment and follow up (TAM 1-8) – fill gap identified by the workgroup for additional behavioral health measures • Noted high-leverage area of Mental Health/Substance Use for dual eligible beneficiary population 	<p>Overall, the workgroup supported the direction of all of the TAM (1-8) measures.</p> <p>Voting: 0 support, 16 support direction, 1 not support</p> <p>The workgroup agreed that these measures showed promise and would fill an identified gap in this program set; however, they should go through</p>

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MEASURE APPLICATIONS PARTNERSHIP

		<p>the entire NQF endorsement process prior to inclusion.</p> <p>They offered guidance on how the measures may be most effectively included within federal programs in the future:</p> <ul style="list-style-type: none"> • These measures, particularly the tobacco measures, may be more appropriate for an outpatient setting and perhaps could be considered for the OQR program set in the future. • They suggested that it may be most efficient to include only one measure for each topic area—the one closest to patient outcome. • Concern was expressed that TAM - 4 and 8 (assessing status after discharge) may be challenging to implement, particularly for hospitals serving a large homeless population. • It may be necessary to determine a way to ensure that these measures are not used to discriminate against patients that screen positively.
<p>6. Three additional measures under consideration that are not NQF-endorsed</p>	<ul style="list-style-type: none"> • 2 Hip/Knee measures – Complication and Readmission: 30-Day All-Cause Readmission Measure; both are recommended for endorsement within a current NQF endorsement project • Safe Surgery Checklist – there is a Safe Surgery Checklist measure within the current OQR program set 	<p>The workgroup was split regarding whether or not the 2 Hip/Knee measures should be included in IQR immediately or at a future date.</p> <p>Voting: 7 support, 6 support direction, 4 not support</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

		<p>Though these measures are currently recommended within an NQF endorsement project, the workgroup agreed it was important that they make it through the entire NQF-endorsement process. The group also expressed concerns about including two additional condition-specific measures covering a relatively small patient population.</p> <p>The workgroup supported the direction of the Safe Surgical Checklist measure. Note: This finding applies to the retention of the Safe Surgery Checklist measure within OQR (see line 28)</p> <p>Voting: 6 support, 10 support direction, 1 not support</p> <p>This is a binary (yes/no) structural measure indicating whether or not a hospital has implemented a surgical checklist. While the workgroup recognized the importance of a surgical checklist and agreed it encourages better practice and communication, they were hesitant to support it without more detailed information about the specifications of the measure.</p>
<p>7. Considerations on the existing program measure set</p>	<p>Two measures are currently undergoing NQF endorsement maintenance with expanded denominators beyond ICUs to include medical-surgical (major teaching and all others), neurosurgical, pediatric, surgical, trauma, burn, and respiratory) units:</p> <ul style="list-style-type: none"> • Catheter-Associated Urinary Tract Infection (CAUTI) (0138) • Central Line-Associated Bloodstream Infection (CLABSI) 	<p>The workgroup supported retention of CAUTI (0138) and CLABSI (0139) within the IQR program set.</p> <p>When considering new measures for the VBP program set, issues were raised in regards to the</p>

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MEASURE APPLICATIONS PARTNERSHIP

	(0139)	<p>Mortality for Selected Medical Conditions (0530) measure found within both VBP and IQR. Following this discussion, the workgroup did not support retention of this measure within the VBP program, as well as IQR (see line 10).</p> <p>Voting: 0 support, 5 support direction, 11 not support</p> <p>There were 8 HACs considered as part of the VBP discussion and the workgroup findings there (see line 12) should be applied to the IQR program set as well.</p>
Value-based Purchasing (VBP) Program Measure Set		
<p>8. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • Program set includes 13 new measures under consideration for a total of 30 measures to be included in Hospital VBP • Considering all finalized measures and measures under consideration, 23 of the 34 hospital core set measures are NOT included in Hospital VBP • Majority NQF-endorsed • All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular well-addressed; others less so • Addresses 5 high-impact conditions • Does not include any structural measures and very few cost or patient experience measures <p>Alignment with other programs</p> <ul style="list-style-type: none"> • All measures are also included in IQR (finalized and under consideration) • 12 measures are included in Meaningful Use (finalized and under consideration) 	<p>The workgroup previously considered the VBP program set at their October meeting and identified the following measure gaps:</p> <ul style="list-style-type: none"> • Maternal care • Child health • Behavioral health • Stroke • Diabetes • Disparities–sensitive measures • Cost and resource use measures

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MEASURE APPLICATIONS PARTNERSHIP

<p>9. AMI-10 Statin Prescribed at Discharge (0639)</p>	<ul style="list-style-type: none"> • Required within statute to measure AMI care • NQF-endorsed • In IQR and under consideration for Meaningful Use • Add to 3 other AMI measures within the program (0163, 0164, 0230) 	<p>The workgroup was in support of including this measure within the VBP program at this time.</p> <p>Voting: 11 support, 4 support direction, 0 not support</p> <p>The discussion of the workgroup predominantly focused on whether or not there is a performance gap here and CMS indicated that we should know this information within a month.</p>
<p>10. IQI 91 Mortality for Selected Medical Conditions (Composite) (0530)</p>	<ul style="list-style-type: none"> • NQF-endorsed • In IQR • Included in hospital core set 	<p>The workgroup did not support the inclusion of this measure in VBP or IQR (see line 7).</p> <p>Voting: 0 Support, 5 support direction, 12 not support</p> <p>The workgroup sought clarity that this measure is a composite measure of only inpatient mortality of AMI, heart failure, stroke, pneumonia, hip fracture and GI hemorrhage.</p> <p>There are three other mortality measures within VBP for AMI, heart failure, and pneumonia that are 30-day mortality and also include mortality in a hospital. There was concern that including this composite in addition to the other three measures would result in doubly rewarding or penalizing a hospital.</p> <p>Concern was raised regarding reporting of</p>

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		<p>mortality measures. The perception may be that death in a hospital is always bad; however, some communities don't have access to palliative care, so this may be the best possible option. This would penalize hospitals/communities in that situation. It was also troubling to the workgroup that this measure does not account for a patient's DNR status.</p> <p>A possible enhancement for this measure identified by the workgroup would be to stratify across multiple conditions.</p>
<p>11. Three NQF-endorsed measures under consideration related to patient safety</p>	<ul style="list-style-type: none"> • Safer care is an NQS priority • Central Line-Associated Blood Stream Infection (CLABSI) (0139) <ul style="list-style-type: none"> ○ In IQR ○ Required within statute to measure healthcare-associated infections ○ Currently undergoing NQF maintenance endorsement review including expanded denominator • SCIP-Inf-10 Surgery Patients Preoperative Temperature Management (0452) <ul style="list-style-type: none"> ○ In IQR ○ 7 SCIP measures already included in Hospital VBP • PSI 90 Complication/Patient Safety for Selected Indicators (Composite) (0531) <ul style="list-style-type: none"> ○ In IQR ○ Included in Hospital core set 	<p>The workgroup supported the inclusion of the CLABSI (0139) measure within the VBP program set.</p> <p>Voting: 17 support, 0 support direction, 0 not support</p> <p>Concerns were raised about using measures that are in transition, such as this CLABSI measure. It is necessary to be able to look at the data across time for comparison to show improvement. It was suggested that a year of stable definitions is needed to do this comparison. This newly-specified version of the CLABSI measure will begin to be reported on Hospital Compare starting at the end of January 2012.</p> <p>The workgroup supported the inclusion of the SCIP-Inf-10 Preoperative Temperature</p>

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MEASURE APPLICATIONS PARTNERSHIP

		<p>Management (0452) measure within the VBP program set.</p> <p>Voting: 13 support, 1 support direction, 2 not support</p> <p>The workgroup was split on the inclusion of the Complication/Patient Safety for Selected Indicators (0531) measure.</p> <p>Voting: 7 support, 4 support direction, 6 not support</p> <p>There was concern regarding the potentially preventable adverse events included within this composite and the usefulness of reporting them in this manner.</p>
<p>12. Eight measures under consideration that are not NQF-endorsed related to healthcare-acquired conditions (HACs)</p>	<ul style="list-style-type: none"> • These HAC rates have not been submitted to NQF for endorsement • Safer care is an NQS priority • Required within statute to measure healthcare-associated infections 	<p>On the whole, the workgroup is supportive of reporting on measures related to HACs. Consumers understand the HACs and need to be informed about them. There is concern and confusion related to providers being penalized multiple times for performance in these areas through various programs.</p> <p>These HAC rates have never been submitted to NQF for endorsement, and the workgroup did not have confidence in their scientific validity. They suggested that where available, NQF-endorsed HAC measures should be used in lieu of these.</p>

NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

		<p>Some HACs are so rare that the 90th percentile would be 0. Never events should not be risk adjusted, but those HACs that are not “never events” should. Present on admission variable is malleable and could be easily gamed and/or cause needless increase in screening tests at admission.</p> <p>These HAC rates were voted on individually, and when the workgroup supported the direction of the measure, it included harmonizing with NQF-endorsed equivalents. Note: These findings also apply to the IQR (see line 7).</p> <p>The results were as follows:</p> <p>CAUTI: support direction Voting: 1 support, 13 support direction, 2 not support</p> <p>Falls & Trauma: support direction Voting: 1 support, 13 support direction, 3 not support</p> <p>Foreign Body: split Voting: 1 support, 7 support direction, 9 not support</p> <p>Poor Glycemic Control: not support Voting: 1 support, 1 support direction, 13 not support</p> <p>Pressure Ulcers: support direction</p>
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		<p>Voting: 1 support, 12 support direction, 4 not support</p> <p>Air Embolism: not support Voting: 1 support, 1 support direction, 15 not support</p> <p>Blood Incompatibility: not support Voting: 1 support, 5 support direction, 11 not support</p> <p>Vascular-Catheter Associated Infection: support direction Voting: 1 support, 10 support direction, 5 not support</p>
<p>13. Medicare Spending per Beneficiary</p>	<ul style="list-style-type: none"> • Not NQF-endorsed: this measure is not yet complete or tested; NQF expects to receive this measure in Q2 2012 for review. • Making care more affordable is an NQS priority • Specificity to the Medicare patient population does not support application by private payers • Affordability is an important area of focus of the dual eligible beneficiaries workgroup • Statute states that VBP should include efficiency measures adjusted for factors such as age, sex, race, severity of illness, and other factors 	<p>The workgroup supported the direction of this concept for a measure.</p> <p>Voting: 4 support, 11 support direction, 1 not support</p> <p>This measure did not include specifications. CMS clarified that the measure is meant to capture Medicare Spending per Beneficiary <i>per episode</i> and will be risk adjusted. The specifications will be available in the near future and the measure will be reported on Hospital Compare in spring of 2012.</p> <p>There are many definitional issues related to this type of measure that need to be considered. There</p>

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MEASURE APPLICATIONS PARTNERSHIP

		<p>was great concern regarding how the measure would be used and whether or not it could result in reduction in care or access issues. The workgroup urged that the measure be paired with a balancing outcome or access measure. It was suggested that CMS look to the resource use endorsement project in progress at NQF. This measure should be harmonized across care settings.</p>
Inpatient Psychiatric Facility Quality Reporting Program Measure Set		
<p>14. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • Program set includes 6 new measures under consideration • All measures are NQF-endorsed • Only 3 NQS priorities are addressed – safer care, effective care coordination, person/family-centered care • No high impact conditions directly addressed • Only process measures • Program does not include measures from other programs <p>Implications for the dual eligible beneficiaries population</p> <ul style="list-style-type: none"> • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558) is part of the duals core set • Particularly applicable to the dual eligible population are the measures related to medication management and post-discharge planning <p>Cross-program considerations – care coordination</p> <ul style="list-style-type: none"> • HBIPS-6 Post-Discharge Continuing Care Plan Created (0557) • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558) 	<p>Measure gaps:</p> <ul style="list-style-type: none"> • Measures related to the coordination between inpatient psychiatric care and alcohol/substance abuse treatment; concern was raised about a lack of care coordination between these settings • Outcome measures for after care – patients keeping follow up appointments • Measures that address monitoring of metabolic syndrome for patients on antipsychotic medications • Primary care follow up after discharge measures
<p>15. Six measures under consideration for</p>	<p>2 measures related to use of restraint and seclusion</p> <ul style="list-style-type: none"> • HBIPS-2 Hours of Physical Restraint Use (0640) 	<p>The workgroup members supported inclusion of all six measures into the</p>

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MEASURE APPLICATIONS PARTNERSHIP

<p>this program</p>	<ul style="list-style-type: none"> • HBIPS-3 Hours of Seclusion Use (0641) <p>2 measures related to post-discharge continuing care plan</p> <ul style="list-style-type: none"> • HBIPS-6 Post-Discharge Continuing Care Plan Created (0557) • HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558) <p>2 measures related to Patients Discharged on Multiple Antipsychotic Medications</p> <ul style="list-style-type: none"> • HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications (0552) • HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (0560) 	<p>program set.</p> <p>The voting results are as follows: HBIPS-2 voting: 12 support, 4 support direction, 1 not support</p> <p>HBIPS-3 voting: 12 support, 4 support direction, 0 not support</p> <p>HBIPS-4 and HBIPS-5 voting: unanimously supported; supported paired reporting of these measures</p> <p>HBIPS-6 and HBIPS-7 voting: unanimously supported; supported paired reporting of these measures</p> <p>The workgroup sought clarity around measure exclusions and further understanding of the settings to which the program will apply. The measures apply to both children and adults and are stratified into 4 age groups.</p>
<p>Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use) Program Measure Set</p>		
<p>16. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • Program set includes 36 new measures under consideration for a total of 51 measures to be included in Meaningful Use • Considering all finalized measures and measures under consideration, 22 of the 34 Hospital core set measures are NOT included in Meaningful Use • Nearly all measures are NQF-endorsed • All NQS priorities addressed, some to a lesser extent than others 	<p>Measure gaps: The workgroup encouraged the development of delta measures to detect incremental changes in a patient’s condition overtime, and the inclusion of those measures in the Meaningful Use program in the future.</p>

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MEASURE APPLICATIONS PARTNERSHIP

	<ul style="list-style-type: none"> • 5 high impact conditions addressed • Only process and outcome measure types <p>Alignment with other programs</p> <ul style="list-style-type: none"> • 17 measures are included with IQR (finalized and under consideration) • 12 measures are included with VBP (finalized and under consideration) • 1 measure is included in OQR (finalized and under consideration) • Important to align the approaches toward the Meaningful Use program across the clinician and hospital workgroups 	
<p>17. Seven NQF-endorsed measures under consideration related to AMI</p>	<ul style="list-style-type: none"> • AMI is a high-impact condition • Found in current IQR and Hospital VBP <ul style="list-style-type: none"> ○ AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival (0163) ○ AMI-7a Fibrinolytic Agent Received Within 30 Minutes of Hospital Arrival (0164) • Found in current IQR and under consideration for Hospital VBP <ul style="list-style-type: none"> ○ AMI-10 Statin Prescribed at Discharge (0439) • Found in current IQR <ul style="list-style-type: none"> ○ Aspirin Prescribed at Discharge for AMI (0142) • Not currently used in another program <ul style="list-style-type: none"> ○ Aspirin at Arrival for Acute Myocardial Infarction (AMI) (0132) ○ ACEI or ARB for Left Ventricular Systolic Dysfunction- Acute Myocardial Infarction (AMI) Patients (0137) ○ Beta-Blocker Prescribed at Discharge for AMI (0160) 	<p>The workgroup supported the inclusion of measures 0163, 0164, 0439 and 0142 within the Meaningful Use program set.</p> <p>Voting was as follows: 0163: 11 support, 1 support direction, 2 not support 0164: 11 support, 1 support direction, 2 not support 0439: 9 support, 1 support direction, 3 not support 0142: 9 support, 1 support direction, 3 not support</p> <p>The workgroup did not support measures 0132, 0137, 0160 for inclusion within the Meaningful Use program set.</p> <p>Voting: 4 support, 3 support direction, 8 not support</p> <p>The workgroup agreed that measures selected to</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

		<p>the Meaningful Use program will represent the future of measurement and recognized the importance of selecting the measures that set the direction for where measurement should be in several years. They thought it was important to define what was meaningful and not waste valuable resources developing suboptimal eMeasures. The development of measures that would demonstrate how EHRs improve safety and reduce errors is encouraged.</p> <p>Ultimately, the workgroup decided they would proceed with their previous decisions on individual measures within other programs, where applicable. They agreed that if a measure did not seem to be forward thinking, it should not transition from chart abstraction to electronic health records and should be removed from other programs as well.</p>
<p>18. Eight NQF-endorsed measures under consideration related to Maternal Care</p>	<p>Fill gap identified by the workgroup for maternal care measures</p> <ul style="list-style-type: none"> • Elective Delivery Prior to 39 Completed Weeks Gestation (0469) • Exclusive Breastfeeding at Hospital Discharge (0480) • Proportion of Infants 22 to 29 Weeks Gestation Treated with Surfactant Who Are Treated Within 2 Hours of Birth (0484) • Neonatal Immunization (0485) • Healthy Term Newborn (0716) • Hearing Screening Prior to Hospital Discharge (EHDI-1a) (1354) 	<p>The workgroup unanimously supported inclusion of measure 0469 within the program set.</p> <p>However, a question was raised regarding whether or not this was truly a hospital measure as pre-natal care, patient-provider relationship and patient choice impact this measure.</p> <p>The workgroup did not support inclusion of measure 0480 within the Meaningful Use set.</p> <p>Voting: 2 support, 2 support direction, 12 not</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

	<p>Not recommended for continued endorsement in current NQF endorsement project</p> <ul style="list-style-type: none"> • First Temperature Measured Within 1 Hour of Admission to the NICU (0481) • First NICU Temperature < 36 Degrees C (0482) 	<p>support</p> <p>The group agreed that this was not a high priority measure for the Meaningful Use program set. Additionally, the issue was raised that breastfeeding is ultimately a patient choice.</p> <p>The workgroup supported inclusion of measures 0484, 0485, 0716, 1354 within the Meaningful Use program set.</p> <p>Voting: 0484: 15 support, 0 support direction, 1 not support 0485: 15 support, 0 support direction, 0 not support 0716: 12 support, 4 support direction, 0 not support 1354: 14 support, 0 support direction, 0 not support</p> <p>The workgroup did not support the inclusion of either measure 0481 or 0482 in the Meaningful Use program set as they are not being recommended for continued NQF endorsement.</p> <p>Voting: 0481: 0 support, 0 support direction, 13 not support 0482: 0 support, 0 support direction, 12 not support</p>
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NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

<p>19. Five NQF-endorsed measures under consideration related to child health</p>	<p>Fill gap identified by the workgroup for pediatric measures</p> <ul style="list-style-type: none"> • PICU Pain Assessment on Admission (0341) • PICU Periodic Pain Assessment (0342) • Use of Relievers for Inpatient Asthma (0143) • Use of Systemic Corticosteroids for Inpatient Asthma (0144) • Home Management Plan of Care Document Given to Patient/Caregiver (0338) <ul style="list-style-type: none"> ○ Asthma population ○ Relates to high-leverage area identified by the MAP Dual Eligible Beneficiaries Workgroup ○ Measure of care coordination <p>These measures are expected to be reviewed in NQF endorsement project next year.</p>	<p>The workgroup supported the inclusion of all of the pediatric measures under consideration in for the Meaningful Use program.</p> <p>Voting: 0341, 0342: unanimously supported 0143, 0144, 0338: 13 support,1 support direction, 1 not support</p> <p>* This conclusion by the workgroup is caveated that if measures 0143, 0144, and 0338 have endorsement removed within next year’s NQF endorsement project, then they would reconsider their position.</p>
<p>20. Eight NQF-endorsed measures under consideration related to the surgical care improvement project (SCIP)</p>	<ul style="list-style-type: none"> • Safer care is an NQS priority • Found in current IQR and Hospital VBP <ul style="list-style-type: none"> ○ SCIP-Inf-01 Prophylactic Antibiotic Received Within 1 hour Prior to Surgical Incision (0527) ○ SCIP-Inf-02 Prophylactic Antibiotic Selection for Surgical Patients (0528) ○ SCIP-Inf-03 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (0529) ○ SCIP-Inf-04 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose (0300) ○ SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (0218) ○ SCIP Card-2 Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta- 	<p>The workgroup unanimously supported inclusion of the measures 0527, 0528, 0529, 0300, 0284, 0218 and 0453 within the Meaningful Use program</p> <p>The workgroup did not support inclusion of the measures 0301 within the Meaningful Use program as it is moving into reserve status with NQF endorsement and is topped out.</p> <p>Voting: 1 support, 2 support direction, 12 not support</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

	<p style="text-align: center;">Blocker During the Perioperative Period (0284)</p> <ul style="list-style-type: none"> • Found in current IQR <ul style="list-style-type: none"> ○ SCIP-Inf-09 Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery Being Day Zero (0453) • Not found in another hospital program <ul style="list-style-type: none"> ○ SCIP-INF-6- Surgery Patients with Appropriate Hair Removal (0301) – recommended for reserve endorsement status in current NQF endorsement project 	
21. Two NQF-endorsed measures under consideration related to pneumonia	<ul style="list-style-type: none"> • Found in current IQR and Hospital VBP <ul style="list-style-type: none"> ○ PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (0148) ○ PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients (0147) 	The workgroup unanimously supported the inclusion of these measures in the Meaningful Use program set.
22. STK-1 Venous Thromboembolism (VTE) Prophylaxis (0434)	<ul style="list-style-type: none"> • Stroke is a high-impact condition • Found in current IQR 	The workgroup unanimously supported the inclusion of this measure in the Meaningful Use program set.
23. OP-18/ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients (0496)	<ul style="list-style-type: none"> • Found in current OQR • Fill gap identified by the workgroup for ED measures 	<p>The workgroup supported the inclusion of ED-3/OP-18 in the Meaningful Use program set.</p> <p>Voting: 15 support, 1 support direction, 0 not support</p> <p>The workgroup agreed that it is a complimentary measure to the measures already in program.</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

<p>24. Two measures under consideration that are not NQF-endorsed, but currently being reviewed in an NQF endorsement project</p>	<ul style="list-style-type: none"> • Submitted to population health prevention project that launched in May 2011 <ul style="list-style-type: none"> ○ IMM-1 Pneumonia Immunization – to date, recommended for NQF endorsement by Steering Committee ○ IMM-2 Flu Immunization – to date, recommended for NQF endorsement by Steering Committee 	<p>The workgroup supported the inclusion of IMM-1 and IMM-2 in the Meaningful Use program set, pending NQF endorsement.</p> <p>Voting: 12 Support, 3 support direction, 0 not support</p>
<p>25. One measure under consideration that is not NQF-endorsed nor specified at this time</p>	<ul style="list-style-type: none"> • CMS wants to create a new measure that will combine two currently NQF-endorsed measures into one measure: HF-2 Evaluation of Left Ventricular Function (0135) and HF-3 Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin II Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (0162) 	<p>The workgroup was split on whether or not to include this new measure combining HF-2 and HF-3 as there were no specifications provided.</p> <p>Voting: 0 support, 8 support direction, 7 not support</p> <p>The workgroup was particularly interested to understand if the measure would include some kind of weighting.</p>
<p>26. Cross-program considerations – care coordination</p>	<ul style="list-style-type: none"> • Home Management Plan of Care Document Given to Patient/Caregiver (0338) 	<p>The workgroup stressed the importance of care coordination across the continuum and the need to avoid silos. The workgroup encouraged synergizing with the development of clinician EHRs as well as consistency across the MAP workgroups.</p> <p>As noted above, the workgroup supported the addition of measure Home Management Plan of Care Document Given to Patient/Caregiver (0338).</p>
<p>Outpatient Quality Reporting (OQR) Program Measure Set</p>		
<p>27. Review program</p>	<ul style="list-style-type: none"> • No new measures under consideration for the OQR 	<p>Measure gaps:</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

<p>summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<p>Program</p> <ul style="list-style-type: none"> • Considering all finalized measures and measures under consideration, 33 of the 34 Hospital core set measures are NOT included in OQR • Majority of measures are NQF-endorsed • All NQS priorities addressed, with safety covered the most • 6 high impact conditions addressed • Heavy on process measures, not outcome measures <p>Alignment with other programs</p> <ul style="list-style-type: none"> • OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients (0496) is under consideration for Meaningful Use • Overall, the workgroup stressed that the OQR set should align with the efforts of the MAP Clinician Workgroup as more clinicians become hospital-affiliated and not covered under the clinician reporting programs. <p>Cross-program implications: dual eligible beneficiaries and care coordination</p> <ul style="list-style-type: none"> • Tracking Clinical Results Between Visits (0491) • Transition Record with Specified Elements Received by Discharged Patients (0649) 	<p>There are no patient-reported measures in the OQR program set.</p> <p>Additionally, the workgroup previously considered the OQR program set at their October meeting and identified the following measure gaps:</p> <ul style="list-style-type: none"> • Outcome measures. The workgroup previously indicated the need to move to outcome measures clustered with process and structural measures. • The program set does not address supporting better health in communities or disparities. • High impact outpatient issues such as weight management, diabetes management, and readmissions (including admissions following an outpatient surgery). • Measures that address patient preferences such patient outcomes, patient shared decision making, patient experience of care, and family engagement. • Efficiency measures. There are measures related to cost of care, but no true measures of efficiency.
<p>28. Program set includes five measures that are not NQF-endorsed</p>	<ul style="list-style-type: none"> • OP-9: Mammography Follow-up Rates – considered for NQF endorsement in 2010, but not recommended because of concerns that the measure looked at only recall rates, but not at the number of missed cancers, as well as concerns with the usability and specifications 	<p>For OP-9, OP-10, OP-14, and OP-15, the workgroup supported the direction of these measures, but did not find they should be retained in the OQR program set until they are further developed.</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

	<ul style="list-style-type: none"> • OP–10: Abdomen CT—Use of Contrast Material – considered for NQF endorsement in 2010, but not recommended due to concerns with the evidence and measure specifications • OP–14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT) – considered for NQF endorsement in 2010, but not recommended because the measure did not meet the NQF endorsement importance criterion • OP–15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache – considered for NQF endorsement in 2010, but not recommended following public comment due to concerns about potential for unintended consequences as currently specified • OP-25: Safe Surgery Checklist – not previously submitted to NQF for endorsement 	<p>Voting: 1 support, 13 support the direction, 0 not support</p> <p>There was strong agreement that these are important areas for measurement; however, these measures as currently constructed do not work. The workgroup agreed with the concerns noted for all four of these measures and have struggled to implement them in practice.</p> <p>Safe Surgery Checklist</p> <ul style="list-style-type: none"> • When considered for the IQR program, the workgroup supported the direction of this measure, but did not find it is ready for inclusion in a program set at this time (see line 6).
<p>29. Additional considerations regarding the existing OQR program measure set</p>	<p>The measure developer has requested that endorsement (time-limited) be withdrawn through NQF endorsement maintenance for the following two measures because of issues during measure testing</p> <ul style="list-style-type: none"> • OP–20: Door to Diagnostic Evaluation by a Qualified Medical Professional (0498) • OP–22: ED–Patient Left Without Being Seen (0499) 	<p>The workgroup supported the direction of OP-20 and OP-22, but did not find they should be retained in the OQR program set until they are further developed.</p> <p>Voting OP-20: 0 support, 14 support direction, 1 not support</p> <p>Voting OP-22: 4 support, 10 support direction, 0 not support</p> <p>The workgroup agreed OP-22 could act as a balancing measure for the ED median time measures to prevent hospitals from appearing to</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

		<p>improve when patients ultimately just left without being seen. The workgroup also recognized the challenge of collecting the necessary data for these measures, particularly the specific time stamp data points.</p>
Ambulatory Surgical Center Quality Reporting (ASC) Program Measure Set		
<p>30. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • No new measures under consideration for the ASC Program • Program set includes 5 measures, all of which are NQF-endorsed • Safer care is the only priority addressed by this program set • There are no high impact conditions directly addressed by this program set • The set only includes process and outcome measures; no cost, patient experience or structural measures <p>Alignment with other programs</p> <ul style="list-style-type: none"> • The measures included in this program are not included in any other programs • ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing is related to antibiotic timing measures included in IQR and VBP 	<p>Measure gaps: The workgroup thought that a number of the SCIP measures could be added to this program. Additionally, it was noted that there are no patient experience of care measures.</p>
<p>31. Considerations regarding the existing program measure set</p>	<p>There were no new measures under consideration within this program</p>	<p>Overall, the workgroup did not have any major concerns regarding the existing measures within the program set.</p> <p>The workgroup agreed strongly that ASCs should be held to the same standard as acute care hospitals doing outpatient procedures. There should be greater alignment between programs related to the perioperative period and surgical</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

		<p>care.</p> <p>The point was raised that the unique codes required for the ASC measures are a source for additional provider reporting burden.</p> <p>Caution was raised that there may be too much concern around issues of attribution with ASCs and it is important to remain patient-centered.</p>
PPS Exempt Cancer Hospital Quality Reporting Program Measure Set		
<p>32. Review program summary, finalized measures and measures under consideration, gaps, relationship to hospital core measure set</p>	<ul style="list-style-type: none"> • Program set includes 5 new measures under consideration • 3 NQF-endorsed measures, 2 recommended in current NQF endorsement project (endorsed with limited denominator) • Safer care and treatment/prevention (except not CV) are represented, but none others in this limited starter set • Breast and colon cancer high-impact conditions represented • No cost, structure, patient experience measures <p>Alignment with other programs</p> <ul style="list-style-type: none"> • The CAUTI and CLABSI measures are the same measures as those finalized within the existing IQR program set • The workgroup is suggesting consideration of these same measures in VBP <p>The workgroup agreed that the 3 cancer-specific measures in this program should be included in OQR and clinician reporting programs as applicable.</p>	<p>The workgroup previously considered the cancer program set at their October meeting and identified the following measure gaps:</p> <ul style="list-style-type: none"> • Health and well-being: • Safety • Person and family centered care • Care Coordination • Treatment of lung, prostate, gynecological, and pediatric cancers • Prevention • Outcome measures , particularly measures of survival • Cost and Efficiency • Disparities <p>The workgroup encouraged the continued development of measures to fill the gaps it had previously identified.</p>
<p>33. There are five measures under</p>	<p>The measures are all NQF-endorsed and include the following:</p>	<p>The workgroup supported inclusion of all five the measures into the program set. This included</p>

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

<p>consideration for this program.</p>	<p>Two breast cancer (high-impact condition) measures:</p> <ul style="list-style-type: none"> • Adjuvant Hormonal Therapy (0220) • Combination Chemotherapy Is Considered or Administered Within 4 Months (120 days) of Diagnosis for Women Under 70 with AJCC T1c, or Stage II or III Hormone Receptor Negative Breast Cancer (0559) <p>One colon cancer (high-impact condition) measure:</p> <ul style="list-style-type: none"> • Adjuvant Chemotherapy Is Considered or Administered Within 4 Months (120 days) of Surgery to Patients Under the Age of 80 with AJCC III (Lymph Node Positive) Colon Cancer (0223) <p>Two patient safety (NQS priority area) measures:</p> <ul style="list-style-type: none"> • CAUTI (0138) • CLABSI (0139) 	<p>carryover of prior voting on CAUTI and CLABSI.</p> <p>Voting: unanimously supported</p> <p>As the workgroup had previously considered these five measures at their October meeting, discussion on these measures was quite limited at the December 15 meeting.</p> <p>The workgroup recognized the need to align quality measurement for PPS-exempt cancer hospitals with the programs for other settings where cancer patients may receive care.</p>
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