



## Measure Applications Partnership

### Post-Acute Care/Long-Term Care Workgroup In-Person Meeting Agenda

**December 18, 2012**

**National Quality Forum Conference Center**

**1030 15th Street NW, 9th Floor, Washington, DC 20005**

#### **Remote Participation Instructions:**

##### *Streaming Audio Online*

- Direct your web browser to: <http://nqf.commpartners.com>.
- Under “Enter a Meeting” type in the meeting number: **105965**.
- In the “Display Name” field, type in your first and last names and click “Enter Meeting.”

##### *Teleconference*

- Dial (888) 802-7237 for workgroup members or (877) 303-9138 for public participants; use conference ID code: **72701805** to access the audio platform.

#### **Meeting Objectives:**

- Review and provide input on current finalized program measure sets for federal programs applicable to PAC/LTC settings;
- Review and provide input on measures under consideration for federal programs applicable to PAC/LTC settings;
- Identify high-priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

**8:30 am      Breakfast**

**9:00 am      Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach**

*Carol Raphael, Workgroup Chair*

*Ann Hammersmith, NQF General Counsel*

*Tom Valuck, Senior Vice President, Strategic Partnerships, NQF*

*Aisha Pittman, Senior Program Director, Strategic Partnerships, NQF*

**9:40 am      Pre-Rulemaking Input on Admission/Readmission Measures**

PAGE 2

<b>10:25 am</b>	<b>Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set</b>
<b>11:25 am</b>	<b>Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set</b>
<b>12:10 pm</b>	<b>Opportunity for Public Comment</b>
<b>12:20 pm</b>	<b>Lunch</b>
<b>12:45 pm</b>	<b>Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set</b>
<b>1:30 pm</b>	<b>Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set</b>
<b>2:15 am</b>	<b>Opportunity for Public Comment</b>
<b>2:25 pm</b>	<b>Break</b>
<b>2:35 am</b>	<b>Pre-Rulemaking Input on Nursing Home Quality Initiative Program Measure Set</b>
<b>3:10 pm</b>	<b>Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set</b>
<b>3:40 pm</b>	<b>Opportunity for Public Comment</b>
<b>3:50 pm</b>	<b>Summary of Day</b>
<b>4:00 pm</b>	<b>Adjourn</b>

## Measure Applications Partnership

### Post-Acute Care/Long-Term Care Workgroup In-Person Meeting



NATIONAL  
QUALITY FORUM

*December 18, 2012*

## Agenda

- Welcome, Review of Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach
- Pre-Rulemaking Input on Admission/Readmission Measures
- Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set
- Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set
- Opportunity for Public Comment
- Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set
- Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set
- Opportunity for Public Comment
- Pre-Rulemaking Input on Home Health Quality Reporting Program Measure
- Pre-Rulemaking Input on Nursing Home Quality Initiative Program Measure Set
- Summary and Adjourn

## Meeting Objectives

- Review and provide input on current finalized program measure sets for federal programs applicable to PAC/LTC settings;
- Review and provide input on measures under consideration for federal programs applicable to PAC/LTC settings;
- Identify priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

## *Disclosures of Interest*

## *MAP Pre-Rulemaking Approach*

### 2012-2013 Goals for Pre-Rulemaking

- Continue to promote alignment across HHS programs and with private sector efforts
- Incorporate measure use and performance information into MAP decision-making
- Provide more granular recommendations
- Expand the number of programs MAP considers (i.e., Physician Compare, Hospital-Acquired Condition Payment Reduction Program; Hospital Readmission Reduction Program)

## Pre-Rulemaking Approach

1. Build on MAP's prior recommendations
2. Evaluate each current finalized program measure set using MAP Measure Selection Criteria
3. Evaluate HHS' measures under consideration for what they would add to the current finalized program measure sets
4. Identify high-priority measure gaps for programs and settings

## 1. Build on MAP's Prior Recommendations

### **MAP's prior efforts serve as guidance for pre-rulemaking decisions**

- Coordination Strategies
  - Key recommendations included in Discussion Guide
- Gaps identified across all MAP efforts
  - MAP Previously Identified Gaps list in background materials
- 2012 pre-rulemaking decisions
  - Measure charts and Discussion Guide note prior pre-rulemaking decisions
- Families of measures
  - Measure charts and Discussion Guide note measures that are included in families
  - Core measure sets available in background materials

## Families of Measures and Core Measure Sets

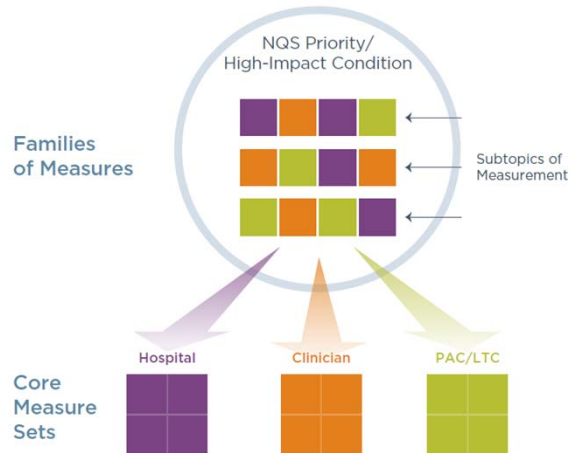
### Families of Measures

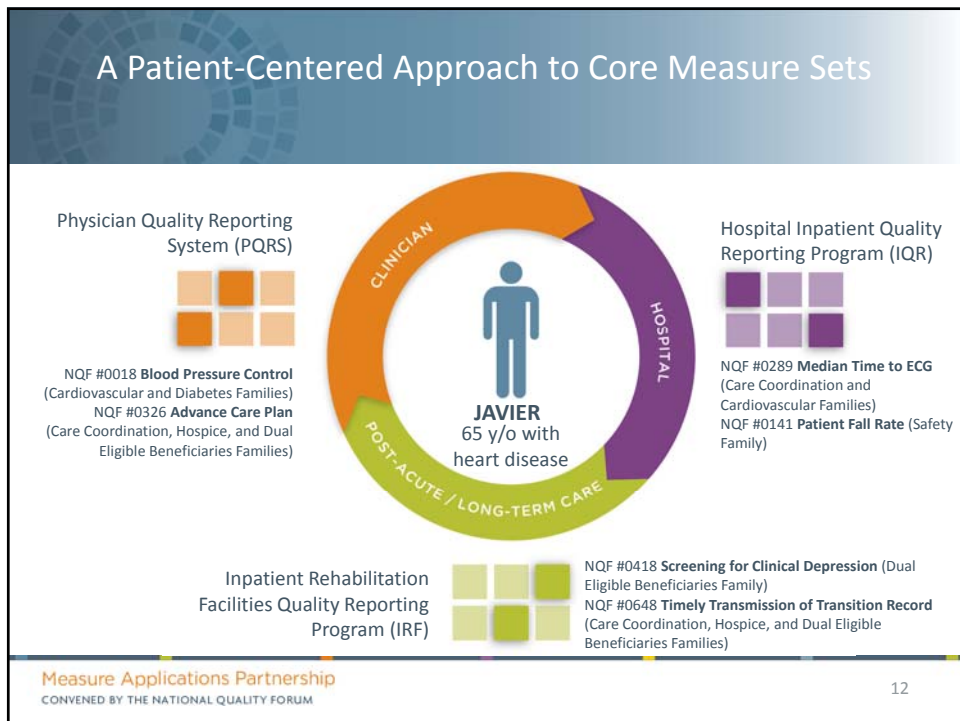
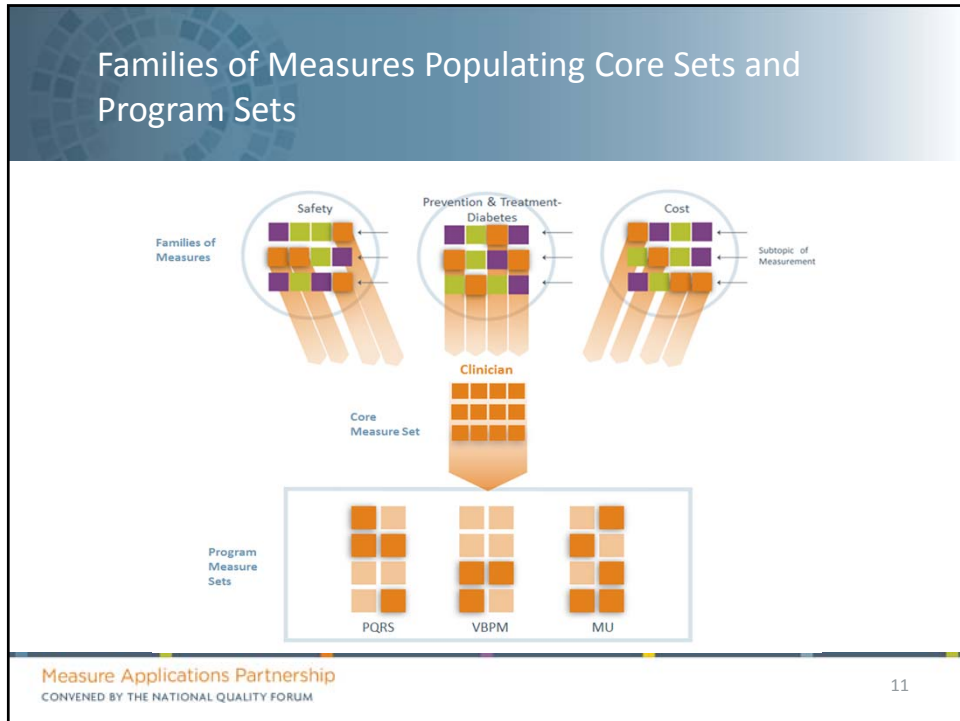
“Related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS ” (e.g., care coordination family of measures, diabetes care family of measures)

### Core Measure Sets

“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., ambulatory clinician measure set, hospital core measure set, dual eligible beneficiaries core measure set)

## Families of Measures







## 2. Evaluate Current Finalized Program Measure Set Using MAP Measure Selection Criteria

Through pre-meeting assignments, you were asked to complete evaluations to determine:

- Potential measures for inclusion (e.g., from core sets, newly endorsed measures)
- Potential measures for removal
- Gaps—implementation gaps (core measures not in the set) and other gaps (e.g., development, endorsement) along the measure lifecycle
- Additional programmatic considerations (e.g., guidance on implementing MAP recommendations, data collection and transmission, attribution methods)

## 2. Evaluate Current Finalized Program Measure Set Using MAP Measure Selection Criteria

### Process for Meeting:

- A. Staff will review program summary, 2012 uptake of MAP recommendations, and initial staff evaluation of each finalized program measure set
- B. Workgroup members assigned to the program will provide a brief summary of their evaluation of the current finalized program measure set
- C. Workgroup will discuss and make recommendations about the current finalized measure set

### 3. Evaluate Measures Under Consideration

MAP will indicate a decision and rationale for each measure under consideration:

MAP Decision Category	Rationale (Examples)
<b>Support</b>	<ul style="list-style-type: none"> <li>Addresses a NQS priority not adequately addressed in the program measure set</li> <li>Core measure not currently included in the program measure set</li> <li>Promotes alignment across programs, settings, and public and private sector efforts</li> </ul>
<b>Support Direction</b>	<ul style="list-style-type: none"> <li>Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>Not ready for implementation; should be submitted for and receive NQF endorsement</li> </ul>
<b>Phased Removal</b>	<ul style="list-style-type: none"> <li>A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program promotes alignment</li> <li>NQF endorsement removed or retired</li> </ul>
<b>Do Not Support</b>	<ul style="list-style-type: none"> <li>Measure does not adequately address any current needs of the program</li> </ul>
<b>Insufficient Information</b>	<ul style="list-style-type: none"> <li>MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure</li> </ul>

### 3. Evaluate HHS' Measures Under Consideration

**Process for Meeting:**

- A. Staff will provide an overall summary of HHS' measures under consideration for each program
- B. Workgroup will work through the Discussion Guide to review HHS' measures under consideration
- C. Workgroup will revisit the finalized measure set and discuss:
  - Measures for removal
  - Additional measures for inclusion, beyond measures on HHS' list of measures under consideration
  - Any additional programmatic considerations

## 4. Identify High-Priority Measure Gaps for Programs and Settings

### Process for Meeting:

- Workgroup will identify gaps in the program measure set
  - Staff will capture any new gaps raised during the course of discussion
- Workgroup will discuss gap priorities for the program
- Workgroup members should use the MAP Gap-Filling Form to:
  - Note measure ideas to spur development
  - Capture barriers to gap-filling and potential solutions

## *Pre-Rulemaking Input on Admission/Readmission Measures*

## *Pre-Rulemaking Input on the Long-Term Care Hospital Quality Reporting Program*

### Long-Term Care Hospital Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - Beginning in FY 2014, failure to report quality data will result in a 2 percent reduction in the annual payment update
- **Statutory Requirements for Measures:**
  - Align with the National Quality Strategy (NQS)
  - Promote enhanced quality with regard to the priorities most relevant to LTCHs
  - Address the primary role of LTCHs—furnishing extended medical care to individuals with clinically complex problems

## Long-Term Care Hospital Quality Reporting Program

### HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 8 measures for the LTCH QRP
  - MAP “Supported Direction” for all 8 measures, 2 of which were finalized for the FY 2016 payment determination and subsequent years
    - » NQF #680 *the Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine* is now endorsed and specified for the LTCH setting.
    - » NQF #0431 *Influenza Vaccination Coverage among Healthcare Personnel* is now endorsed and specified for use for all acute care hospital settings (which includes LTCHs).

## Consensus Standards for Cost and Resource Use

December 18, 2012



Taroon Amin, MA, MPH  
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Senior Project Manager, Performance Measures

## Defining Resource Use Measures

- Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (may include diagnoses, procedures, or encounters).
- A resource use measure counts the frequency of defined health system resources; some further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource.

## Resource Use: A Building Block



## Comparing Approaches

	Per-Capita	Episode-Based
<b>Costs Counted</b>	All costs/resources for each person	Only costs/resources specifically related to the condition/procedure/admission
<b>Measurement focus</b>	Broadly defined	Narrowly defined to condition
<b>Measurement Timeframe</b>	Usually 1 year	Episode-dependent
<b>Care Settings</b>	Cross-setting	Episode-dependent
<b>Types of measures</b>	Condition-specific, Total cost	Groupers, individual episodes

## Overarching Issues

- Reliability and validity testing at the individual physician level
- Appropriateness of actual/standardized costing in various applications
- Evaluating single measures that are part of a grouper system
- Proprietary components within measures
- Implications of carve out arrangements (e.g., mental health, pharmacy)
- Linking quality and cost measures to determine efficiency

## Current Work in Cost and Resource Use Measurement

- Resource Use Endorsement Project 2012
  - Non-condition specific total cost measures
    - *Evaluation of cost per beneficiary and total cost measures for Medicare*
  - Potential follow up work for evaluation of condition-specific measures in a second phase
  - Measure review begins March 2012

## Questions?

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## Discussion Questions

- What specific quality measures should be used with the measure?
- Will the measure results be useful for the program's intended purpose?
- Do the measures under consideration align with private sector efforts? How can we promote alignment with private sector efforts?
- Are there any implementation concerns with the measures under consideration?
- What risks do these measures pose for unintended consequences, and how can the risks be mitigated?
- What are the specific implications for vulnerable individuals, who often require more complex care?

## ***Pre-Rulemaking Input on the Inpatient Rehabilitation Facility Quality Reporting Program***

## Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - Beginning in FY 2014, failure to report quality data will result in a 2 percent reduction in the annual payment update
- **Statutory Requirements for Measures:**
  - Align with the National Quality Strategy (NQS)
  - Promote enhanced quality with regard to the priorities of IRFs
  - Address the primary role of IRFs—rehabilitation needs, including improved functional status and successful return to the community post-discharge

## Inpatient Rehabilitation Facility Quality Reporting Program

### HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 8 measures for the IRF QRP
  - MAP “Supported Direction” for all 8 measures, none were mentioned in the CY 2013 proposed rule

## ***Opportunity for Public Comment***

## ***Pre-Rulemaking Input on the End Stage Renal Disease Quality Improvement Program***

## End Stage Renal Disease Quality Improvement Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - Payments will be reduced if dialysis facilities do not meet or exceed the required total performance score
    - » Sum of the scores for established individual measures
  - Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year
- **Statutory Requirements for Measures:**
  - Anemia management that reflect labeling approved by the Food and Drug Administration (FDA)
  - Dialysis adequacy
  - Patient satisfaction
  - Iron management
  - Bone mineral metabolism
  - Vascular access

## End Stage Renal Disease Quality Improvement Program

### HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 7 measures (6 under consideration, 1 additional measure) for the ESRD Quality Improvement Program
  - MAP “Supported” 4 measures
    - » 2 were proposed
    - » 2 were not proposed
      - *NQF#0260 Assessment of Health-related Quality of Life* was not under consideration
  - MAP “Did Not Support” 1 measure, which was not proposed
  - MAP “Supported Direction” of a composite measure composed of 2 measures
    - » The individual measures are endorsed, the composite is not endorsed
    - » The rule proposes a Kt/v dialysis adequacy measure topic that calculates a score based upon the 3 measures previously reviewed by MAP

## *Pre-Rulemaking Input on Measures for the Hospice Quality Reporting Program*

### Hospice Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - Failure to submit required quality data will result in a 2 percentage point reduction to the market basket percentage increase
- **Statutory Requirements for Measures:**
  - None

## Hospice Quality Reporting Program

### HHS Uptake of MAP 2012 Pre-Rulemaking Recommendations

- MAP provided input on 6 measures for the Hospice Quality Reporting Program
  - MAP “Supported” all 6 measures
  - While no new measures were proposed, HHS will consider all 6 measures for future rulemaking pending development and testing of a standardized assessment instrument to collect and calculate data

## *Opportunity for Public Comment*

## *Pre-Rulemaking Input on Measures for the Home Health Quality Reporting Program*

### Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - Medicare-certified HHAs are required to collect and submit OASIS
  - HHAs that do not submit quality improvement data will receive a 2 percentage point reduction in their annual HH market basket percentage increase
- **Statutory Requirements for Measures:**
  - No specific types of measures required

## *Pre-Rulemaking Input on Measures for the Nursing Home Quality Initiative*

### Nursing Home Quality Initiative

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:**
  - SNFs and NFs are required to complete the MDS
  - Quality measures are reported on the Nursing Home Compare website
- **Statutory Requirements for Measures:**
  - Resident health and quality of life



## *Opportunity for Public Comment*

## *Summary of Day*

## *Next Steps*

## Next Steps

- **January 8-9:** MAP Coordinating Committee In-Person Meeting
- **Mid-January:** 2-week public comment period on draft MAP Pre-Rulemaking Report
- **February 1:** MAP Pre-Rulemaking Report due to HHS

*Adjourn*



## Post-Acute Care/Long-Term Care Workgroup: Pre-Rulemaking Discussion Guide

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### Meeting Objectives:

- Review and provide input on current finalized program measure sets for federal programs applicable to PAC/LTC settings;
- Review and provide input on measures under consideration for federal programs applicable to PAC/LTC settings;
- Identify high-priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Time	Issue/Question	Considerations
9:00am	<b>Welcome, Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach</b>	
9:40am	<b>Pre-Rulemaking Input on Admission/Readmission Measures (Tab #2)</b>	
	1. MAP's prior input on readmission measures	<p>While identifying a Care Coordination Family of Measures, MAP developed a Guidance Document for the Selection of Avoidable Admission and Readmission Measures, in which MAP raised implementation issues:</p> <ul style="list-style-type: none"> <li>• Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination.</li> <li>• All-cause and condition-specific measures of avoidable admissions and readmissions are both important.</li> <li>• Monitoring by program implementers is necessary to understand and mitigate potential unintended consequences.</li> <li>• Risk adjustment is necessary for fair comparisons of readmission rates.</li> <li>• Readmission measures should exclude planned readmissions.</li> </ul> <p>During last year's pre-rulemaking process, MAP reviewed readmission measures for the Hospital Inpatient Quality Reporting Program and supported inclusion of both a hospital-</p>

Time	Issue/Question	Considerations
		<p>wide all-cause measure and condition-specific measures, noting:</p> <ul style="list-style-type: none"> <li>• The condition-specific measures are useful for provider improvement.</li> <li>• The all-condition measure adds value for consumer and purchaser decision-making.</li> </ul> <p>Avoidable admissions is a PAC/LTC core measure concept. Additionally, adding measures of hospital admissions/readmissions to PAC/LTC programs would promote shared accountability across the care continuum.</p> <p>MAP’s Dual Eligible Beneficiaries Workgroup has emphasized the high importance of preventing all types of admissions and readmissions because of the negative impact the transitions have on individuals. This is particularly important for individuals receiving long-term supports in the community or who reside in nursing facilities.</p>
	<p>2. Review one readmission measure under consideration for Long-Term Care Hospital Quality Reporting</p>	<ul style="list-style-type: none"> <li>• 30-Day All Cause Post Long-Term Care Hospital (LTCH) Discharge Hospital Readmission Measure <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ Risk-standardized rate of unplanned, all-cause hospital readmissions for cases discharged from an Long Term Care Hospital (LTCH) who were readmitted to a short-stay acute care hospital, within 30 days of a LTCH discharge</li> </ul> </li> </ul>
	<p>3. Review one readmission measure under consideration for Inpatient Rehabilitation Facility Quality Reporting</p>	<ul style="list-style-type: none"> <li>• All-Condition 30-day Risk-standardized All-Cause Readmission (IRF) <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ Risk-adjusted rate of hospital readmissions for patients discharged from an Inpatient Rehabilitation Facility (IRF) who were readmitted to a short-stay acute care hospital, or LTCH, within 30 days of an IRF discharge</li> </ul> </li> </ul>
	<p>4. Review two admission/readmission measures under consideration for End Stage Renal Disease Quality Improvement Program</p>	<ul style="list-style-type: none"> <li>• NQF #1463 Risk-adjusted Standardized Hospitalization Ratio for Admissions for Dialysis Facility Patients <ul style="list-style-type: none"> <li>○ Risk –adjusted measure of hospitalization for dialysis patients. This measure is claims-based and describes, as a ratio, the number of ESRD Medicare patient actual admissions versus expected hospitalizations adjusted for the facility’s Medicare patient case mix.</li> <li>○ CMS is planning to add the SHR data to the Dialysis Facility Compare effective January 2013.</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>• 30 Day Readmission Measure               <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ Ratio of the number of index hospital discharges that resulted in a readmission within 30 days of discharge for Medicare-covered dialysis patients treated at a particular dialysis facility to the number of readmissions that would be expected given the discharging hospitals and the characteristics of the patients</li> </ul> </li> </ul>
	<p>5. Review two readmission measures under consideration for Home Health Quality Reporting</p>	<ul style="list-style-type: none"> <li>• Rehospitalization during first 30 days of Home Health               <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay were admitted to an acute care hospital during the 30 days following the start of the home health stay</li> </ul> </li> <li>• Home Health Emergency Department Use without Readmission               <ul style="list-style-type: none"> <li>○ Percentage of home health stays in which patients who had an acute inpatient hospitalization in the 5 days before the start of their home health stay used an emergency department but were not admitted to an acute care hospital during the 30 days following the start of the home health stay</li> </ul> </li> </ul>
	<p>6. Review two admission/readmission measures under consideration for Nursing Home Quality Initiative and Nursing Home Compare</p>	<ul style="list-style-type: none"> <li>• SNF Hospital Readmission Reduction Measure - Short Stay               <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ All SNF residents with an unplanned readmission to an acute care hospital within 30 days of a prior acute care hospital discharge</li> </ul> </li> <li>• Percent of long-stay residents who are hospitalized during the reporting period               <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed</li> <li>○ Percent of long-stay nursing home residents (risk adjusted) who are discharged to a hospital during the three month reporting period</li> </ul> </li> </ul>
<p>10:25 am</p>	<p><b>Pre-Rulemaking Input on Long-Term Hospital Quality Reporting Program Measure Set (Tab #3)</b></p>	
	<p>1. Review program summary and current finalized program measure set</p>	<ul style="list-style-type: none"> <li>• 5 finalized measures are NQF-endorsed.</li> <li>• Evaluation of the program measure set using the MAP Measure Selection Criteria:</li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ The set lacks measures representing prevention and treatment, care coordination, making care affordable, and patient/family engagement.</li> <li>○ All measures are used in other federal programs; 2 measures are used in private programs.</li> <li>○ Measures in the set address the PAC/LTC core measure concepts of infection rates and pressure ulcers.</li> <li>○ No measures in the set are disparities sensitive.</li> </ul> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> <li>● Shari Ling</li> <li>● Sean Muldoon</li> <li>● Thomas von Sternberg</li> <li>● James Lett</li> <li>● Randall Krakauer</li> <li>● Lisa Tripp</li> </ul>
	<p>2. Review measures under consideration for the program measure set (e.g., whether measures are endorsed, being used in other programs, are in MAP families of measures)</p>	<ul style="list-style-type: none"> <li>● 29 measures under consideration: <ul style="list-style-type: none"> <li>○ 15 measures under consideration are NQF-endorsed.</li> <li>○ 9 measures under consideration are being used in federal programs; 8 measures are being used in private programs.</li> <li>○ 11 measures are included in a MAP family of measures.</li> </ul> </li> </ul>
	<p>3. Three measures under consideration are NQF-endorsed and address the PAC/LTC core concept of adverse drug events</p>	<ul style="list-style-type: none"> <li>● NQF #0097 Medication Reconciliation <ul style="list-style-type: none"> <li>○ In MAP Dual Eligible Beneficiaries and Hospice Measure Families</li> <li>○ Use in federal programs: MSSP, Physician Feedback, and PQRS</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> <li>● NQF #0554 Medication Reconciliation Post-Discharge <ul style="list-style-type: none"> <li>○ Included in MAP Safety Measure Family</li> <li>○ Use in private programs: HEDIS</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> <li>● NQF #0646 Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) <ul style="list-style-type: none"> <li>○ Included in MAP Safety Measure Family</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in private programs: ABIM MOC and Highmark</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ Measure is not specified for the LTCH setting</li> </ul>
	<p>4. Three measures under consideration are NQF-endorsed and address the PAC/LTC core concept of transition planning</p>	<ul style="list-style-type: none"> <li>● NQF #0228 3-Item Care Transition Measure (CTM-3) <ul style="list-style-type: none"> <li>○ In MAP Care Coordination and Dual Eligible Beneficiaries Measure Families</li> <li>○ Patient experience measure; patient-reported measure</li> <li>○ Use in federal programs: IQR, under consideration for use in Hospital Value-Based Purchasing</li> <li>○ Measure is not specified for the LTCH setting. The measure assesses the extent to which patients feel they are prepared for their own self-care.</li> </ul> </li> <li>● NQF #0647 Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) <ul style="list-style-type: none"> <li>○ In MAP Care Coordination, Dual Eligible Beneficiaries, and Hospice Measure Families</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in private programs: ABIM MOC and Highmark</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> <li>● NQF #0648 Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) <ul style="list-style-type: none"> <li>○ In MAP Care Coordination and Dual Eligible Beneficiaries Measure Families</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in federal programs: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults</li> <li>○ Use in private programs: ABIM MOC and Highmark</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul>
	<p>5. One measure under consideration is NQF-endorsed and addresses the PAC/LTC core concept of experience of care</p>	<ul style="list-style-type: none"> <li>● NQF #0166 HCAHPS <ul style="list-style-type: none"> <li>○ In MAP Care Coordination and Dual Eligible Beneficiaries Measure Families</li> <li>○ Patient-reported outcome measure</li> <li>○ Use in federal programs: Hospital IQR and Hospital Value-Based Purchasing; under consideration for use in PPS-Exempt Cancer Hospital Quality Reporting</li> <li>○ Use in private programs: Wellpoint</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul>



Time	Issue/Question	Considerations
	<p>6. One measure is NQF-endorsed and addresses the PAC/LTC core concept of advanced care planning and treatment</p>	<ul style="list-style-type: none"> <li>• NQF #0326 Advance Care Plan <ul style="list-style-type: none"> <li>○ In MAP Care Coordination, Dual Eligible Beneficiaries, and Hospice Measure Families</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in federal programs: Physician Feedback and PQRS</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul>
	<p>7. Seven measures are NQF-endorsed and address the NQS priority of making care safer</p>	<p>Restraint Use – 1measure</p> <ul style="list-style-type: none"> <li>• NQF #0640 HBIPS-2 Hours of physical restraint use <ul style="list-style-type: none"> <li>○ Use in federal programs: Inpatient Psychiatric Hospital Quality Reporting</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul> <p>Falls – 2 measures</p> <ul style="list-style-type: none"> <li>• NQF #0141 Patient fall rate <ul style="list-style-type: none"> <li>○ In MAP Safety Measure Family</li> <li>○ Paired with #0202 Falls with Injury, which is not included in the measure set and is not under consideration</li> <li>○ Use in private programs: NDNQI</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> <li>• NQF #0674 Percent of residents experiencing one or more falls with major injury (Long stay) <ul style="list-style-type: none"> <li>○ In MAP Safety Measure Family</li> <li>○ Use in federal programs: Nursing Home Quality Improvement and Nursing Home Compare</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul> <p>Infection rates – 3 measures</p> <ul style="list-style-type: none"> <li>• NQF #0500 Severe Sepsis and Septic Shock: Management Bundle <ul style="list-style-type: none"> <li>○ Currently under review in NQF Infectious Disease Endorsement Maintenance project – steering committee is currently reconsidering this measure following the public comment period</li> <li>○ In MAP Safety Measure Family</li> <li>○ Use in federal programs: Under consideration for Hospital Outpatient Quality Reporting Program, LTCH Quality Reporting</li> <li>○ Use in private programs: MA BCBS Alternative Quality Contract</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ Measure is not specified for the LTCH setting</li> <li>● NQF #0682 Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) <ul style="list-style-type: none"> <li>○ Use in federal programs: Nursing Home Quality Improvement and Nursing Home Compare; also under consideration for use in IRF</li> <li>○ MAP previously supported direction of this measure, noting that it requires specification and testing for use in IRFs and LTCHs</li> <li>○ The measure is now specified and endorsed for use in LTCHs</li> <li>○ MAP previously raised concerns that immunizations may not be appropriate for acute patients and should be delayed until patients are stabilized</li> </ul> </li> <li>● NQF #0302 Ventilator Bundle <ul style="list-style-type: none"> <li>○ Measure developer has requested that this measure be retired due to the lack of strong evidence to support the measure focus, the current national efforts to define ventilator complications, and not intending for the measure to be used for public reporting</li> <li>○ MAP previously supported direction of this measure and recommended to be specified and tested for use in LTCHS</li> <li>○ Use in private programs: MA BCBS Alternative Quality Contract</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul> <p>Venous Thromboembolism – 1 measure</p> <ul style="list-style-type: none"> <li>● NQF #0371 Venous Thromboembolism Prophylaxis <ul style="list-style-type: none"> <li>○ Use in federal programs: Hospital Inpatient Quality Reporting Program, Meaningful Use for Hospitals and CAHs</li> <li>○ Measure is not specified for the LTCH setting</li> </ul> </li> </ul>
	<p>8. Eight Measures under consideration are not NQF-endorsed and address the NQS priority of making care safer</p>	<p>Infection rates – 4 measures</p> <ul style="list-style-type: none"> <li>○ 2 measures are under review for NQF endorsement (NQF Board of Directors ratification is pending) <ul style="list-style-type: none"> <li>▪ National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure <ul style="list-style-type: none"> <li>▪ In MAP Safety Measure Family</li> </ul> </li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>▪ Use in federal programs: Hospital Inpatient Quality Reporting; under consideration for use in Hospital-Acquired Condition Payment Reduction, Hospital Value-Based Purchasing</li> <li>▪ Use in private programs: AmeriHealth Mercy Family of Companies and Wellpoint</li> <li>▪ National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure <ul style="list-style-type: none"> <li>▪ In MAP Safety Measure Family</li> <li>▪ Use in federal programs: Hospital Inpatient Quality Reporting; under consideration for use in Hospital-Acquired Condition Payment Reduction and Hospital Value-Based Purchasing</li> <li>▪ Use in private programs: AmeriHealth Mercy Family of Companies and Wellpoint</li> </ul> </li> <li>○ 2 measures are updated versions of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a facility and are expected to be submitted for NQF Ad Hoc Review in 2013: <ul style="list-style-type: none"> <li>▪ Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) <ul style="list-style-type: none"> <li>▪ NQF #0139 Central Line-Associated Blood Stream Infection (CLABSI) is currently finalized for the program measure set</li> <li>▪ Updated version of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a facility and expected to be submitted for NQF Ad Hoc Review in 2013</li> <li>▪ Use in federal programs: also under consideration for use in Hospital-Acquired Condition Payment Reduction, Hospital Inpatient Quality Reporting, Hospital Value-Based Purchasing, IRF Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> </li> <li>▪ Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) <ul style="list-style-type: none"> <li>▪ NQF #0138 Catheter Associated Urinary Tract Infection (CAUTI) is currently finalized for the program measure set</li> <li>▪ Updated version of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a</li> </ul> </li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<p>facility and expected to be submitted for NQF Ad Hoc Review in 2013</p> <ul style="list-style-type: none"> <li>▪ Use in federal programs: also under consideration for use in Hospital-Acquired Condition Payment Reduction, Hospital Inpatient Quality Reporting, Hospital Value-Based Purchasing, IRF Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> <p>Falls – 1 measure</p> <ul style="list-style-type: none"> <li>○ Falls and Trauma: (Includes: Fracture, Dislocation, Intracranial Injury, Crushing Injury, Burn, Electric Shock) <ul style="list-style-type: none"> <li>▪ MAP previously did not support this measure for the Hospital Inpatient Quality Reporting Program and recommended it be replaced with an NQF-endorsed measure</li> <li>▪ Use in federal programs: Hospital-Acquired Condition Payment Reduction Program</li> </ul> </li> </ul> <p>Venous Thromboembolism – 1 measure</p> <ul style="list-style-type: none"> <li>○ Venous Thromboembolism Warfarin Therapy Discharge Instructions <ul style="list-style-type: none"> <li>▪ Measure is not NQF-endorsed; endorsement has been removed due to lack of evidence showing a link between the provision of written instructions and improved outcomes and concern about burdening providers with implementation of measures that have not been shown to improve patient outcomes</li> <li>▪ Used in federal programs: Hospital Inpatient Quality Reporting Program, Meaningful Use for Hospitals and CAHs</li> </ul> </li> </ul> <p>Poor Glycemic control – 1 measure</p> <ul style="list-style-type: none"> <li>○ Manifestations of Poor Glycemic Control <ul style="list-style-type: none"> <li>▪ MAP previously did not support this measure for the Hospital Inpatient Quality Reporting Program and recommended it be replaced with an NQF-endorsed measure</li> <li>▪ Use in federal programs: Hospital-Acquired Condition Payment Reduction Program</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		Restraint use – 1 measure <ul style="list-style-type: none"> <li>○ Restraint Rate per 1000 Patient days               <ul style="list-style-type: none"> <li>▪ Includes the total number of days that patients were restrained during the reporting period</li> </ul> </li> </ul>
	9. Three measures are not NQF-endorsed and address the PAC/LTC core concept of functional and cognitive assessment	<ul style="list-style-type: none"> <li>● Functional Change: Change in Motor Score               <ul style="list-style-type: none"> <li>○ Also under consideration for the IRF Quality Reporting Program</li> <li>○ Not used in any federal or private programs</li> </ul> </li> <li>● Functional Outcome Measure (change in mobility)               <ul style="list-style-type: none"> <li>○ Also under consideration for the IRF Quality Reporting Program</li> <li>○ Not used in any federal or private programs</li> <li>○ MAP previously supported the direction of this measure for LTCHs and IRFs, noting that while the measure address a core concept it lacks specification</li> </ul> </li> <li>● Functional Outcome Measure (change in self-care)               <ul style="list-style-type: none"> <li>○ Also under consideration for the IRF Quality Reporting Program</li> <li>○ Not used in any federal or private programs</li> <li>○ MAP previously supported the direction of this measure for LTCHs and IRFs, noting that while the measure address a core concept it lacks specification</li> </ul> </li> </ul>
	10. One measure is not NQF-endorsed and addresses the PAC/LTC core concept of transition planning	<ul style="list-style-type: none"> <li>● Heart Failure (HF): Detailed discharge instructions               <ul style="list-style-type: none"> <li>○ Measure is not NQF-endorsed; endorsement has been removed as the evidence is lacking for relationship to outcomes, literacy level is not addressed, and there is no assessment of whether the instructions were reviewed with the patient and that the patient had good understanding of the instructions</li> <li>○ MAP previously did not recommend retaining this measure for the Hospital Inpatient Quality Reporting Program or Hospital Value-Based Purchasing Program because the measure was not recommended for continued NQF endorsement</li> <li>○ Use in federal programs: Hospital Inpatient Quality Reporting and Hospital Value-based Purchasing</li> </ul> </li> </ul>
	11. One measure is not NQF-endorsed and addresses the NQS priority of affordability	<ul style="list-style-type: none"> <li>● Medicare Spending Per Beneficiary               <ul style="list-style-type: none"> <li>○ Has not been submitted for NQF endorsement; however, is expected to be submitted as part of the upcoming resource use NQF-endorsement project</li> <li>○ MAP did not support the inclusion of the Medicare Spending Per</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<p>Beneficiary measure in Hospital VBP last year; however, did support the direction of the measure pending additional specification and testing</p> <ul style="list-style-type: none"> <li>○ Use in federal programs: Under consideration for Hospital VBP, LTCH Quality Reporting, PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> <p>Questions for Discussion:</p> <ul style="list-style-type: none"> <li>● What specific quality measures should be used with the measure?</li> <li>● Will the measure results be useful for the program’s intended purpose?</li> <li>● Do the measures under consideration align with private sector efforts? How can we promote alignment with private sector efforts?</li> <li>● Are there any implementation concerns with the measure under consideration?</li> <li>● What risks does the measure pose for unintended consequences, and how can the risks be mitigated? <ul style="list-style-type: none"> <li>○ What are the specific implications for vulnerable individuals, who often require more complex care?</li> </ul> </li> </ul>
	12. One measure under consideration is not NQF-endorsed and addresses the PAC/LTC core concept of avoidable admissions	<ul style="list-style-type: none"> <li>● 30-Day All Cause Post Long-Term Care Hospital (LTCH) Discharge Hospital Readmission Measure</li> </ul> <p><i>Please refer back to previous discussion of this measure.</i></p>
	13. Revisit the current finalized program measures	<ul style="list-style-type: none"> <li>● Should any current finalized measures be removed?</li> <li>● Are there any core measures that would enhance the program measure set?</li> <li>● Are there any other measures that would enhance the program measure set?</li> </ul>
	14. Identify priority measure gaps	<ul style="list-style-type: none"> <li>● MAP previously cited the following gaps: <ul style="list-style-type: none"> <li>○ Measures should address delirium and the percentage of patients returning to the community</li> <li>○ Measures should address the PAC/LTC core measures not currently addressed in the measure set: <ul style="list-style-type: none"> <li>▪ Establishment of patient/family/caregiver goals</li> <li>▪ Shared decision-making</li> <li>▪ Falls</li> <li>▪ Adverse drug events</li> <li>▪ Transition planning</li> <li>▪ Advance care planning and treatment</li> </ul> </li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>▪ Inappropriate medication use</li> <li>▪ Avoidable admissions</li> <li>• What gaps remain in the program measure set?</li> <li>• What gaps are the highest priorities for this program?</li> <li>• Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
<b>11:25 am</b>	<b>Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set (Tab #4)</b>	
	<p>1. Review program summary and current finalized program measure set</p>	<ul style="list-style-type: none"> <li>• 2 finalized NQF-endorsed measures: <ul style="list-style-type: none"> <li>○ NQF #0678 is also used in LTCH Quality Reporting and Nursing Home Quality Initiative and Nursing Home Compare.</li> <li>○ NQF #0138 is in the MAP Safety and Cancer Measure Families and is also used in Hospital Inpatient Quality Reporting, LTCH Quality Reporting, PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> </li> <li>• Only the NQS priority of safer care is addressed.</li> <li>• Two MAP PAC/LTC core measure concepts are addressed—infection rates and pressure ulcers.</li> <li>• The measure set is limited to two evaluation and initial management measures and does not include follow-up care.</li> <li>• None of the measures is disparities-sensitive.</li> </ul> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> <li>• Suzanne Snyder</li> <li>• Roger Herr</li> <li>• Kathleen Kelly</li> </ul>
	<p>2. Review measures under consideration for the program measure set (e.g., whether measures are endorsed, being used in other programs, are in MAP families of measures)</p>	<ul style="list-style-type: none"> <li>• 10 measures are under consideration for IRF Quality Reporting: <ul style="list-style-type: none"> <li>○ 3 measures under consideration are NQF-endorsed.</li> <li>○ 3 are being used in other federal programs.</li> <li>○ 1 measure is in a MAP family of measures.</li> </ul> </li> </ul>
	<p>3. Three measures under consideration are NQF-endorsed and address</p>	<ul style="list-style-type: none"> <li>• NQF #0431 Influenza Vaccination for Healthcare Personnel <ul style="list-style-type: none"> <li>○ Included in the MAP Safety Measure Family</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
	immunization	<ul style="list-style-type: none"> <li>○ MAP supported the direction of this measure for IRFs and LTCHs last year pending testing for those settings.</li> <li>○ Measure is not specified for the IRF setting</li> <li>○ Use in federal Programs: <ul style="list-style-type: none"> <li>▪ Current finalized in Ambulatory Surgery Center and LTCH Quality Reporting Programs</li> <li>▪ Under consideration for the Hospital Outpatient Quality Reporting Program, and PQRS</li> </ul> </li> <li>● NQF #0680 Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) <ul style="list-style-type: none"> <li>○ MAP previously supported direction of this measure, noting that it requires specification and testing for use in IRFs and LTCHs</li> <li>○ The measure is now specified and endorsed for use in IRFs and LTCHs</li> <li>○ Use in federal Programs: LTCH Quality Reporting; Nursing Home Quality Initiative and Nursing Home Compare</li> </ul> </li> <li>● NQF #0682 Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) <ul style="list-style-type: none"> <li>○ MAP previously supported direction of this measure, noting that it requires specification and testing for use in IRFs and LTCHs</li> <li>○ The measure is now specified and endorsed for use in IRFs and LTCHs</li> <li>○ Use in federal Programs: LTCHs and Nursing Home Quality Initiative and Nursing Home Compare</li> </ul> </li> </ul>
	4. Three measures under consideration not NQF-endorsed and address the PAC/LTC core concept of functional and cognitive status assessment	<ul style="list-style-type: none"> <li>● Functional Change: Change in Motor Score <ul style="list-style-type: none"> <li>○ Also under consideration in LTCH Quality Reporting Program</li> <li>○ Not used in any federal or private programs</li> </ul> </li> <li>● Functional Outcome Measure (change in mobility) <ul style="list-style-type: none"> <li>○ Also under consideration in LTCH Quality Reporting Program</li> <li>○ Not used in any federal or private programs.</li> <li>○ MAP previously supported the direction of this measure for LTCHs and IRFs, noting that while the measure address a core concept, it lacks specification</li> </ul> </li> <li>● Functional Outcome Measure (change in self-care) <ul style="list-style-type: none"> <li>○ Also under consideration in LTCH Quality Reporting Program</li> </ul> </li> </ul>



Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ Not used in any federal or private programs.</li> <li>○ MAP previously supported the direction of this measure for LTCHs and IRFs, noting that while the measure address a core concept, it lacks specification</li> </ul>
	<p>5. Three measures under consideration are not NQF-endorsed and address the PAC/LTC core concept of infection rates</p>	<ul style="list-style-type: none"> <li>● Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI) <ul style="list-style-type: none"> <li>○ NQF #0138 Catheter Associated Urinary Tract Infection (CAUTI) is currently finalized for the program measure set</li> <li>○ Updated version of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a facility and expected to be submitted for NQF Ad Hoc Review in 2013</li> <li>○ Use in federal programs: also under consideration for use in Hospital-Acquired Condition Payment Reduction, Hospital Inpatient Quality Reporting, Hospital Value-Based Purchasing, IRF Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> </li> <li>● Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI) <ul style="list-style-type: none"> <li>○ Updated version of the currently NQF-endorsed NHSN measures with additional risk-adjustment for volume of exposure within a facility and expected to be submitted for NQF Ad Hoc Review in 2013</li> <li>○ Under consideration for Hospital-Acquired Condition Payment Reduction; Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing; LTCH Quality Reporting; PPS-Exempt Cancer Hospital Quality Reporting</li> </ul> </li> <li>● Reliability Adjusted Clostridium difficile SIR Measure <ul style="list-style-type: none"> <li>○ Updated version of the NHSN measure under review for NQF endorsement (NQF Board of Directors ratification is pending) with additional risk-adjustment for volume of exposure within a facility and expected to be submitted for NQF Ad Hoc Review in 2013</li> <li>○ Under consideration for Hospital-Acquired Condition Payment Reduction; Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing</li> </ul> </li> </ul>
	<p>6. One measure under consideration is not NQF-endorsed and addresses the PAC/LTC core concept of avoidable admissions</p>	<ul style="list-style-type: none"> <li>● All-Condition 30-day Risk-standardized All-Cause Readmission (IRF) <ul style="list-style-type: none"> <li>○ Outcome measure</li> <li>○ Risk-adjusted rate of hospital readmissions for patients discharged from an Inpatient Rehabilitation Facility (IRF) who were readmitted to a short-stay</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<p style="text-align: center;">acute care hospital, or LTCH, within 30 days of an IRF discharge</p> <p style="text-align: center;"><i>Please refer back to previous discussion of this measure.</i></p>
	7. Revisit the current finalized program measures	<ul style="list-style-type: none"> <li>• Should any current finalized measures be removed?</li> <li>• Are there any core measures that would enhance the program measure set?</li> <li>• Are there any other measures that would enhance the program measure set?</li> </ul>
	8. Identify priority measure gaps	<ul style="list-style-type: none"> <li>• MAP previously cited the following gaps: <ul style="list-style-type: none"> <li>○ Access to community supports</li> <li>○ Appropriate level of care</li> </ul> </li> <li>• What gaps remain in the program measure set? <ul style="list-style-type: none"> <li>○ The program measure set does not address the PAC/LTC core concepts of: <ul style="list-style-type: none"> <li>▪ Functional and cognitive status assessment</li> <li>▪ Mental health</li> <li>▪ Establishment of patient/family/caregiver goals</li> <li>▪ Advanced care planning and treatment</li> <li>▪ Experience of care</li> <li>▪ Shared decision-making</li> <li>▪ Transition planning</li> <li>▪ Falls</li> <li>▪ Adverse drug events</li> <li>▪ Inappropriate medication use</li> <li>▪ Avoidable admissions</li> </ul> </li> </ul> </li> <li>• What gaps are the highest priorities for this program?</li> <li>• Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
12:10 pm	<b>Opportunity for Public Comment</b>	
12:20 pm	<b>Lunch</b>	
12:45 pm	<b>Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set (Tab #5)</b>	

Time	Issue/Question	Considerations
	1. ESRD Quality Initiative	<ul style="list-style-type: none"> <li>• The ESRD Quality Initiative is comprised of two programs: the Dialysis Facility Compare (DFC) website by which CMS publicly reports quality measure information to consumers, and the ESRD QIP which is the first federal value-based purchasing model to be implemented in 2012.</li> <li>• The following measures are reported through DFC: <ul style="list-style-type: none"> <li>○ NQF #0369 Dialysis Facility Risk-adjusted Standardized Mortality Ratio</li> <li>○ Percentage of facility's hemodialysis patients with a urea reduction ratio (URR) of 65% or greater in the calendar year</li> <li>○ Anemia management – Percentage of Patients with Hemoglobin &gt;12 g/dl</li> </ul> </li> </ul>
	2. Review program summary and current finalized program measure set	<ul style="list-style-type: none"> <li>• 12 measures are finalized for ESRD QIP.</li> <li>• Evaluation of the program measure set using the MAP Measure Selection Criteria: <ul style="list-style-type: none"> <li>○ 5 measures in the set are NQF-endorsed; 7 measures are not NQF-endorsed.</li> <li>○ The measure set does not address the following NQS priorities: best practices of healthy living, communication and care coordination, and making care more affordable.</li> <li>○ None of the finalized measures are in a MAP Family of Measures.</li> </ul> </li> </ul> <p><i>MAP Dual Eligible Workgroup Input</i></p> <ul style="list-style-type: none"> <li>• Joan Levy Zlotnik and MAP Dual Eligible Workgroup members</li> </ul> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> <li>• Louis Diamond</li> <li>• Scott Shreve</li> <li>• Juliana Preston</li> <li>• Gerri Lamb</li> </ul>
	3. Review measures under consideration for the program measure set (e.g., whether measures are endorsed, being used in other programs, are in MAP families of measures)	<ul style="list-style-type: none"> <li>• 21 measures are under consideration for the ESRD QIP: <ul style="list-style-type: none"> <li>○ 14 measures under consideration are NQF-endorsed.</li> <li>○ 1 measure is being used in a federal program and 2 measures are used in other publicly funded programs.</li> <li>○ 2 measures are used in private programs.</li> <li>○ 1 measure is in the MAP Dual Eligible Beneficiaries Measure Family.</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
	4. Two measures under consideration are NQF-endorsed and the PAC/LTC core concept of infection rates	<ul style="list-style-type: none"> <li>• NQF #0226 Influenza Immunization in the ESRD Population (Facility Level) <ul style="list-style-type: none"> <li>○ Not used in other federal or private programs</li> </ul> </li> <li>• NQF # 1653 Pneumococcal Immunization (PPV 23) <ul style="list-style-type: none"> <li>○ Disparities-sensitive measure</li> <li>○ Use in federal program: Hospital Inpatient Quality Reporting program</li> <li>○ Measure is not specified for ESRD facilities</li> </ul> </li> </ul>
	5. One measure under consideration is NQF-endorsed and addresses the PAC/LTC core concept of experience of care	<ul style="list-style-type: none"> <li>• NQF #0258 CAHPS In-Center Hemodialysis Survey <ul style="list-style-type: none"> <li>○ In MAP Care Coordination and Dual Eligible Beneficiaries Measure Families</li> <li>○ Patient-reported outcome measure</li> <li>○ There is a CAHPS measure in the finalized measure set which is not NQF-endorsed. Patient Experience of Care (ICH CAHPS) Usage Measure (a reporting measure only)</li> </ul> </li> </ul>
	6. One measures under consideration is NQF-endorsed and addresses the NQS priority of making care safer	<ul style="list-style-type: none"> <li>• NQF #0369 Dialysis Facility Risk-adjusted Standardized Mortality Ratio <ul style="list-style-type: none"> <li>○ The SMR measure has been reported on DFC since 2001 as a survival measure to rate facility performance: “as expected,” “worse than expected,” and “better than expected”</li> <li>○ This measure is being used in the following CMS programs: Dialysis Facility Reports and ESRD networks</li> </ul> </li> </ul>
	7. Five measures under consideration are NQF-endorsed and address ESRD program statutory requirements	<p>Dialysis Facility Safety – 3 measures</p> <ul style="list-style-type: none"> <li>• NQF #0251 Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement <ul style="list-style-type: none"> <li>○ There is a vascular access type measure comprised of NQF #0257 and NQF #0256 in the measure set</li> </ul> </li> <li>• NQF #1460 Bloodstream Infection in Hemodialysis Outpatients <ul style="list-style-type: none"> <li>○ Use in the following programs: CDC reporting and ESRD networks</li> <li>○ The finalized measure set includes NHSN dialysis event reporting measure which is not NQF-endorsed and it is only a reporting measure</li> <li>○ Collected as part of dialysis event reporting in NHSN</li> </ul> </li> <li>• NQF #1438 Periodic Assessment of Post-Dialysis Weight by Nephrologists</li> </ul> <p>Dialysis adequacy – 2 measures</p> <ul style="list-style-type: none"> <li>• NQF #1454 Proportion of Patients With Hypercalcemia</li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ Disparities-sensitive measure</li> <li>○ MAP previously supported this measure for inclusion in the set</li> <li>● NQF #0255 Measurement of Serum Phosphorus Concentration <ul style="list-style-type: none"> <li>○ Used in private programs: Wellpoint</li> </ul> </li> </ul>
	8. Four measures under consideration are NQF-endorsed and address the pediatric ESRD population	<ul style="list-style-type: none"> <li>● NQF #1418 Frequency of Adequacy Measurement for Pediatric Hemodialysis Patients <ul style="list-style-type: none"> <li>○ Used in the North American Pediatric Renal Transplant Cooperative Study</li> </ul> </li> <li>● NQF #1425 Measurement of nPCR for Pediatric Hemodialysis Patients</li> <li>● NQF #1433 Use of Iron Therapy for Pediatric Patients</li> <li>● NQF #1424 Monthly Hemoglobin Measurement for Pediatric Patients</li> </ul>
	9. Six measures under consideration are not NQF endorsed and address ESRD program statutory requirement	<p>Mineral metabolism – 2 measures</p> <ul style="list-style-type: none"> <li>● Measurement of serum calcium concentration <ul style="list-style-type: none"> <li>○ Endorsement has been removed</li> </ul> </li> <li>● Phosphorus concentrations</li> </ul> <p>Anemia management – 4 measures</p> <ul style="list-style-type: none"> <li>● Risk-adjusted facility level transfusion rate “STrR”</li> <li>● Achieved Hgb level to avoid adverse outcomes</li> <li>● Anemia management process measure</li> <li>● Blood transfusion appropriateness</li> </ul>
	10. Two measures under consideration address the PAC/LTC core concept of avoidable admissions	<ul style="list-style-type: none"> <li>● NQF# 1463 Standardized Hospitalization Ratio for Admissions</li> <li>● 30 Day Readmission Measure</li> </ul> <p><i>Please refer back to previous discussion of this measure.</i></p>
	11. Revisit the current finalized program measures	<ul style="list-style-type: none"> <li>● Should any current finalized measures be removed?</li> <li>● Are there any core measures that would enhance the program measure set?</li> <li>● Are there any other measures that would enhance the program measure set?</li> </ul>
	12. Identify priority measure gaps	<ul style="list-style-type: none"> <li>● MAP previously cited the following gaps: <ul style="list-style-type: none"> <li>○ This measure set should address aspects of care beyond clinical care for dialysis patients and include measures of care coordination, physical and</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<p>mental comorbidities, shared decision-making, patient experience, and cost.</p> <ul style="list-style-type: none"> <li>○ Currently available depression screening measures should be explored for application in ESRD facilities.</li> <li>● What gaps remain in the program measure set?</li> <li>● What gaps are the highest priorities for this program?</li> <li>● Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
<b>1:30 pm</b>	<b>Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set (Tab #6)</b>	
	<p>1. Review program summary and current finalized program measure set</p>	<ul style="list-style-type: none"> <li>● 2 finalized measures in this set; 1 of 2 measures in this set is NQF-endorsed</li> <li>● Evaluation of the program measure set using the MAP Measure Selection Criteria: <ul style="list-style-type: none"> <li>○ No measures in the set are disparities-sensitive.</li> <li>○ Measure NQF #0209 addresses care coordination; the second measure addresses prevention and treatment as well as safety.</li> <li>○ The set addresses the MAP PAC-LTC core measure concept of functional and cognitive status assessment.</li> <li>○ None of the measures are used in other federal or private programs.</li> </ul> </li> </ul> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> <li>● Carol Spence</li> <li>● MaryAnne Lindeblad</li> </ul>
	<p>2. Seven measures under consideration for the program are NQF-endorsed and were previously recommended by MAP for inclusion in hospice programs</p>	<p>The MAP Hospice and Palliative Care Measurement Coordination Strategy recommended including all of these measures in programs for which they are specified. Additionally, MAP provided pre-rulemaking input on these measures and supported their inclusion into the hospice program.</p> <ul style="list-style-type: none"> <li>● NQF #0208: Family Evaluation of Hospice Care (FEHC) <ul style="list-style-type: none"> <li>○ Included in MAP Care Coordination, Cancer, and Hospice Measure Families</li> <li>○ Patient-reported outcome measure</li> <li>○ Use in private programs: American Hospice Foundation</li> </ul> </li> <li>● NQF #1617: Patients Treated with an Opioid who are Given a Bowel Regimen</li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>○ Included in MAP Hospice and Safety Measure Families</li> <li>● NQF #1634: Hospice and Palliative Care – Pain Screening <ul style="list-style-type: none"> <li>○ Included in MAP Hospice and Safety Measure Families</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in private programs: NHPCO Quality Partners Collaborative</li> </ul> </li> <li>● NQF #1637: Hospice and Palliative Care – Pain Assessment <ul style="list-style-type: none"> <li>○ Included in MAP Hospice Measure Family</li> <li>○ Disparities-sensitive measure</li> <li>○ Use in private programs: NHPCO Quality Partners Collaborative</li> </ul> </li> <li>● NQF #1638: Hospice and Palliative Care – Dyspnea Treatment <ul style="list-style-type: none"> <li>○ Included in MAP Hospice Measure Family</li> </ul> </li> <li>● NQF #1639: Hospice and Palliative Care – Dyspnea Screening <ul style="list-style-type: none"> <li>○ Included in MAP Hospice Measure Family</li> </ul> </li> <li>● NQF #1641: Hospice and Palliative Care – Treatment Preferences <ul style="list-style-type: none"> <li>○ Included in MAP Hospice and Dual Eligible Beneficiaries Measure Families</li> <li>○ Patient-reported outcome measure</li> <li>○ Disparities-sensitive measure</li> </ul> </li> </ul>
	<p>3. Revisit the current finalized program measures</p>	<ul style="list-style-type: none"> <li>● Should any current finalized measures be removed?</li> <li>● Are there any core measures that would enhance the program measure set? <ul style="list-style-type: none"> <li>○ There are 9 measures in the Hospice Measure Family that are not included in the set: <ul style="list-style-type: none"> <li>▪ NQF #0216 Proportion Admitted to Hospice for Less Than 3 Days <ul style="list-style-type: none"> <li>● MAP previous recommendation was to explore expanding beyond cancer population</li> </ul> </li> <li>▪ NQF #1647 Percentage of Hospice Patients with Documentation in the Clinical Record of a Discussion of Spiritual/Religious Concerns or Documentation that the Patient/Caregiver Did Not Want to Discuss</li> <li>▪ NQF #1623 Bereaved Family Survey</li> <li>▪ NQF #1632 CARE- Consumer Assessments and Reports of End of Life <ul style="list-style-type: none"> <li>● Note: CARE has six domains and uses 0-100 composite score. CARE includes FEHC but expands the patient</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<p>population beyond the Medicare Hospice benefit, identifying non-traumatic deaths and deaths from chronic progressive illness based on ICD-9/10 codes. CARE assesses the last 2-7 days of life; while FEHC assesses the entire time an individual was in hospice. The measure developers have plans to harmonize the two surveys.</p> <ul style="list-style-type: none"> <li>▪ NQF #0326 Advance Care Plan <ul style="list-style-type: none"> <li>• MAP previous recommendation was to explore expanding beyond older adults</li> </ul> </li> <li>▪ NQF #0213 Proportion admitted to the ICU in the last 30 days of life <ul style="list-style-type: none"> <li>• MAP previous recommendation was to explore expanding beyond cancer population</li> </ul> </li> <li>▪ NQF #0210 Proportion receiving chemotherapy in the last 14 days of life <ul style="list-style-type: none"> <li>• MAP previous recommendation was to explore expanding beyond cancer population</li> <li>• Public comments highlighted the need to consider the potential unintended consequence of reducing access to palliative chemotherapy</li> </ul> </li> <li>▪ NQF #0211 Proportion with more than one emergency room visit in the last day of life <ul style="list-style-type: none"> <li>• MAP previous recommendation was to explore expanding beyond cancer population</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Are there any other measures that would enhance the program measure set?</li> </ul>
	<p>4. Identify priority measure gaps</p>	<ul style="list-style-type: none"> <li>• MAP previously cited the following gaps when creating the hospice/palliative care family of measures: <ul style="list-style-type: none"> <li>○ Access to hospice and palliative care</li> <li>○ Access to the healthcare team on a 24-hour basis</li> <li>○ Comprehensive assessment (bundled measure)</li> <li>○ Patient education and support</li> <li>○ Timeliness/responsiveness of care</li> <li>○ Psychological and psychiatric aspects of care, particularly anxiety and</li> </ul> </li> </ul>



Time	Issue/Question	Considerations
		<p style="text-align: center;">agitation</p> <ul style="list-style-type: none"> <li>• Measures should address the PAC/LTC core measures not currently addressed in the measure set: <ul style="list-style-type: none"> <li>○ Mental Health</li> <li>○ Establishment of patient/family/caregiver goals</li> <li>○ Advanced care planning and treatment</li> <li>○ Experience of care</li> <li>○ Shared decision making</li> <li>○ Transition planning</li> <li>○ Falls</li> <li>○ Pressure ulcers</li> <li>○ Adverse drug events</li> <li>○ Inappropriate medicine use</li> <li>○ Infection rates</li> <li>○ Avoidable admissions</li> </ul> </li> <li>• What gaps remain in the program measure set?</li> <li>• What gaps are the highest priorities for this program?</li> <li>• Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
2:15 pm	<b>Opportunity for Public Comment</b>	
2:25 pm	<b>Break</b>	
2:35 pm	<b>Pre-Rulemaking Input on Nursing Home Quality Initiative Program Measure Set (Tab #7)</b>	
	<ol style="list-style-type: none"> <li>1. Review program summary and current finalized program measure set</li> </ol>	<ul style="list-style-type: none"> <li>• The program set includes 38 finalized measures; 23 measures are reported on Nursing Home Compare.</li> <li>• Evaluation of the program measure set using the MAP Measure Selection Criteria: <ul style="list-style-type: none"> <li>○ 16 finalized measures are NQF-Endorsed.</li> <li>○ The measure set addresses all of the NQS priorities except making care affordable and patient and family engagement.</li> </ul> </li> </ul> <p style="text-align: right;"><i>Pre-Meeting Assignment Report Out</i></p>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>• Charlene Harrington</li> <li>• Margaret Terry</li> </ul>
	<p>2. Review measures under consideration for the program measure set (e.g., whether measures are endorsed, being used in other programs, are in MAP families of measures)</p>	<ul style="list-style-type: none"> <li>• 5 measures are under consideration: <ul style="list-style-type: none"> <li>○ No measures under consideration are NQF-endorsed.</li> <li>○ No measures under consideration are used in other federal programs.</li> <li>○ No measures under consideration are in a MAP family of measures.</li> </ul> </li> </ul>
	<p>3. Two measures under consideration are not NQF-endorsed and address the PAC/LTC core concept of inappropriate medication use</p>	<ul style="list-style-type: none"> <li>• Percentage of Long Stay Residents Who are Receiving Antipsychotic Medication <ul style="list-style-type: none"> <li>○ Appropriate antipsychotic medication use in long stay residents is addressed by an outcome measure currently finalized: NH-031-10: Long Stay Antipsychotic Medication Quality Measure</li> </ul> </li> <li>• Percentage of Short Stay Patients Who Have Antipsychotics Started – Incidence <ul style="list-style-type: none"> <li>○ Appropriate antipsychotic medication use in short stay residents is addressed by an outcome measure currently finalized: NH-032-10 Short Stay Antipsychotic Medication Quality Measure</li> </ul> </li> </ul>
	<p>4. One measure under consideration is not NQF-endorsed and addresses discharges</p>	<ul style="list-style-type: none"> <li>• Percentage of residents discharged to the community <ul style="list-style-type: none"> <li>○ Addresses short-stay residents</li> <li>○ MAP previously recommended the Nursing Home measure set would be enhanced with additional short-stay measures</li> </ul> </li> </ul>
	<p>5. Two measures under consideration are not NQF-endorsed and address the PAC/LTC core concept of avoidable admissions</p>	<ul style="list-style-type: none"> <li>• SNF Hospital Readmission Reduction Measure - Short Stay</li> <li>• Percent of long-stay residents who are hospitalized during the reporting period</li> </ul> <p><i>Please refer back to previous discussion of these measures.</i></p>
	<p>6. Revisit the current finalized program measures</p>	<ul style="list-style-type: none"> <li>• Should any current finalized measures be removed?</li> <li>• Are there any core measures that would enhance the program measure set?</li> <li>• Are there any other measures that would enhance the program measure set? <ul style="list-style-type: none"> <li>○ Workgroup had previously suggested NH CAHPS.</li> </ul> </li> </ul>
	<p>7. Identify priority measure gaps</p>	<ul style="list-style-type: none"> <li>• MAP previously cited the following gaps: <ul style="list-style-type: none"> <li>○ Additional short-stay measures are needed to reflect the increase in this type of nursing home care</li> </ul> </li> </ul>

Time	Issue/Question	Considerations
		<ul style="list-style-type: none"> <li>• The program measure set does not address the PAC/LTC core concepts of: <ul style="list-style-type: none"> <li>○ Establishment of patient/family/caregiver goals</li> <li>○ Advanced care planning and treatment</li> <li>○ Shared decision-making</li> <li>○ Transition planning</li> <li>○ Adverse drug events</li> <li>○ Avoidable admissions</li> </ul> </li> <li>• What gaps remain in the program measure set?</li> <li>• What gaps are the highest priorities for this program?</li> <li>• Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
<b>3:10 pm</b>	<b>Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set (Tab #8)</b>	
	1. Review program summary and current finalized program measure set	<ul style="list-style-type: none"> <li>• The finalized program set includes 98 measures; 23 measures are reported on Home Health Compare.</li> <li>• Evaluation of the program measure set using the MAP Measure Selection Criteria: <ul style="list-style-type: none"> <li>○ The majority of measures in the set are not NQF-endorsed.</li> <li>○ The set addresses all NQS priorities except for making care affordable.</li> <li>○ The set addresses all PAC/LTC core concepts except advanced care planning and treatment, shared decision-making, and inappropriate medication use.</li> </ul> </li> </ul> <p><i>Pre-Meeting Assignment Report Out</i></p> <ul style="list-style-type: none"> <li>• D.E.B Potter</li> <li>• Bruce Leff</li> </ul>
	2. Review measures under consideration for the program measure set (e.g., whether measures are endorsed, being used in other programs, are in MAP families of measures)	<ul style="list-style-type: none"> <li>• 2 measures are under consideration for Home Health Quality Reporting: <ul style="list-style-type: none"> <li>○ Neither measure is NQF-endorsed.</li> <li>○ Neither measure is used in other federal programs.</li> <li>○ Neither measure is included in a MAP family of measures.</li> </ul> </li> </ul>
	3. Two measures under consideration are not NQF-endorsed and address the	<ul style="list-style-type: none"> <li>• Rehospitalization during first 30 days of Home Health</li> </ul>

Time	Issue/Question	Considerations
	PAC/LTC core concept of avoidable admissions	<ul style="list-style-type: none"> <li>• Home Health Emergency Department Use without Readmission</li> </ul> <p><i>Please refer back to previous discussion of these measures</i></p>
	4. Revisit the current finalized program measures	<ul style="list-style-type: none"> <li>• Should any current finalized measures be removed?</li> <li>• Are there any core measures that would enhance the program measure set?</li> <li>• Are there any other measures that would enhance the program measure set?</li> </ul>
	5. Identify priority measure gaps	<ul style="list-style-type: none"> <li>• MAP previously cited the following gaps: <ul style="list-style-type: none"> <li>○ Shared decision-making</li> <li>○ The program measure set does not address the PAC/LTC core concepts of: <ul style="list-style-type: none"> <li>▪ Advanced care planning and treatment</li> <li>▪ Shared decision-making</li> <li>▪ Inappropriate medication use</li> </ul> </li> </ul> </li> <li>• What gaps remain in the program measure set?</li> <li>• What gaps are the highest priorities for this program?</li> <li>• Please use the MAP Gap-Filling Form to capture gaps, suggest potential numerator and denominator descriptions and highlight potential gap-filling barriers or any other considerations.</li> </ul>
<b>3:40 pm</b>	<b>Opportunity for Public Comment</b>	
<b>3:50 pm</b>	<b>Summary of Day</b>	
<b>4:00 pm</b>	<b>Adjourn</b>	



## MAP GUIDANCE FOR THE SELECTION OF AVOIDABLE ADMISSION AND READMISSION MEASURES

### MAP's Role

Recognizing the complexity inherent in measuring and safely reducing hospital readmissions, the NQF Board of Directors asked MAP to develop guidance for implementing readmission measures for public reporting and performance-based payment programs, in the context of care coordination and shared accountability. This document is intended to provide guidance to program implementers (e.g., CMS, health plans) and to MAP members during pre-rulemaking deliberations about the use of avoidable admission and readmission measures.

The guidance document defines implementation principles for reducing avoidable admissions and readmissions and the implementation issues that should be taken into account when selecting avoidable admission and readmission measures for programs. This guidance is intended to be used in tandem with the MAP Measure Selection Criteria. The identification of measures for specific programs, which is the focus of the MAP pre-rulemaking process, is beyond the scope of this document.

### Background

Safely reducing avoidable admissions and readmissions represents a substantial opportunity for improvement in health care quality and affordability. The National Quality Strategy promotes effective communication and care coordination through improving the quality of care transitions and communications across settings. The HHS Partnership for Patients initiative has identified readmissions as a priority, setting an ambitious goal of reducing readmissions by 20% by the end of 2013. To this end, payers and purchasers in the public and private sectors, in collaboration

with providers and health professionals, are working to better coordinate care and reduce avoidable admissions and readmissions.

The gap between current performance and what is achievable is enormous. About one in five Medicare beneficiaries who have been hospitalized are readmitted within 30 days, increasing costs of the Medicare program by billions of dollars.<sup>6</sup> Although Medicare beneficiaries are more likely to be readmitted, private sector purchasers also spend billions of dollars each year on rehospitalizations.<sup>7,8</sup> Patients and their families bear multiple burdens associated with avoidable admissions and readmissions, in terms of prolonged illness and pain, potential unnecessary exposure to harm, emotional distress, loss of productivity, inconvenience, and added cost.

Addressing avoidable admissions and readmissions is complex and will require a fundamental transformation of our approaches to healthcare delivery and financing. Many readmissions, particularly those that are planned, are likely necessary for good care. However, a variety of factors contribute to avoidable admissions and readmissions, including coordination of care delivery related to the quality of inpatient or post-acute treatment, poor communication, inadequate care planning, lack of patient involvement with and understanding of the treatment plan, and inadequate community supports.<sup>9</sup>

Just as the causes of avoidable admissions and readmissions are multi-factorial, so are the solutions.<sup>10</sup> Effective coordination of care requires all of those involved in care delivery to look beyond their walls and identify partners in improving care. Hospitals play a central role in reducing readmissions, but health professionals

(particularly primary care providers) and other post-acute providers (such as nursing homes and home health providers) also have equally important roles. In addition, health plans can contribute data and incentives. Perhaps most importantly, patients and their support systems in the community, are essential but often untapped partners in reducing avoidable admissions and readmissions and must be fully integrated into any improvement strategy.

Performance measurement also plays an important role in motivating efforts to safely reduce avoidable admissions and readmissions. Measurement provides readily available information to focus improvement efforts and drives change and accountability for improvement. However, measurement is not a perfect science, and attention to what is measured and how it is measured is important to understand and mitigate potential undesired effects of measurement.

### Implementation Principles for Safely Reducing Avoidable Admissions and Readmissions

To guide the selection of measures that will encourage care coordination and safely reduce avoidable admissions and readmissions, MAP Safety/Care Coordination Task Force and Coordinating Committee members identified the following implementation principles:

- **Promote shared accountability.** Reducing avoidable admissions and readmissions requires the coordinated efforts of everyone involved in patient care across the continuum, and performance measures are needed to assess readmissions across every site of care. New multi-disciplinary teams and creative partnerships are needed to build coordinated approaches to care centered on the patient, and new payment and delivery models are needed to incentivize integration across the system. Two examples that could provide the right incentives are accountable care organizations and patient-centered medical homes, financed by shared savings, bundled payments, or global payments. MAP identified
- the importance of identifying a single point of contact for care coordination, most often a primary care provider. MAP also noted the need for development of health professionals' care coordination skills and capacity to work within patient-centered, team-based models of care to promote shared accountability. Performance measures are needed across every site of care to assess the effectiveness of these shared accountability approaches for safely reducing readmissions.
- **Engage patients as partners.** Patients and their caregivers have the best information about their needs, and patients themselves are a common thread across their care. As such, their active engagement as partners in care is essential for safely reducing avoidable admissions and readmissions. Patients should serve in leadership roles, such as governance boards, and provide input into the design and implementation of policies and programs. Individuals should be partners in their care planning to ensure they help shape their goals for care, fully understand their care plans, and receive the support they need to effectively engage in their care processes. Providers must account for differing levels of health literacy and activation among patients and for various life circumstances. MAP identified focusing on the needs of complex patients, such as persons with mental illness or children with poorly-controlled asthma, to be an effective starting place for engaging patients.
- **Ensure effective transitions.** One of the greatest contributing factors to reducing readmissions is safe and effective transitions from one care setting to the next, including to home. All of the other principles and interventions discussed here contribute to smooth, patient-centered transitions, including effective communication with patients and among providers, and engaging patients and community resources throughout the process. MAP identified additional factors that support effective transitions, including systems that ensure follow-up appointments are made and

kept, follow-up phone calls are made, and prescriptions are filled and medications are taken properly.

- **Communicate across transitions.** Timely exchange of information, so that the right person has the right information at the right time, is key to reducing avoidable admissions and readmissions. Two-way communication with patients and patient education are important so that everyone involved understands the care plan. Communication among providers is important to ensure all are following the same care plan and handoffs are completed. MAP noted that because health plans have relationships with a variety of providers and related organizations, health plans can be pivotal in ensuring that important information is shared with providers to track patient progress across settings. MAP also noted the important role for health IT in supporting communication across transitions.
- **Engage communities as partners.** Patient and caregiver readiness for discharge from inpatient or post-acute care depends on the supports that will be available to them once they return home or to community-based care. Numerous community-based resources are available, but providers and patients may be unaware of or unable to access the programs. For patients with long-term care needs, local agencies can assist individuals in navigating support options, such as home-delivered meals, transportation, and personal care attendant services.

### Implementation Issues for Avoidable Admission and Readmission Measures

MAP Safety/Care Coordination Task Force and Coordinating Committee members reviewed the available measures to determine which should be included in the care coordination family of measures<sup>11</sup> and identified gaps for which current measures do not exist or may need refinement. In addition, MAP members raised potential implementation issues associated with the use of avoidable admission and readmission measures.

In deliberations about which avoidable admission

and readmission measures should be included in the care coordination family, MAP identified a number of issues to inform the use of these measures in programs:

- **Readmission measures should be part of a suite of measures to promote a system of patient-centered care coordination.** The suite should assess performance of all entities and individuals who are jointly accountable for safely reducing readmissions (e.g., hospital, post-acute, and ambulatory providers), should include measures of both avoidable admissions and readmissions, and should address important care coordination processes as well as readmissions. Process measures and patient-reported measures of experience with care can help guide basic actions that are fundamental to improving outcomes.
- **All-cause and condition-specific measures of avoidable admissions and readmissions are both important.** All-cause measures provide aggregate information across conditions that is less likely to suffer from small sample size issues, and may be more meaningful for public reporting. In addition, all-cause measures promote systems thinking and give providers flexibility to determine the most effective interventions for the highest-priority improvement opportunities across their systems. Condition-specific measures provide actionable information for those working to improve care coordination in condition-specific domains, and are meaningful to patients with specific conditions.
- **Monitoring by program implementers is necessary to understand and mitigate potential unintended consequences of measuring avoidable admissions and readmissions.** Potential undesirable effects of measurement include providers delaying necessary readmissions to improve measurement results and lower scores disadvantaging those caring for higher-risk populations. Monitoring options, or potential balancing measures, include mortality rates, average length of stay, observation

days, emergency department visits, patient experience, post-discharge follow-up rates, proportion of discharges to post-acute care settings versus home, and financial impact on safety net providers.

- **Risk adjustment** for patient-level severity of illness alone may not address all of the nuances inherent in the complexity of reporting avoidable admissions and readmissions. Institutional providers, health professionals, and health plans have very different resources available to serve very different patient populations. Similar entities should be compared to each other. Program implementers should consider stratifying measures by factors

such as race, gender, and socioeconomic status to enable fair comparisons. Stratification has the advantage of not obscuring disparities in care for populations with inequities in health outcomes. In addition, program implementers should consider adjustments to payments, rather than adjustments to measures, to address equity issues.

- Readmission measures should **exclude planned readmissions**, to avoid penalizing providers for readmissions that are necessary for high quality care. The National Uniform Billing Committee has identified new billing codes that can be used to identify planned and unrelated readmissions on claims.

**6** Jencks SF, Williams MV, Coleman EA, Rehospitalizations among patients in the Medicare fee-for-service program, *New Engl J Med*, 2009;360(14):1418-1428.

**7** Goldfield NI, McCullough EC, Hughes JS, et al., Identifying potentially preventable readmissions, *Health Care Financ Rev*, 2008;30(1):75-91.

**8** Medicare Payment Advisory Commission (MedPAC), *Report to Congress: Promoting Greater Efficiency in Medicare*, Washington, DC:MedPAC, 2007.

**9** We have limited definitive evidence about the causes of avoidable admissions and readmissions. MAP members raised these patient-level, provider-level, and community-level factors as likely contributing causes.

**10** As for the causes of avoidable admissions and readmissions, we have limited definitive evidence about the most effective solutions. MAP members raised these care coordination-related efforts as promising approaches.

**11** See MAP Families of Measures Public Comment Draft report, available at: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=71737>.



## Long-Term Care Hospital Quality Reporting

### Program Type:

Pay for Reporting, Public Reporting

### Incentive Structure:

For fiscal year 2014, and each year thereafter, Long-Term Care Hospital providers (LTCHs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive full annual payment updates; failure to report quality data will result in a 2 percent reduction in the annual payment update.<sup>1</sup> The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.<sup>2</sup>

### Care Settings Included:

Long-Term Care Hospitals

### Statutory Mandate:

Section 3004 of the Affordable Care Act directs the Secretary to establish quality reporting requirements for LTCHs.

### Statutory Requirements for Measures:

Measures should align with the National Quality Strategy (NQS), promote enhanced quality with regard to the priorities most relevant to LTCHs (such as patient safety, better coordination of care, and person- and family-centered care), and address the primary role of LTCHs—furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).<sup>3</sup>

### MAP 2012 Pre-Rulemaking Program-Specific Input:

- Measures should address delirium and the percentage of patients returning to the community.
- Measures should address the PAC/LTC core measures not currently addressed in the measure set:
  - Establishment of patient/ family/caregiver goals
  - Shared decision-making
  - Falls
  - Adverse drug events
  - Transition planning

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<sup>1</sup> CMS.gov. LTCH Quality Reporting.<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>

<sup>2</sup> CMS.gov. LTCH Quality Reporting.<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html?redirect=/LTCH-Quality-Reporting/>

<sup>3</sup> FY 2012 IPPS/LTCH PPS final rule. The Office of the Federal Register.  
<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

- Advance care planning and treatment
- Inappropriate medication use
- Avoidable admissions

Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	Five measures are NQF-endorsed.
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	This measure set lacks measures representing prevention and treatment, care coordination, making care affordable, and patient/family engagement.
3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)	None of the measures in the set addresses high-impact conditions. Measures in the set address the MAP PAC/LTC core measure concepts of infection rates and pressure ulcers.
4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u>	All measures are used in other federal programs; two measures are used in private programs.
5. Program measure set includes an appropriate mix of measure types	The measure set is comprised of outcome and process measures.
6. Program measure set enables measurement across the person-centered episode of care	The measure set does not include follow-up care. Primary prevention measures and evaluation and initial management measures do not apply to the LTCH setting.
7. Program measure set includes considerations for healthcare disparities	None of the measures is disparities-sensitive.
8. Program measure set promotes parsimony	This measure set addresses some of the MAP Measure Selection Criteria; however, LTCH is a post-acute care setting so some criteria may not apply to this setting.

## Resource Use and Efficiency Measures Under Consideration

Resource use and efficiency are building blocks for understanding value (see graphic below). MAP has continually cited resource use and efficiency measures as critical measure gaps. Additionally, several federal public reporting programs (e.g., Hospital Inpatient Quality Reporting, Hospital Outpatient Quality Reporting) and value-based purchasing initiatives (e.g., Hospital Value-Based Purchasing, Physician Value-Based Payment Modifier, Medicare Shared Savings Programs) have statutory requirements to include measures of cost, resource use, or efficiency.

This year, MAP has been asked to consider whether several resource use and efficiency measures would add value to the program measure sets of several federal programs (see table below for a list of these measures). None of these measures have been considered for NQF endorsement, so they have not been assessed against the endorsement criteria of importance, scientific acceptability, usability, and feasibility. Despite the absence of such information, MAP will need to provide input to HHS on the suitability of these measures for the identified programs.

### Background

NQF's [Cost and Resource Use Consensus Development Project](#) is an ongoing effort to evaluate resource use measures for NQF endorsement. The initial phase of the project sought to understand resource use measures and identify the important attributes to consider in their evaluation. This project generated the [NQF Resource Use Measure Evaluation Criteria](#). Additionally, this project established key definitions for resource use:

**Resource Use:** Broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (may include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource.

**Efficiency:** The resource use (or cost) associated with a specific level of performance with respect to the other five Institute of Medicine (IOM) aims of quality: safety, timeliness, effectiveness, equity, and patient-centeredness. Time is sometimes used to define efficiency when determining efficiency of throughput processes or applying time-driven activity based costing methods.



Finally, this project highlighted key considerations for resource use and cost measures:

- Efficiency measurement approaches should be patient-centered, building on previous efforts such as the NQF Patient-Centered Episodes of Care (EOC) Efficiency Framework.

- NQF supports using and reporting resource use measures in the context of quality performance, preferably outcome measures. Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value and may lead to adverse unintended consequences.
- Given the diverse perspectives on cost and resource use measurement, it is important to know the purpose and perspectives these measures represent when evaluating the measures for endorsement.

## Reviewing Measures Under Consideration

When reviewing the cost and resource use measures under consideration, please consider the following issues regarding the implementation of the measures.

- What are the best uses for per capita cost approaches?
  - Best uses for condition-specific per capita cost measures?
  - Best uses for total per capita cost measures?
- What are the best uses for episode-based approaches (e.g., condition-specific grouper)?
- What types of quality measures should be used with the cost/resource measures under consideration to provide a broader understanding of efficiency?
- For each measure listed below:
  - What specific quality measures should be used with the measure?
  - Will the measure results be useful for the program’s intended purpose?
  - Do the measures under consideration align with private sector efforts? How can we promote alignment with private sector efforts?
  - Are there any implementation concerns with the measures under consideration?
  - What risks do these measures pose for unintended consequences, and how can the risks be mitigated?

**TABLE: RESOURCE USE AND EFFICIENCY MEASURES UNDER CONSIDERATION**

Measure Title	Program Under Consideration
Total Per Capita Cost Measure	Physician Feedback/Value-Based Payment Modifier Program
Condition-Specific Per Capita Cost Measures for COPD, Diabetes, HF, and CAD	Physician Feedback/ Value-Based Payment Modifier Program
Episode Grouper: Acute Myocardial Infarction (AMI)	Physician Feedback
Episode Grouper: Coronary Artery Bypass Graft (CABG)	Physician Feedback
Episode Grouper: Percutaneous Coronary Intervention (PCI)	Physician Feedback
Episode Grouper: Coronary Artery Disease	Physician Feedback
Episode Grouper: Congestive Heart Failure ( CHF)	Physician Feedback
Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)	Physician Feedback
Episode Grouper: Asthma	Physician Feedback
Episode Grouper: Pneumonia	Physician Feedback
Medicare Spending Per Beneficiary	Hospital Inpatient Quality Reporting Hospital Value-Based Purchasing Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting Long-term Care Hospital Quality Reporting Value-Based Payment Modifier Program/Physician Compare
AMI episode of care (inpatient hospitalization + 30 days post-discharge)	Hospital Inpatient Quality Reporting Value-Based Payment Modifier Program/Physician Compare



## Inpatient Rehabilitation Facility Quality Reporting

### Program Type:

Pay for Reporting, Public Reporting

### Incentive Structure:

For fiscal year of 2014, and each year thereafter, Inpatient Rehabilitation Facility providers (IRFs) must submit data on quality measures to the Centers for Medicare & Medicaid Services (CMS) to receive annual payment updates. Failure to report quality data will result in a 2 percent reduction in the annual increase factor for discharges occurring during that fiscal year.<sup>1</sup> The data must be made publicly available, with IRF providers having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of quality data.<sup>2</sup>

### Care Settings Included:

Inpatient Rehabilitation Facilities

### Statutory Mandate:

Section 3004(b) of the Affordable Care Act (ACA) directs the Secretary to establish quality reporting requirements for IRFs.

### Statutory Requirements for Measures:

Measures should align with the National Quality Strategy (NQS), be relevant to the priorities of IRFs (such as patient safety, reducing adverse events, better coordination of care, and person- and family-centered care), and address the primary role of IRFs—rehabilitation needs of the individual, including improved functional status and achievement of successful return to the community post-discharge.<sup>1</sup>

### MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP supported the direction of measures under consideration that address the PAC-LTC core measure concepts. MAP could not support immediate inclusion of the measures as they had not been specified and tested for IRFs.

### Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	Both measures are NQF-endorsed:  NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection

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<sup>1</sup> FY 2012 IRF PPS final rule The Office of the Federal Register.  
<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.

	(CAUTI)  NQF #0678 Percent of Residents With Pressure Ulcers That Are New or Worsened (short-stay)
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	Only the NQS priority of safer care is addressed.
<b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	None of the measures in the set addresses high-impact conditions. Two MAP PAC/LTC core measure concepts are addressed—infection rates and pressure ulcers.
<b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	Both measures are used in other federal programs; one measure NQF #0138 is also used in private program.
<b>5. Program measure set includes an appropriate mix of measure types</b>	The measure set only includes outcome measures.
<b>6. Program measure set enables measurement across the person-centered episode of care</b>	The measure set is limited to two evaluation and initial management measures and does not include follow-up care.
<b>7. Program measure set includes considerations for healthcare disparities</b>	None of the measures is disparities-sensitive.
<b>8. Program measure set promotes parsimony</b>	The measure set is limited to two measures; many of the MAP Measure Selection Criteria are not met.

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<sup>1</sup> CMS.gov. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>

<sup>2</sup> CMS.gov. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>

# End Stage Renal Disease Quality Improvement

## Program Type:

Pay for Performance, Public Reporting

## Incentive Structure:

Starting in 2012, payments to dialysis facilities will be reduced if facilities do not meet or exceed the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.<sup>1</sup> Performance is reported on the Dialysis Facility Compare website.

## Care Settings Included:

Dialysis Providers/Facilities

## Statutory Mandate:

The ESRD Quality Incentive Program (QIP), required by section 1881 (h) of the Social Security Act and added by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c), was developed by CMS to be the first pay-for-performance (also known as “value-based purchasing”) model quality incentive program.<sup>2</sup>

## Statutory Requirements for Measures:

Measures of anemia management that reflect labeling approved by the Food and Drug Administration (FDA), dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access.<sup>3</sup>

## MAP 2012 Pre-Rulemaking Program-Specific Input:

- The measure set should address aspects of care beyond clinical care for dialysis patients and include measures of care coordination, physical and mental comorbidities, shared decision-making, patient experience, and cost.
- Currently available depression screening measures should be explored for application in ESRD facilities.

## Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment)

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	Less than half (5) of measures in the set are NQF-endorsed.
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	The measure set addresses the NQS priorities of prevention and treatment, safety, and patient and family engagement.



MAP Measure Selection Criteria	Evaluation
<b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	All measures in the set address a high-impact condition as renal disease is a high-impact condition. The majority of the PAC/LTC core measure concepts do not apply to the ESRD program. One measure addresses experience of care.
<b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	None of the measures in the set are used in other federal programs. One measure is used in private programs:  NQF #1423 Minimum spKt/V for Pediatric Hemodialysis Patients
<b>5. Program measure set includes an appropriate mix of measure types</b>	The measure set includes outcome, process, and structure measures, but lacks cost measures.
<b>6. Program measure set enables measurement across the person-centered episode of care</b>	The measure set is focused on evaluation and initial management. The primary prevention and follow-up care portions of the episode are not addressed. None of the measures are patient-reported outcome measures.
<b>7. Program measure set includes considerations for healthcare disparities</b>	None of the measures in the set are disparities-sensitive.
<b>8. Program measure set promotes parsimony</b>	This measure set addresses few of the MAP Measure Selection Criteria.

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<sup>1</sup> Federal Register. Medicare Program; End-Stage Renal Disease Prospective Payment System, Quality Incentive Program, and Bad Debt Reductions for All Medicare Providers.

<https://www.federalregister.gov/articles/2012/07/11/2012-16566/medicare-program-end-stage-renal-disease-prospective-payment-system-quality-incentive-program-and>

<sup>2</sup> Final rule ESRD PY 2012-2013-2014. The Office of the Federal Register.  
<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

<sup>3</sup>Final rule ESRD PY 2012-2013-2014. The Office of the Federal Register.  
<http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

## Hospice Quality Reporting Program

### Program Type:

Pay for Reporting, Public Reporting

### Incentive Structure:

Failure to submit required quality data, beginning in FY 2014 and for each year thereafter, shall result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year.<sup>1</sup> The data must be made publicly available, with Hospice Programs having an opportunity to review the data prior to its release. No date has been specified to begin public reporting of hospice quality data.<sup>2</sup>

### Care Settings Included:

Multiple; hospice care can be provided in inpatient and outpatient settings.

### Statutory Mandate:

Section 3004 of the Affordable Care Act directs the Secretary to establish quality reporting requirements for Hospice Programs.<sup>3</sup>

### Statutory Requirements for Measures:

None.

### MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP previously noted the need to move beyond the Medicare hospice benefit and identify patient-centered measures that broadly assess end-of life preferences and care.
- The MAP performance measurement coordination strategy for hospice and palliative care identified measures that can assess hospice and palliative care across settings.

### Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	One of two measures in this set is NQF-endorsed – NQF #0209, Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment. There is only one other measure currently in this set and it is not endorsed – Participation in a Quality Assessment Performance Improvement Program That Includes at Least Three Indicators Related to Patient Care.
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	Measure NQF # 0209 addresses communication and care coordination; the second measure addresses prevention and treatment as well as

	safety.
<b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	This measure set does not address any high-impact conditions; however, the set does address the MAP PAC-LTC core measure concept of functional and cognitive status assessment.
<b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	None of the measures are used in other federal or private programs.
<b>5. Program measure set includes an appropriate mix of measure types</b>	The measure set includes one outcome measure (NQF #0209) and one structural measure.
<b>6. Program measure set enables measurement across the person-centered episode of care</b>	One measure is a patient-reported outcome measure (NQF #0209).
<b>7. Program measure set includes considerations for healthcare disparities</b>	None of the measures are disparities-sensitive.
<b>8. Program measure set promotes parsimony</b>	The measure set is limited to two measures; many of the MAP Measure Selection Criteria are not met.

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<sup>1</sup> Ibid

<sup>2</sup> CMS. Hospice Quality Reporting. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html>

<sup>3</sup> Ibid

# Nursing Home Quality Initiative and Nursing Home Compare

## Program Type:

Pay for Reporting, Public Reporting

## Incentive Structure:

Skilled nursing facilities (SNFs) and nursing facilities (NFs) are required to be in compliance with the requirements in 42 CFR Part 483, Subpart B, to receive payment under the Medicare or Medicaid programs. Part of this requirement includes completing the Minimum Data Set (MDS), a clinical assessment of all residents in Medicare- or Medicaid-certified nursing facilities. Quality measures are reported on the Nursing Home Compare website using a Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest.<sup>1</sup>

## Care Settings Included:

Medicare- or Medicaid-certified nursing facilities

## Statutory Mandate:

The 1987 Omnibus Budget Reconciliation Act mandated the development of a nursing home resident assessment instrument.

## Statutory Requirements for Measures:

OBRA mandated the inclusion of domains of resident health and quality of life in the resident assessment instrument.

## MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP suggested that the measure set incorporate additional measures for short-stay residents to reflect the increase of this type of nursing home care. These short-stay measures should align with measures selected for use in IRFs.
- MAP suggested including Nursing Home-CAHPS measures in the program measure set.

## Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	More than half of measures (16) in the set are NQF-endorsed.
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities</b>	The measure set addresses all of the NQS priorities except making care affordable and patient and family engagement.

<p><b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b></p>	<p>Two measures in the set address high-impact conditions. Additionally, the measure set addresses several MAP PAC/LTC core measure concepts— falls, functional and cognitive status assessment, inappropriate medication use, infection rates, mental health, and pressure ulcers.</p>
<p><b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b></p>	<p>Two measures in the set are used in other federal programs. None of the measures are used in private programs.</p>
<p><b>5. Program measure set includes an appropriate mix of measure types</b></p>	<p>The set includes process, outcome, and structure measures. The set does not include patient experience of care or cost measures.</p>
<p><b>6. Program measure set enables measurement across the person-centered episode of care</b></p>	<p>The measure set addresses primary prevention and evaluation and management; follow-up care is not addressed in the measure set. Two measures in the set are patient-reported outcomes.</p>
<p><b>7. Program measure set includes considerations for healthcare disparities</b></p>	<p>One measure in the set is disparities-sensitive.</p>
<p><b>8. Program measure set promotes parsimony</b></p>	<p>The measure set addresses many of the MAP Measure Selection Criteria. Additionally, all measures are collected through MDS, a required assessment for home health patients, which reduces reporting burden.</p>

Note: The Nursing Home Quality Initiative and Nursing Home Compare program includes 38 finalized measures; however, only 26 measures are listed in the Table of Current Finalized Measures. Several measures include short-stay and long-stay rates, and for the purposes of reporting, these are considered separate measures.

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<sup>1</sup> Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at [https://www.cms.gov/CertificationandCompliance/13\\_FSQRS.asp#TopOfPage](https://www.cms.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage). Last accessed October 2011.

## Home Health Quality Reporting

### Program Type:

Pay for Reporting, Public Reporting

### Incentive Structure:

Medicare-certified<sup>1</sup> home health agencies (HHAs) are required to collect and submit the Outcome Assessment Information Set (OASIS). The OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement.<sup>2</sup> Home health agencies meet their quality data reporting requirements through the submission of OASIS assessments and Home Health CAHPS. HHAs that do not submit data will receive a 2 percentage point reduction in their annual HH market basket percentage increase.

Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.<sup>3</sup> Currently, 23 of the 97 OASIS measures are finalized for public reporting on Home Health Compare.

### Care Settings Included:

Medicare-certified home health agencies

### Statutory Mandate:

Section 1895(b)(3)(B)(v)(I) of the Social Security Act, as amended by section 5201 of the Deficit Reduction Act, established the requirement that HHAs that do not report quality data would not receive the full market basket payment increase.

### Statutory Requirements for Measures:

None.

### MAP 2012 Pre-Rulemaking Program-Specific Input:

- MAP supported recent attempts to include shared decision-making in Home Health CAHPS and suggested continuing to explore opportunities to assess shared decision-making.

### Program Measure Set Evaluation Using MAP Measure Selection Criteria (Initial Staff Assessment):

MAP Measure Selection Criteria	Evaluation
<b>1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review</b>	The majority of measures (80) in the set are not NQF-endorsed.
<b>2. Program measure set adequately addresses each of the National Quality Strategy (NQS)</b>	The set addresses all NQS priorities except for

<b>priorities</b>	making care affordable.
<b>3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s)</b>	Seventeen measures in the set address high-impact conditions. Additionally, the measure set addresses all MAP PAC/LTC core concepts except advanced care planning and treatment, shared decision-making, and inappropriate medication use.
<b>4. Program measure set promotes alignment with specific program <u>attributes</u> as well as <u>alignment across programs</u></b>	None of the measures are used in other federal programs. Seven measures are used in private programs.
<b>5. Program measure set includes an appropriate mix of measure types</b>	The set includes process, outcome, and patient experience of care measures. The set does not include structure or cost measures.
<b>6. Program measure set enables measurement across the person-centered episode of care</b>	The measure set addresses all parts of the episode of care: primary prevention, evaluation and initial management, and follow-up care. Additionally, five measures in the set are patient-reported outcome measures.
<b>7. Program measure set includes considerations for healthcare disparities</b>	Two measures in the set are disparities-sensitive.
<b>8. Program measure set promotes parsimony</b>	The measure set address many of the MAP Measure Selection Criteria. Additionally, all measures are collected through OASIS, a required assessment for home health patients, which reduces reporting burden.

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<sup>1</sup> “Medicare-certified” means the home health agency is approved by Medicare and meets certain Federal health and safety requirements.

<sup>2</sup> Centers for Medicare and Medicaid Services. Background. June 2011. Available at [http://www.cms.gov/OASIS/02\\_Background.asp#TopOfPage](http://www.cms.gov/OASIS/02_Background.asp#TopOfPage). Last accessed October 2011.

<sup>3</sup> The Official U.S. Government Site for Medicare. Introduction. Available at <http://www.medicare.gov/HomeHealthCompare/About/overview.aspx>. Last accessed October 2011.

# MAP “WORKING” MEASURE SELECTION CRITERIA



NATIONAL  
QUALITY FORUM

## 1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

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*Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.*

**Response option:** Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

**Additional Implementation Consideration:** Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

## 2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

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*Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:*

- |                         |   |
|-------------------------|---|
| <b>Subcriterion 2.1</b> | Safer care  |
| <b>Subcriterion 2.2</b> | Effective care coordination                                       |
| <b>Subcriterion 2.3</b> | Preventing and treating leading causes of mortality and morbidity |
| <b>Subcriterion 2.4</b> | Person- and family-centered care                                  |
| <b>Subcriterion 2.5</b> | Supporting better health in communities                           |
| <b>Subcriterion 2.6</b> | Making care more affordable                                       |

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

## 3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

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*Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program’s intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)*



**Response option:** Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

#### **4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs**

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*Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 4.1** Program measure set is applicable to the program's intended care setting(s)

**Subcriterion 4.2** Program measure set is applicable to the program's intended level(s) of analysis

**Subcriterion 4.3** Program measure set is applicable to the program's population(s)

#### **5. Program measure set includes an appropriate mix of measure types**

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*Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 5.1** Outcome measures are adequately represented in the program measure set

**Subcriterion 5.2** Process measures are adequately represented in the program measure set

**Subcriterion 5.3** Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

**Subcriterion 5.4** Cost/resource use/appropriateness measures are adequately represented in the program measure set

**Subcriterion 5.5** Structural measures and measures of access are represented in the program measure set when appropriate

#### **6. Program measure set enables measurement across the person-centered episode of care <sup>1</sup>**

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*Demonstrated by assessment of the person's trajectory across providers, settings, and time.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 6.1** Measures within the program measure set are applicable across relevant providers

**Subcriterion 6.2** Measures within the program measure set are applicable across relevant settings

**Subcriterion 6.3** Program measure set adequately measures patient care across time

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<sup>1</sup> National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

## 7. Program measure set includes considerations for healthcare disparities<sup>2</sup>

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*Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 7.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

**Subcriterion 7.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

## 8. Program measure set promotes parsimony

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*Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 8.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

**Subcriterion 8.2** Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

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<sup>2</sup> NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

**Table 1: National Quality Strategy Priorities**

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

**Table 2: High-Impact Conditions:**

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese ( $\geq$ 85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome

# MAP “WORKING” MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE



NATIONAL  
QUALITY FORUM

## Instructions for applying the measure selection criteria:

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The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree*, *Agree*, *Disagree*, *Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best reflects ‘quality’ health and healthcare. The term “measure set” can refer to a collection of measures--for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a “program measure set,” a “core measure set” for a setting, or a “condition measure set.” The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

### FOR CRITERION 1 - NQF ENDORSEMENT:

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The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **‘Importance to measure and report’**—how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;
2. **‘Scientific acceptability of the measurement properties’** – evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
3. **‘Usability’**- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.
4. **‘Feasibility’** – the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

### To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

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**FOR CRITERION 2 - PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:**

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

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**FOR CRITERION 3 - PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:**

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

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**FOR CRITERION 4 - PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:**

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- **Populations include:** Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

### FOR CRITERION 5 – PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of “appropriate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1. **Outcome measures** – Clinical outcome measures reflect the actual results of care.<sup>1</sup> Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients’ understanding of treatment options and care plans, and their feedback on whether care made a difference.<sup>2</sup>
2. **Process measures** – Process denotes what is actually done in giving and receiving care.<sup>3</sup> NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.<sup>4</sup> Experience of care measures—Defined as patients’ perspective on their care.<sup>5</sup>
3. **Cost/resource use/appropriateness measures** –
  - a. *Cost measures* – Total cost of care.
  - b. *Resource use measures* – Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).<sup>6</sup>
  - c. *Appropriateness measures* – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.<sup>7</sup>
4. **Structure measures** – Reflect the conditions in which providers care for patients.<sup>8</sup> This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure

1 National Quality Forum. (2011). The right tools for the job. Retrieved from [http://www.qualityforum.org/Measuring\\_Performance/ABCs/The\\_Right\\_Tools\\_for\\_the\\_Job.aspx](http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx)

2 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

3 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

4 National Quality Forum. (2011). Consensus development process. Retrieved from [http://www.qualityforum.org/Measuring\\_Performance/Consensus\\_Development\\_Process.aspx](http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx)

5 National Quality Forum. (2011). The right tools for the job. Retrieved from [http://www.qualityforum.org/Measuring\\_Performance/ABCs/The\\_Right\\_Tools\\_for\\_the\\_Job.aspx](http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx)

6 National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from [http://www.qualityforum.org/Publications/2009/08/National\\_Voluntary\\_Consensus\\_Standards\\_for\\_Outpatient\\_Imaging\\_Efficiency\\_\\_A\\_Consensus\\_Report.aspx](http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx)

7 National Quality Forum. (2011). The right tools for the job. Retrieved from [http://www.qualityforum.org/Measuring\\_Performance/ABCs/The\\_Right\\_Tools\\_for\\_the\\_Job.aspx](http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx)

8 National Quality Forum. (2011). The right tools for the job. Retrieved from [http://www.qualityforum.org/Measuring\\_Performance/ABCs/The\\_Right\\_Tools\\_for\\_the\\_Job.aspx](http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx)

(such as medical staff organizations, methods of peer review, and methods of reimbursement).<sup>9</sup> In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

#### **FOR CRITERION 6 – PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:**

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The optimal option is for the program measure set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

#### **FOR CRITERION 7 – PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:**

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Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.<sup>10</sup>

**Subcriterion 7.1** seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

**Subcriterion 7.2** seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

#### **FOR CRITERION 8 – PROGRAM MEASURE SET PROMOTES PARSIMONY:**

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The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entities, while also measuring the patient's health and healthcare comprehensively.

**Subcriterion 8.1** can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entities.

**Subcriterion 8.2** can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

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9 Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

10 Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.



## 2012/2013 Pre-Rulemaking Guidance to PAC/LTC Workgroup from MAP Dual Eligible Beneficiaries Workgroup

In providing input to HHS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider how the programs may impact the quality of care delivered to Medicare-Medicaid dual eligible beneficiaries. More than 9 million Americans eligible for both Medicare and Medicaid comprise a heterogeneous group that includes many of the poorest and sickest individuals covered by either program. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. HHS is pursuing several strategies to improve the quality of care provided to dual eligible beneficiaries, including tasking MAP with considering the implications of existing Federal measurement programs affecting this vulnerable group.

### General Principles for Measure Selection

The Dual Eligible Beneficiaries Workgroup has identified the subject areas in which performance measurement can provide the most leverage in improving the quality of care: **quality of life, care coordination, screening and assessment, mental health and substance use**, as well as **structural measures**. A list of measures in these areas which are collectively considered core is provided in the last section of this document. The core set was updated in 2012 to reflect current priorities and the best available measures.

MAP workgroups should consider that the following issues are strongly related to quality of care in the dual eligible beneficiary population, regardless of the type of care being provided.

- **Setting goals for care:** Wherever possible, measurement should promote a broad view of health and wellness. Person-centered plans of care should be developed in collaboration with an individual, his/her family, and his/her care team. A plan of care should establish health-related goals and preferences for care that incorporate medical, behavioral, and social needs.
- **Chronicity of care:** More than 60 percent of dual eligible beneficiaries have three or more chronic conditions, with the most common being cardiovascular disease, diabetes, Alzheimer's disease and related disorders, arthritis, and depression. Many people with disabilities require long-term supports and services, of varying intensity, throughout their lifetimes.
- **Cognitive status:** More than 60 percent of dual eligible beneficiaries are affected by a mental or cognitive impairment. Etiologies of these impairments are diverse and may include intellectual/developmental disability, mental illness, dementia, substance abuse, or stroke.
- **Care transitions and communication:** Many factors, including those listed above, make dual eligible beneficiaries more vulnerable to problems that arise during all types of care transitions. Communication and coordination across all providers is vital. Transactions between the medical system and the community-based services system are particularly important for beneficiaries who use long-term supports.

## Considerations for Post-Acute Care/Long-Term Care Programs

Most of the issues MAP has considered for post-acute and long-term care are relevant to the dual eligible beneficiary population, and vice versa. The PAC/LTC Workgroup discussed the overarching factors identified by the Dual Eligible Beneficiaries Workgroup that are linked to high-quality care in post-acute and long-term care settings. Promoting dignity and quality of life through person- and family-centered care is of primary importance. To do so, measures of fidelity to a plan of care that incorporates individualized goals and promotes self-determination are preferred. Supports and services should be delivered in the least intense setting possible. It is also important to evaluate the extent to which institutional settings are linked to home- and community-based services and are assisting residents who desire to transition to independent living. Finally, appropriate prescribing and dosing of medications is important, including minimizing the number of medications taken by an individual to reduce polypharmacy risks.

## Evolving Core Set of Measures for Dual Eligible Beneficiaries

The Dual Eligible Beneficiaries Workgroup identified an evolving core set of measures from an extensive and ongoing search of currently available measures. It was most recently updated in October 2012 to inform 2012/2013 pre-rulemaking deliberations. The overall frequency of evolving core set measure use in HHS programs is currently as follows:

- Proposed/finalized in two or more HHS programs: 12 measures
- Proposed/finalized in one HHS program: 6 measures

HHS uptake of measures in proposed and final rules in 2012 was generally consistent with MAP's specific recommendations made as a result of input from the Dual Eligible Beneficiaries Workgroup. Related to measures supported by the Dual Eligible Beneficiaries Workgroup for PAC/LTC programs, we observed the following concordance:

- MAP supported retention of all core measures finalized for use in PAC/LTC programs.
- MAP supported inclusion of *Assessment of Health-related Quality of Life (Physical and Mental Functioning) (0260)* in the End-Stage Renal Disease Quality program. HHS did not propose the measure.
- MAP supported inclusion of *Family Evaluation of Hospice Care (0208)* in the Hospice program. HHS deemed this measure under further consideration for an expanded measure set to be used in annual payment determinations beyond FY2015.
- MAP conceptually agreed with many additional core measures and asked that potential modifications be explored to make them applicable to additional PAC/LTC settings:
  - *Screening for Clinical Depression and Follow-Up Plan (0418)*
  - *Transition Record with Specified Elements Received by Discharged Patients (0647)*
  - *3-Item Care Transitions Measure (CTM-3) (0228)*
  - *Change in Daily Activity Function as Measured by the AM-PAC (0430)*
  - *Medical Home System Survey (1909, previously 0494)*

Measures 0228 and 0647 are under consideration for Long-Term Care Hospital Quality Reporting for 2012/2013.

The appropriateness and feasibility of any single measure depends upon the program context in which it is being considered for use. Careful consideration should be given to the care setting and level of analysis for which a measure is specified and endorsed. Many measure gaps and limitations in current measures were identified during the process of compiling and revising the core set. The Dual Eligible Beneficiaries Workgroup will continue to consider a range of potential modifications to measures that would make them more appropriate for use with the dual eligible beneficiary population.

*Measures from Evolving Core Set for Dual Eligible Beneficiaries Under Consideration for 2012/2013 Cycle*

<b>NQF #</b>	<b>Measure Name</b>	<b>Program in Which Measure Is Under Consideration</b>	<b>Dual Eligible Beneficiaries Workgroup Input</b>
0097	Medication Reconciliation	Long-Term Care Hospital Quality Reporting (LTCH)	Support for inclusion in program
0166	HCAHPS	LTCH	Support for inclusion in program; important to capture beneficiary and family experience
0228	3-Item Care Transition Measure	LTCH	Strong support for inclusion in program; this measure is in the "Starter Set."
0258	CAHPS In-Center Hemodialysis Survey	End-Stage Renal Disease Quality Reporting	Support for inclusion in program; important to capture beneficiary and family experience
0647	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	LTCH	Support for inclusion in program
0648	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	LTCH	Support for inclusion in program
1641	Hospice and Palliative Care – Treatment Preferences	Hospice Quality Reporting	Support for inclusion in program; measure is a recent addition to Evolving Core Set

*Targeted Input: End-Stage Renal Disease Quality Improvement Program*

ESRD programs have a relatively long history of performance measurement linked with public reporting. In addition, as many as 25 percent of individuals undergoing dialysis are enrolled in both Medicare and Medicaid. This breadth and depth of reporting experience, combined with a large patient cohort of interest, presents an opportunity for CMS and measure stewards to explore the feasibility of stratifying measure results by dual eligible status. In this context, the Dual Eligible Beneficiaries Workgroup discussed the pros and cons of measure stratification.

Stratification may be promising but requires further investigation into baseline demographics that might confound strata (e.g., SES, age, race) as well as testing any modifications to the measures before implementation. MAP requested that CMS use new linked data to perform an analysis of demographics and to identify opportunities for improvement.



## PAC/LTC Core Concepts

MAP developed a set of 13 core measure concepts that should be used to assess care across all PAC/LTC programs, particularly inpatient rehabilitation facilities, long-term care hospitals, nursing homes, and home health agencies. In reviewing existing measures utilized across post-acute and long-term care programs, MAP employed the NQS priorities as a roadmap to identify the six highest-leverage areas for measurement: function, goal attainment, patient and family engagement, care coordination, safety and cost/access. Within these areas, priority measure concepts identified are specific, yet flexible to allow for customization to address the unique care needs within each PAC/LTC program.

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none"> <li>• Functional and cognitive status assessment</li> <li>• Mental Health</li> </ul>
Goal Attainment	<ul style="list-style-type: none"> <li>• Establishment of patient/family/caregiver goals</li> <li>• Advanced care planning and treatment</li> </ul>
Patient Engagement	<ul style="list-style-type: none"> <li>• Experience of care</li> <li>• Shared decision making</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Transition planning</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Pressure ulcers</li> <li>• Adverse drug events</li> </ul>
Cost/Access	<ul style="list-style-type: none"> <li>• Inappropriate medicine use</li> <li>• Infection rates</li> <li>• Avoidable admissions</li> </ul>

## Core Measure Set: PAC/LTC Care Settings and Facility Level of Analysis

Setting- and level-of analysis-specific core measure sets are drawn from the MAP Families of Measures. These core measure sets may assist in identifying measures that could be added to program measure sets or measures that could replace previously finalized measures in program measure sets. MAP's core measure sets serve as guidance for pre-rulemaking decisions; however, MAP is not restricted to considering only these measures.

Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
Heart Failure : Beta-blocker therapy for Left Ventricular Systolic Dysfunction	083	Cardiovascular	Urgent Care, Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility, Group/Practice, Individual

Note: The PAC/LTC Core Measure set includes all measures within the various MAP Families of Measures that are specified for PAC/LTC care settings and the facility level of analysis. PAC/LTC care settings include: assisted living, home health, behavioral health outpatient, nursing home/skilled nursing facility, hospice, behavioral health inpatient, long term acute care hospital, inpatient rehabilitation facility, and dialysis facility.



Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0138	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	0139	Safety, Cancer	Hospice, Hospital/Acute Care Facility, Behavioral Health/Psychiatric: Inpatient, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, National, State
Acute care hospitalization (risk-adjusted)	0171	Care Coordination, Hospice	Home Health	Facility
Emergency Department Use without Hospitalization	0173	Care Coordination, Hospice	Home Health	Facility
Improvement in management of oral medications	0176	Safety	Home Health	Facility
Improvement in pain interfering with activity	0177	Safety	Home Health	Facility
Improvement in dyspnea	0179	Hospice	Home Health	Facility
Increase in number of pressure ulcers	0181	Safety	Home Health	Facility, Other
Pressure ulcer prevalence (hospital acquired)	0201	Safety	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility, Long Term Acute Care Hospital, Nursing Home/Skilled Nursing Facility	Facility, Team
Family Evaluation of Hospice Care	0208	Care Coordination, Hospice, Cancer	Hospice	Facility, National
Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	0209	Safety, Cancer, Duals, Hospice	Hospice	Facility, National



Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
Proportion not admitted to hospice	0215	Care Coordination	Hospice	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
Proportion admitted to hospice for less than 3 days	0216	Hospice	Hospice	County or City, Facility, Group/Practice, Health Plan, Integrated Delivery System, National, Regional, State
3-Item Care Transition Measure (CTM-3)	0228	Care Coordination, Duals	Hospital/Acute Care Facility	Facility
CAHPS In-Center Hemodialysis Survey	0258	Care Coordination, Duals	Dialysis Facility	Facility
Assessment of Health-related Quality of Life (Physical & Mental Functioning)	0260	Duals	Dialysis Facility	Facility
Adult Weight Screening and Follow-Up	0421	Cardiovascular, Diabetes, Duals	All settings	Can be measured at all levels
Change in Daily Activity Function as Measured by the AM-PAC:	0430	Duals	Clinician Office/Clinic, Home Health, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility, Individual
Influenza Vaccination Coverage Among Healthcare Personnel	0431	Safety	Ambulatory Surgery Center (ASC), Urgent Care, Clinician Office/Clinic, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Facility
CAHPS® Home Health Care Survey	0517	Care Coordination, Duals	Home Health	Facility
Depression Assessment Conducted	0518	Hospice	Home Health	Facility



Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
Timely Initiation of Care	0526	Care Coordination	Home Health	Facility
HBIPS-6 Post discharge continuing care plan created	0557	Duals, Care Coordination	Hospital/Acute Care Facility, Inpatient	Facility
HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	0558	Duals, Care Coordination	Hospital/Acute Care Facility, Inpatient	Facility
Cardiac Rehabilitation Patient Referral From an Inpatient Setting	0642	Cardiovascular	Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Facility, Group/Practice, Health Plan, Individual, Integrated Delivery System
Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0646	Safety	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0647	Care Coordination, Duals	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0648	Care Coordination, Duals, Hospice	Ambulatory Surgery Center (ASC), Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Integrated Delivery System
Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	0674	Safety	Nursing Home/Skilled Nursing Facility	Facility, National



Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument	0691	Care Coordination	Nursing Home/Skilled Nursing Facility	Facility
Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	0692	Care Coordination	Nursing Home/Skilled Nursing Facility	Facility
Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument	0693	Care Coordination	Nursing Home/Skilled Nursing Facility	Facility
Bereaved Family Survey	1623	Hospice	Hospice, Nursing Home/Skilled Nursing Facility	Facility, National, Regional
Hospitalized Patients Who Die an Expected Death with an ICD that Has Been Deactivated	1625	Hospice	Hospital/Acute Care Facility	Facility
CARE - Consumer Assessments and Reports of End of Life	1632	Care Coordination, Hospice	Home Health, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility	Community, Facility, National, Regional
Hospice and Palliative Care -- Pain Screening	1634	Safety, Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care -- Pain Screening	1634	Safety	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care -- Pain Assessment	1637	Hospice, Safety	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care -- Dyspnea Treatment	1638	Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care -- Dyspnea Screening	1639	Hospice	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice
Hospice and Palliative Care – Treatment Preferences	1641	Hospice, Duals	Hospice, Hospital/Acute Care Facility	Facility, Group/Practice





Measure Title	NQF #	MAP Family	Care Setting	Level of Analysis
Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss.	1647	Hospice	Hospice	Facility
TOB-1 Tobacco Use Screening	1651	Cardiovascular, Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
TOB - 2 Tobacco Use Treatment Provided or Offered and the subset measure TOB-2a Tobacco Use Treatment	1654	Cardiovascular, Diabetes	Hospital/Acute Care Facility, Behavioral Health/Psychiatric : Inpatient	Facility, National
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	1716	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	1717	Safety	Behavioral Health/Psychiatric : Inpatient, Dialysis Facility, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, National, State
COPD - Management of Poorly Controlled COPD	1825	Duals	Urgent Care, Clinician Office/Clinic, Home Health, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	County or City, Facility, Group/Practice, Health Plan, Individual, Integrated Delivery System, National, Regional, State
Cultural Competency Implementation Measure	1919	Duals	Urgent Care, Clinician Office/Clinic, Dialysis Facility, Hospice, Hospital/Acute Care Facility, Nursing Home/Skilled Nursing Facility, Inpatient Rehabilitation Facility	Facility, Health Plan, Integrated Delivery System



NATIONAL  
QUALITY FORUM



## MAP Previously Identified Measure Gaps

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This document provides a synthesis of previously identified measure gaps compiled from all prior MAP reports. The gaps are grouped by NQS priority.

### Safety

- Composite measure of most significant Serious Reportable Events

#### *Healthcare-Associated Infections*

- Ventilator-associated events for acute care, post-acute care, long-term care hospitals and home health settings
- Pediatric population: special considerations for ventilator-associated events and C. difficile
- Infection measures reported as rates, rather than ratios (more meaningful to consumers)
- Sepsis (healthcare-acquired and community-acquired) incidence, early detection, monitoring, and failure to rescue related to sepsis
- Post-discharge follow-up on infections in ambulatory settings
- Vancomycin Resistant Enterococci (VRE) measures (e.g., positive blood cultures, appropriate antibiotic use)

#### *Medication and Infusion Safety*

- Adverse drug events
  - Injury/mortality related to inappropriate drug management
  - Total number of adverse drug events that occur within all settings (including administration of wrong medication or wrong dosage and drug-allergy or drug-drug interactions)
- Inappropriate medication use
  - Polypharmacy and use of unnecessary medications for all ages, especially high-risk medications
  - Antibiotic use for sinusitis
  - Use of sedatives, hypnotics, atypical-antipsychotics, pain medications (consideration for individuals with dementia, Alzheimer's, or residing in long-term care settings)
- Medication management
  - Patient-reported measures of understanding medications (purpose, dosage, side effects, etc.)
  - Medication documentation, including appropriate prescribing and comprehensive medication review
  - Persistence of medications (patients taking medications) for secondary prevention of cardiovascular conditions
  - Role of community pharmacist or home health provider in medication reconciliation
- Blood incompatibility

#### *Perioperative/Procedural Safety*

- Air embolism
- Anesthesia events (inter-operative myocardial infarction, corneal abrasion, broken tooth, etc.)
- Perioperative respiratory events, blood loss, and unnecessary transfusion
- Altered mental status in perioperative period

#### *Venous Thromboembolism*

- VTE outcome measures for ambulatory surgical centers and post-acute care/long-term care settings

- Adherence to VTE medications, monitoring of therapeutic levels, medication side effects, and recurrence

### *Falls and Immobility*

- Standard definition of falls across settings to avoid potential confusion related to two different fall rates
- Structural measures of staff availability to ambulate and reposition patients, including home care providers and home health aides

### *Obstetrical Adverse Events*

- Obstetrical adverse event index
- Measures using National Health Safety Network (NHSN) definitions for infections in newborns

### *Pain Management*

- Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring
- Assessment of depression with pain

## **Patient & Family Engagement**

### *Person-Centered Communication*

- Information provided at appropriate times
- Information is aligned with patient preferences
- Patient understanding of information, not just receiving information (considerations for cultural sensitivity, ethnicity, language, religion, multiple chronic conditions, frailty, disability, medical complexity)
- Outreach to non-compliant patients

### *Shared Decision-Making and Care Planning*

- Person-centered care plan, created early in the care process, with identified goals for all people
- Integration of patient/family values in care planning
- Plan agreed to by the patient and provider and given to patient, including advanced care plan
- Plan shared among all providers seeing the patient (integrated); multidisciplinary
- Identified primary provider responsible for the care plan
- Fidelity to care plan and attainment of goals
  - Treatment consistent with advanced care plan
- Social care planning addressing social, practical, and legal needs of patient and caregivers
- Grief and bereavement care planning

### *Advanced Illness Care*

- Symptom management (nausea, shortness of breath, nutrition)
- Comfort at end of life

### *Patient-Reported Measures*

- Functional status
  - Particularly for individuals with multiple chronic conditions
  - Optimal functioning (e.g., improving when possible, maintaining, managing decline)
- Pain and symptom management
- Health-related quality of life
- Patient activation/engagement

## Healthy Living

- Life enjoyment
- Community inclusion/participation for people with long-term services and supports needs
- Sense of control/autonomy/self-determination
- Safety risk assessment

## Care Coordination

### *Communication*

- Sharing information across settings
  - Address both the sending and receiving of adequate information
  - Sharing medical records (including advance directives) across all providers
  - Documented consent for care coordination
  - Coordination between inpatient psychiatric care and alcohol/substance abuse treatment
- Effective and timely communication (e.g., provider-to-patient/family, provider-to-provider)
  - Survey/composite measure of provider perspective of care coordination
- Comprehensive care coordination survey that looks across episode and settings (includes all ages; recognizes accountability of the multidisciplinary team)

### *Care Transitions*

- Measures of patient transition to next provider/site of care across all settings, beyond hospital transitions (e.g., primary care to specialty care, clinician to community pharmacist, nursing home to home health) as well as transitions to community services
- Timely communication of discharge information to all parties (e.g., caregiver, primary care physician)
- Transition planning
  - Outcome measures for after care
  - Primary care follow-up after discharge measures (e.g., patients keeping follow-up appointments)
  - Access to needed social supports

### *System and Infrastructure Support*

- Interoperability of EHRs to enhance communication
- Measures of "systemness," including accountable care organizations and patient-centered medical homes
- Structures to connect health systems and benefits (e.g., coordinating Medicare and Medicaid benefits, connecting to long-term supports and services)

### *Avoidable Admissions and Readmissions*

- Shared accountability and attribution across the continuum
- Community role; patient's ability to connect to available resources

## Affordability

- Ability to obtain follow-up care
- Utilization benchmarking (e.g., outpatient/ED/nursing facility)
- Consideration of total cost of care, including patient out of pocket cost
- Appropriateness for admissions, treatment, over-diagnosis, under-diagnosis, misdiagnosis, imaging, procedures
- Chemotherapy appropriateness, including dosing
- Avoiding unnecessary end-of-life care
- Use of radiographic imaging in the pediatric population

# Prevention and Treatment for the Leading Causes of Mortality

## *Primary and Secondary Prevention*

- Lipid control
- Outcomes of smoking cessation interventions
- Lifestyle management (e.g., physical activity/exercise, diet/nutrition)
- Cardiometabolic risk
- Modify Prevention Quality Indicators (PQI) measures to assess accountable care organizations; modify population to include all patients with the disease (if applicable)

## *Cancer*

- Cancer- and stage-specific survival as well as patient-reported measures
- Complications such as febrile neutropenia and surgical site infection
- Transplants: bone marrow and peripheral stem cells
- Staging measures for lung, prostate, and gynecological cancers
- Marker/drug combination measures for marker-specific therapies, performance status of patients undergoing oncologic therapy/pre-therapy assessment
- Disparities measures, such as risk-stratified process and outcome measures, as well as access measures
- Pediatric measures, including hematologic cancers and transitions to adult care

## *Cardiovascular Conditions*

- Appropriateness of coronary artery bypass graft and PCI at the provider and system levels of analysis
- Early identification of heart failure decompensation
- ACE/ARB, beta blocker, statin persistence (patients taking medications) for ischemic heart disease

## *Depression*

- Suicide risk assessment for any type of depression diagnosis
- Assessment and referral for substance use
- Medication adherence and persistence for all behavioral health conditions

## *Diabetes*

- Measures addressing glycemic control for complex patients (e.g., geriatric population, multiple chronic conditions) at the clinician, facility, and system levels of analysis
- Pediatric glycemic control
- Sequelae of diabetes

## *Musculoskeletal*

- Evaluating bone density, and prevention and treatment of osteoporosis in ambulatory settings

# ROSTER FOR THE MAP POST-ACUTE CARE/LONG-TERM CARE WORKGROUP

CHAIR (VOTING)
Carol Raphael, MPA

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVE
Aetna	Randall Krakauer, MD
American Medical Rehabilitation Providers Association	Suzanne Snyder, PT
American Physical Therapy Association	Roger Herr, PT, MPA, COS-C
Family Caregiver Alliance	Kathleen Kelly, MPA
HealthInsight	Juliana Preston, MPA
Kindred Healthcare	Sean Muldoon, MD
National Consumer Voice for Quality Long-Term Care	Lisa Tripp, JD
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Transitions of Care Coalition	James Lett II, MD, CMD
Providence Health and Services	Robert Hellrigel
Service Employees International Union	Charissa Raynor
Visiting Nurses Association of America	Margaret Terry, PhD, RN

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Clinician/Nephrology	Louis H. Diamond, MBChB, FCP (SA), FACP, FHIMSS
Clinician/Nursing	Charlene Harrington, PhD, RN, FAAN
Care Coordination	Gerri Lamb, PhD
Clinician/Geriatrics	Bruce Leff, MD
State Medicaid	MaryAnne Lindeblad, MPH
Measure Methodologist	Debra Saliba, MD, MPH
Health IT	Thomas von Sternberg, MD

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	
Agency for Healthcare Research and Quality (AHRQ)	D.E.B. Potter, MS
Centers for Medicare & Medicaid Services (CMS)	Shari Ling
Veterans Health Administration	Scott Shreve, MD

MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)
George Isham, MD, MS
Elizabeth McGlynn, PhD, MPP

# BIOS FOR THE MAP POST-ACUTE CARE / LONG-TERM CARE WORKGROUP

## CHAIR (VOTING)

### Carol Raphael, MPA

Carol Raphael, MPA, is President and Chief Executive Officer of Visiting Nurse Service of New York, the largest nonprofit home health agency in the United States. She oversees VNSNY's comprehensive programs in post-acute care, long-term care, hospice and palliative care, rehabilitation and mental health as well as its health plans for dually eligible Medicare and Medicaid beneficiaries. Ms. Raphael developed the Center for Home Care Policy and Research, which conducts policy-relevant research focusing on the management and quality of home and community-based services. Previously, Ms. Raphael held positions as Director of Operations Management at Mt. Sinai Medical Center and Executive Deputy Commissioner of the Human Resources Administration in charge of the Medicaid and Public Assistance programs in New York City. Between 1999 and 2005, Ms. Raphael was a member of MedPAC. She served on the New York State Hospital Review and Planning Council for 12 years (1992-2004) and chaired its Fiscal Policy Committee. She chairs the New York eHealth Collaborative and was a member of the IOM's Committee to Study the Future Health Care Workforce for Older Americans, which issued its report in April 2008. She is on the Boards of AARP, Pace University, and the Continuing Care Leadership Coalition. She is a member of the Harvard School of Public Health's Health Policy Management Executive Council, the Markle Foundation Connecting for Health Steering Group, Atlantic Philanthropies Geriatrics Practice Scholars Program, and Henry Schein Company Medical Advisory Board, the Jonas Center for Excellence in Nursing Advisory Board, NYU College of Nursing Advisory Board, and the New York City Health and Mental Hygiene Advisory Council. She was a member of the Lifetime Excellus Board from 2002-2010. She has authored papers and presentations on post-acute, long-term and end-of-life care and co-edited the book Home Based Care for a New Century. Ms. Raphael has an M.P.A. from Harvard University's Kennedy School of Government, and was a Visiting Fellow at the Kings Fund in the United Kingdom. Ms. Raphael was recently listed in Crain's New York Business 50 Most Powerful Women in New York City.

## ORGANIZATIONAL MEMBERS (VOTING)

### AETNA

#### Randall Krakauer, MD

Dr. Randall Krakauer graduated from Albany Medical College in 1972 and is Board Certified in Internal Medicine and Rheumatology. He received training in Internal Medicine at the University of Minnesota Hospitals and in Rheumatology at the National Institutes of Health and Massachusetts General Hospital/Harvard Medical School, and received an MBA from Rutgers. He is a fellow of the American College of Physicians and the American College of Rheumatology and Professor of Medicine at Seton Hall University Graduate School of Medicine. He is past chairman of the American College of Managed Care Medicine. Dr. Krakauer has more than 30 years of experience in medicine and medical management, has held senior medical management positions in several major organizations. He is author of many publications on Medical Management, Advanced Care Management and Collaborative



Medical Management. He is responsible for medical management planning and implementation nationally for Aetna Medicare members, including program development and administration.

#### **AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION**

##### **Suzanne Snyder, PT**

Suzanne Snyder is the Director of Rehabilitation Utilization and Compliance at Carolinas Rehabilitation. Carolinas Rehabilitation owns or manages over a 180 inpatient rehabilitation beds in Charlotte, North Carolina as well as over 14 outpatient therapy and physician clinics. Suzanne is a Fellow in the American College of Healthcare Executives and holds a Master's degree in Business Administration, a Bachelors in Physical Therapy and a Certification in Utilization Management. In 2009 Suzanne expanded her ability to impact the lives of patients and the rehab community by becoming a member of the AMRPA Board of Directors. In her role at Carolinas Rehabilitation Suzanne is responsible for oversight of IRF PAI data collection/transmission, utilization management, utilization review, Medicare appeals, insurance authorizations, medical necessity documentation and quality outcomes reporting. She has appealed Medicare denials from multiple Fiscal Intermediaries and through the Medicare Appeals Council level and Medicaid Program Integrity Denials in the state of North Carolina. Suzanne was instrumental in the creation and continuation of the EQUADRSM (Exchanged Quality Data for Rehabilitation) Network a Patient Safety Organization, established to share quality outcomes amongst rehabilitation providers and define the most appropriate quality indicators for the inpatient rehabilitation setting. She has helped to shape quality measures for the inpatient rehabilitation field through her work as co-chair of the American Medical Rehabilitation Providers Association's (AMRPA) Quality Committee and participation on technical expert panels for MedPAC and CMS. Suzanne is a Commission on Accreditation of Rehabilitation Facilities (CARF) surveyor and coordinates the CARF readiness of Carolinas Rehabilitation.

#### **AMERICAN PHYSICAL THERAPY ASSOCIATION**

##### **Roger Herr, PT, MPA, COS-C**

Roger Herr, PT, MPA, COS-C is an elected Director on the Board of the American Physical Therapy Association (APTA), the national nonprofit membership organization of physical therapists based in Alexandria, VA. Roger's activities in APTA have focused on geriatrics, home care and the post-acute care data sets. Roger has worked in seven settings of care, with the majority in post-acute care focused in home health and hospice. He has served as a clinician, manager, director and external site visitor for accreditation. Currently, Roger has a day job as a Strategic Advisor with OCS HomeCare, a Seattle based division of National Research Company (NRC), a publically traded organization. Roger has degrees in biological science in physical therapy from Temple University in Philadelphia and a master's degree in public administration – health care management from New York University.

#### **FAMILY CAREGIVER ALLIANCE**

##### **Kathleen Kelly, MPA**

Bio not provided at this time.

#### **HEALTHINSIGHT**

##### **Juliana Preston, MPA**

Juliana Preston is the Vice President of Utah Operations for HealthInsight. Ms. Preston is responsible for leading the organization's quality improvement division in Utah. As the leader of the quality improvement initiatives, she oversees the management of the Medicare quality improvement contract work and other quality improvement related contracts in Utah. Ms. Preston has extensive experience

working with nursing homes. She has developed numerous workshops and seminars including root cause analysis, healthcare quality improvement, human factors science, and resident-centered care. In addition to her experience at HealthInsight, she has held various positions during her career in long-term care including Certified Nursing Assistant, Admissions & Marketing Coordinator. Ms. Preston graduated from Oregon State University in 1998 with a Bachelor's of Science degree with an emphasis in Long Term Care and minor in Business Administration. In 2003, she obtained her Master's degree in Public Administration from the University of Utah with an emphasis in Health Policy.

#### **KINDRED HEALTHCARE**

##### **Sean Muldoon, MD**

Sean R. Muldoon, MD, MPH, FCCP was named SVP and Chief Medical Officer for the hospital division, effective January, 2004. Dr. Muldoon has been with Kindred since 1994, first as medical director of Kindred Hospital - North Florida and most recently as Chief Medical Officer for the division. Sean holds degrees in Chemical Engineering from the University of Illinois and Northwestern, as well as in Medicine and Public Health from the University of Illinois. He is board certified in Internal Medicine, Pulmonary Disease and Preventive Medicine.

#### **NATIONAL CONSUMER VOICE FOR QUALITY LONG-TERM CARE**

##### **Lisa Tripp, JD**

Lisa Tripp is an Assistant Professor at Atlanta's John Marshall Law School, Atlanta Georgia. She teaches Health Care Law, Torts and Remedies. Professor Tripp practiced health care law and commercial litigation prior to joining the faculty of Atlanta's John Marshall Law School in 2006. As an attorney for the U.S. Department of Health and Human Services (HHS), Professor Tripp focused primarily on long term care enforcement. She litigated many cases involving physical and sexual abuse, elopements, falls, neglect and substandard quality of care. Professor Tripp currently serves on the Governing Board of The National Consumer Voice for Quality Long-Term Care and is a Member of the Emory University Institutional Review Board. She has served on health quality measurement committees and panels for the National Quality Forum and the Medicare Payment Advisory Commission (MedPAC). Professor Tripp received her law degree, with honors, from George Washington University Law School, in Washington, D.C.

#### **NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION**

##### **Carol Spence, PhD**

Carol Spence, PhD, is Director of Research and Quality at NHPCO, and is responsible for NHPCO performance measurement development and implementation activities and in addition to all other NHPCO research and quality activities. Carol has many years of clinical experience as a hospice nurse. She served on the National Board for Certification of Hospice and Palliative Nurses for six years and is past chair of the Examination Development Committee for the certification examination for advanced practice hospice and palliative nurses. She has experience in research design, plus developing, implementing, and managing field research projects. Carol holds a doctoral degree from the University of Maryland and holds a Master of Science degree in mental health nursing.

#### **NATIONAL TRANSITIONS OF CARE COALITION**

##### **James Lett II, MD, CMD**

Dr. Lett received his medical degree from the University of Kentucky, College of Medicine in 1974, and completed a Family Practice residency. He is certified by the American Board of Family Practice with a

Certificate in Added Qualifications in Geriatrics and is a Certified Medical Director (CMD). He has practice experience in office, hospital and the long term care continuum. He has written about geriatric, long-term care and care transition subjects, and given multiple presentations around the country on these issues. Dr. Lett is a member of the American Medical Directors Association (AMDA), a 7,000-member long-term care physician group and is a past president in 2003-2004. He has held multiple positions and memberships in local, state and national medical organizations. He served as a member of the CMS workgroup to revise F-Tag 329: Unnecessary Drugs chaired a joint national effort that created a long-term care medication toolkit for patient safety, and chaired a national workgroup to create a Clinical Practice Guideline for Care Transitions in the Long-Term Care Continuum. He was Senior Medical Director for Quality for Lumetra, the Quality Improvement Organization for California until assuming the role of Chief Medical Officer of Long-Term Care for the California Prison Health Care Services in October 2008. He is now a consultant for long-term care and care transitions issues.

#### PROVIDENCE HEALTH AND SERVICES

##### Robert Hellrigel

Robert has been serving as the Chief Executive for Providence Senior and Community Services (PSCS), an operating division of Providence Health & Services, since November 2002. The service lines of PSCS include low-income supportive senior housing, skilled nursing, assisted living, home health, hospice, palliative care, LTC pharmacy services, home infusion and the State's only PACE (Program for All-inclusive Care for the Elderly). The ministries of PSCS support more than 13,000 people each day across a broad geography of Washington State, Portland, OR and Oakland, CA. Robert has 22 years of health care administration experience, including sixteen years as a member of senior management of Catholic sponsored healthcare systems. Prior to joining Providence Health & Services, Robert served in the mission of the Sisters of Providence of Holyoke, MA (a member of Catholic Health East) and the Sisters of Charity of Convent Station at the St. Raphael Healthcare System in New Haven, CT. Robert holds a B.A. in Economics and Health Systems Management from the University of Connecticut and has completed graduate studies in long-term care administration from the University of Connecticut and executive leadership at Seattle University.

#### SERVICE EMPLOYEES INTERNATIONAL UNION

##### Charissa Raynor

Charissa is Executive Director of the SEIU Healthcare NW Training Partnership and Health Benefits Trust. The Training Partnership is the largest nonprofit school of its kind in the nation providing training and workforce development services to more than 40,000 long-term care workers annually while the Health Benefits Trust provides smartly designed health benefits coverage to nearly 14,000 long-term care workers in Washington and Montana. Charissa provides overall leadership and strategic direction to these two inter-related organizations building on more than 10 years of experience in the health care field including administration, research, and policy work. She is also a Registered Nurse with experience in public health, long-term care, and primary care settings. Previously, Charissa held positions with SEIU Healthcare 775NW, the University of Hawaii at Manoa School of Nursing, and the Institute for the Future of Aging Services. She holds a Master's degree in health services administration. Charissa is a board member of the Puget Sound Health Alliance and a member of the U.S. Secretary of Labor's Advisory Committee on Apprenticeship.

## VISITING NURSES ASSOCIATIONS OF AMERICA

### Margaret (Peg) Terry, PhD, RN

Margaret Terry oversees the quality, risk management, compliance programs as well as technology and specialty programs throughout the Visiting Nurse Association (VNA) and MedStar Health Infusion (MHI). As part of her role in quality, she is responsible for the agencies' compliance with the standards of The Joint Commission, CMS and State licensure. Her role also includes performance improvement activities as well as the evaluation and tracking of outcomes and processes for home care including the evaluation of the patient's experience. Her other responsibilities include oversight for the Immunization and Wellness program at the VNA. Dr. Terry is the Chair of the Professional Technical Advisory Committee at the Joint Commission for the home care group and a member of the Home Health Quality Improvement (HHQI) National Campaign Executive Steering Committee for 2010. Over the years, Terry has served as president of the Capitol Home Care Association, and a board member for the Maryland National Capital Home Care Association and the National Home Care Association. Additionally, she participated on National Quality Forum's (NQF) Steering Committee on National Consensus Standards for Additional Home Health Measures (2008), the NQF's Advisory committee on Harmonization of Immunization Standards for health care organizations (2008) and the NQF's panel of the Safety Technical Advisory Panel for the National Consensus Standards for Therapeutic Drug Management Quality (2007). Prior to coming to VNA, Terry was president and chief executive officer for Home Care Partners, Inc. a non-profit providing personal care to residents in the Washington DC area. Preceding this position, she was an assistant professor in the School of Nursing in the graduate division at Catholic University. Dr. Terry earned a doctorate from the University of Maryland at Baltimore examining clinical outcomes in home care. Terry holds a Master of Science in Nursing with a Community Health Concentration from Boston University and a Bachelor of Science in Nursing from the State University of New York. She also has participated in several research studies at the VNA and recently published an article titled a "Feasibility Study of Home Care Wound Management Using Tele-monitoring" in the journal *Advances in Skin and Wound Care*.

## INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)

### CLINICIAN/NEPHROLOGY

#### Louis H. Diamond, MBChB, FCP, (SA), FACP, FHIMSS

Louis H. Diamond is President, Quality in Healthcare Advisory Group (QHC). He is an expert in the use of methodologies for measuring and improving quality and also involved in the development of public policy through projects focused on patient safety, health system financing, physician payment reform, quality measurement and reporting. He currently serves as Chair, Strategic Direction Subcommittee, Physician Consortium for Performance Improvement; Member, Leadership Network, National Quality Forum; Member, Measurement Application Partnership Post-Acute Workgroup, National Quality Forum; Vice Chair, the End-Stage Renal Disease Network 5 Board of Directors; Delegate for the Renal Physicians Association to the American Medical Association House of Delegates; Member of the National Priorities Partnership representing the Healthcare Information and Management Systems Society; Member, Board of Trustees, American College of Medical Quality; and Board Member, Quality Insights Holdings. He previously held leadership positions at a variety of healthcare organizations, including Chair, Policy Steering Committee, eHI; Chair, Quality Safety and Outcomes Committee, HIMSS; Chair, Quality, Measurement and Research Council, NQF; President, Renal Physicians Association; BOD, National

Patient Safety Foundation; President, Medical Society of D.C.; Board of Trustees, American Society of Internal Medicine; President, American College Medical Quality.

He was previously VP and Medical Director, Thomson Reuters, Healthcare and Science and Chairman of the Georgetown Department of Medical Affairs at Georgetown School of Medicine. Dr. Diamond is a graduate of the medical school of the University of Cape Town, South Africa, Fellow, American College of Physicians, Fellow, College of Physicians, (SA).

#### CLINICIAN/NURSING

##### Charlene Harrington, PhD, RN, FAAN

Charlene Harrington, Ph.D., RN, FAAN has been a professor at the University of California San Francisco since 1980 where she has specialized in long term care policy and research. She was elected to the IOM in 1996, and served on various IOM committees. In 2002, she and a team of researchers designed a model California long term care consumer information system website funded by the California Health Care Foundation and she continues to maintain and expand the site. Since 1994, she has been collecting and analyzing trend data on Medicaid home and community based service programs and policies, currently funded by the Kaiser Family Foundation. In 2003, she became the principal investigator of a five-year \$4.5 million national Center for Personal Assistance Services funded by the National Institute on Disability and Rehabilitation Research, which has just been refunded for (2008-2013). She has testified before the US Senate Special Committee on Aging, and has written more than 200 articles and chapters and co-edited five books while lecturing widely in the U.S.

#### CARE COORDINATION

##### Gerri Lamb, PhD

Dr. Gerri Lamb is an Associate Professor at Arizona State University. She holds joint appointments in the College of Nursing and Health Innovation and the Herberger Institute for Design and the Arts where she teaches in the interprofessional graduate programs in Leadership in Healthcare Innovation and Health and Healing Environments. Dr. Lamb is well-known for her leadership and research on care coordination, case management and transitional care. She has presented papers and published extensively on processes and outcomes of care across service settings. Her funded research focuses on hospital care coordination and adverse outcomes associated with transfers between hospitals and nursing home settings. In a recent project funded by the Robert Wood Johnson Foundation, she and her team developed a new instrument to measure nurse care coordination and an educational program about improving nurse care coordination based on their research findings. She recently completed a grant as Co-PI with Dr. Joseph Ouslander to evaluate the impact of The INTERACT program, a set of clinical tools and resources to assist nursing home staff reduce hospital transfers of residents. Their team is currently working on a distance educational program to disseminate INTERACT to over 100 nursing homes. For the last several years, Dr. Lamb has been very involved in a number of national quality and safety initiatives. She co-chaired the National Quality Forum's Steering Committee on Care Coordination. She currently chairs the American Academy of Nursing's Expert Panel on Quality and represents the Academy on the Board of the Nursing Alliance for Quality Care. She serves as a member of the Physician Consortium on Performance Improvement's (PCPI) Measurement Advisory Committee and recently was selected to serve on NQF's Measurement Applications Partnership in post-acute and long-term care. She has been a faculty facilitator for the Quality and Safety Education for Nurses (QSEN) Initiative for several years.

## CLINICIAN/GERIATRICS

### Bruce Leff, MD

Dr. Leff is Professor of Medicine at the Johns Hopkins University School of Medicine, and holds a Joint Appointment in the Department of Health Policy and Management at the Johns Hopkins University Bloomberg School of Public Health. He is the Director of the Program in Geriatric Health Services Research and the Co-Director of the Elder House Call Program, in the Division of Geriatric Medicine at the Johns Hopkins. His principal areas of research relate to home care and the development, evaluation, and dissemination of novel models of care for older adults, including the Hospital at Home model of care ([www.hospitalathome.org](http://www.hospitalathome.org)), guided care ([www.guidedcare.org](http://www.guidedcare.org)), geriatric service line models ([www.medic.org](http://www.medic.org)), and medical house call practices ([www.iahnow.org](http://www.iahnow.org)). In addition, his research interests extend to issues related to multimorbidity, guideline development, performance measurement, and case-mix issues. Dr. Leff cares for patients in the acute, ambulatory, and home settings. He practices in the home, ambulatory, hospital, nursing home, skilled nursing facility, rehabilitation, and PACE settings. He directs the Medicine Clerkship at the Johns Hopkins University School of Medicine and has received numerous awards for his teaching and mentorship. He is a member of the Board of Governors of the American College of Physicians, President-elect of the American Academy of Home Care Physicians, and is an Associate Fellow of InterRAI.

## STATE MEDICAID

### MaryAnne Lindeblad, MPH

MaryAnne Lindeblad is currently the Assistant Secretary, Aging and Disability Services Administration, Department of Social and Health Services. She served as Director, Division of Healthcare Services, Medicaid Purchasing Administration; Assistant Administrator Public Employees Program, Washington State Health Care Authority; and Director of Operations, Unified Physicians of Washington. In 2009, she was selected to the inaugural class of the Medicaid Leadership Institute, sponsored by the Robert Wood Johnson Foundation. Ms. Lindeblad currently serves as chair of the Medicaid Managed Care Technical Advisory Group and is a member of the Executive Committee for the National Academy for State Health Policy, and chairs their Long Term and Chronic Care subcommittee. She serves as board President of the Olympia Free Medical Clinic and board Vice Chair of the Family Support Center. She holds a B.S. in Nursing from Eastern Washington University's Intercollegiate Nursing Program and a Master's in Public Health from the University of Washington.

## MEASURE METHODOLOGIST

### Debra Saliba, MD, MPH

Debra Saliba, MD, MPH, is the Anna & Harry Borun Chair in Geriatrics at the David Geffen School of Medicine at UCLA and is the director of the UCLA/JH Borun Center for Gerontological Research. She is also a geriatrician with the VA GRECC and a Senior Natural Scientist at RAND. Dr. Saliba's research has focused on creating tools and knowledge that can be applied to improving quality of care and quality of life for vulnerable older adults across the care continuum. Her research has addressed the hospitalization of vulnerable older adults, assessment of functional status and co-morbidity, patient safety, quality measurement, pressure ulcers, falls, pain, home accessibility, and the prediction of functional limitation and mortality. Dr. Saliba recently led the national revision of the Minimum Data Set for Nursing Homes (MDS 3.0) for the Centers for Medicare & Medicaid Services and VA HSR&D. In this large multi-state project, Dr. Saliba led a national consortium of researchers and used both qualitative and quantitative methods to improve item reliability, validity and efficiency for this national program.

Gains were also seen in facility staff satisfaction with the MDS assessment. Dr. Saliba's research in quality of care and vulnerable populations has received awards from the Journal of American Medical Directors Association, VA Health Services Research & Development, and the American Geriatrics Society. She is a member of the Board of Directors of the California Association of Long Term Care Medicine and of the American Geriatrics Society.

#### HEALTH IT

Thomas von Sternberg, MD

Bio not provided at this time.

#### FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)

##### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

Judy Sangl, ScD

Bio not provided at this time.

##### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Shari Ling, MD

Bio not provided at this time.

##### VETERANS HEALTH ADMINISTRATION (VHA)

Scott Shreve, MD

Dr. Scott Shreve is the National Director of Hospice and Palliative Care Program for the Department of Veterans Affairs. He is responsible for all policy, program development, staff education and quality assurance for palliative and hospice care provided or purchased for enrolled Veterans. Dr. Shreve leads the implementation and oversight of the Comprehensive End-of-Life Care Initiative, a 3 year program to change the culture of care for Veterans at end of life and to ensure reliable access to quality end of life care. Clinically, Dr. Shreve commits half of his time to front line care of Veterans as the Medical Director and teaching attending at a 17 bed inpatient Hospice and Palliative Care Unit at the Lebanon VA Medical Center in Central Pennsylvania. Dr. Shreve is an Associate Professor of Clinical Medical at The Pennsylvania State University and has been awarded the Internal Medicine Distinguished Teaching Award in 2007 and 2009. Dr. Shreve has board certifications in Internal Medicine, Geriatrics and in Hospice and Palliative Care. Prior to medical school, Scott was a corporate banker.

#### MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)

George J. Isham, MD, MS

George Isham, M.D., M.S. is the chief health officer for HealthPartners. He is responsible for the improvement of health and quality of care as well as HealthPartners' research and education programs. Dr. Isham currently chairs the Institute of Medicine (IOM) Roundtable on Health Literacy. He also chaired the IOM Committees on Identifying Priority Areas for Quality Improvement and The State of the USA Health Indicators. He has served as a member of the IOM committee on The Future of the Public's Health and the subcommittees on the Environment for Committee on Quality in Health Care which authored the reports To Err is Human and Crossing the Quality Chasm. He has served on the

subcommittee on performance measures for the committee charged with redesigning health insurance benefits, payment and performance improvement programs for Medicare and was a member of the IOM Board on Population Health and Public Health Policy. Dr. Isham was founding co-chair of and is currently a member of the National Committee on Quality Assurance's committee on performance measurement which oversees the Health Employer Data Information Set (HEDIS) and currently co-chairs the National Quality Forum's advisory committee on prioritization of quality measures for Medicare. Before his current position, he was medical director of MedCenters health Plan in Minneapolis and in the late 1980s he was executive director of University Health Care, an organization affiliated with the University of Wisconsin-Madison.

### Elizabeth A. McGlynn, PhD, MPP

Elizabeth A. McGlynn, PhD, is the director for the Center of Effectiveness and Safety Research (CESR) at Kaiser Permanente. She is responsible for oversight of CESR, a network of investigators, data managers and analysts in Kaiser Permanente's regional research centers experienced in effectiveness and safety research. The Center draws on over 400 Kaiser Permanente researchers and clinicians, along with Kaiser Permanente's 8.6 million members and their electronic health records, to conduct patient-centered effectiveness and safety research on a national scale. Kaiser Permanente conducts more than 3,500 studies and its research led to more than 600 professional publications in 2010. It is one of the largest research institutions in the United States. Dr. McGlynn leads efforts to address the critical research questions posed by Kaiser Permanente clinical and operations leaders and the requirements of the national research community. CESR, founded in 2009, conducts in-depth studies of the safety and comparative effectiveness of drugs, devices, biologics and care delivery strategies. Prior to joining Kaiser Permanente, Dr. McGlynn was the Associate Director of RAND Health and held the RAND Distinguished Chair in Health Care Quality. She was responsible for strategic development and oversight of the research portfolio, and external dissemination and communications of RAND Health research findings. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness and technical quality of health care delivery. She has conducted research on the appropriateness with which a variety of surgical and diagnostic procedures are used in the U.S. and in other countries. She led the development of a comprehensive method for evaluating the technical quality of care delivered to adults and children. The method was used in a national study of the quality of care delivered to U.S. adults and children. The article reporting the adult findings received the Article-of-the-Year award from AcademyHealth in 2004. Dr. McGlynn also led the RAND Health's COMPARE initiative, which developed a comprehensive method for evaluating health policy proposals. COMPARE developed a new micro simulation model to estimate the effect of coverage expansion options on the number of newly insured, the cost to the government, and the effects on premiums in the private sector. She has conducted research on efficiency measures and has recently published results of a study on the methodological and policy issues associated with implementing measures of efficiency and effectiveness of care at the individual physician level for payment and public reporting. Dr. McGlynn is a member of the Institute of Medicine and serves on a variety of national advisory committees. She was a member of the Strategic Framework Board that provided a blueprint for the National Quality Forum on the development of a national quality measurement and reporting system. She chairs the board of AcademyHealth, serves on the board of the American Board of Internal Medicine Foundation, and has served on the Community Ministry Board of Providence-Little Company of Mary Hospital Service Area in Southern California. She serves on the editorial boards for Health Services Research and The Milbank Quarterly and is a regular reviewer for many leading journals. Dr. McGlynn received her BA in international political economy from



Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her PhD in public policy from the Pardee RAND Graduate School.

## NATIONAL QUALITY FORUM STAFF

### Thomas B. Valuck, MD, JD, MHSA

Thomas B. Valuck, MD, JD, is senior vice president, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Valuck oversees NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as NQF's engagement with states and regional community alliances. These NQF initiatives aim to improve health and healthcare through public reporting, payment incentives, accreditation and certification, workforce development, and systems improvement. Dr. Valuck comes to NQF from the Centers for Medicare & Medicaid Services (CMS), where he advised senior agency and Department of Health and Human Services leadership regarding Medicare payment and quality of care, particularly value-based purchasing. While at CMS, Dr. Valuck was recognized for his leadership in advancing Medicare's pay-for-performance initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Dr. Valuck was the vice president of medical affairs at the University of Kansas Medical Center, where he managed quality improvement, utilization review, risk management, and physician relations. Before that he served on the Senate Health, Education, Labor, and Pensions Committee as a Robert Wood Johnson Health Policy Fellow; the White House Council of Economic Advisers, where he researched and analyzed public and private healthcare financing issues; and at the law firm of Latham & Watkins as an associate, where he practiced regulatory health law. Dr. Valuck has degrees in biological science and medicine from the University of Missouri-Kansas City, a master's degree in health services administration from the University of Kansas, and a law degree from the Georgetown University Law School.

### Aisha Pittman, MPH

Aisha T. Pittman, MPH, is a Senior Program Director, Strategic Partnerships, at the National Quality Forum (NQF). Miss Pittman leads the Clinician Workgroup and the Post-Acute Care/Long-Term Care Workgroup of the Measure Applications Partnership (MAP). Additionally, Ms. Pittman leads an effort devoted to achieving consensus on a measurement framework for assessing the efficiency of care provided to individuals with multiple chronic conditions. Ms. Pittman comes to NQF from the Maryland Health Care Commission (MHCC) where she was Chief of Health Plan Quality and Performance; responsible for state efforts to monitor commercial health plan quality and address racial and ethnic disparities in health care. Prior to MHCC, Ms. Pittman spent five years at the National Committee for Quality Assurance (NCQA) where she was responsible for developing performance measures and evaluation approaches, with a focus on the geriatric population and Medicare Special Needs Plans. Ms. Pittman has a bachelor of science in Biology, a bachelor of Arts in Psychology, and a Masters in Public Health all from The George Washington University. Ms. Pittman was recognized with GWU's School of Public Health and Health Services Excellence in Health Policy Award.

## Mitra Ghazinour, MPP

Mitra Ghazinour, MPP, is a project manager, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization with the mission to build consensus on national priorities and goals for performance improvement and endorse national consensus standards for measuring and publicly reporting on performance. Ms. Ghazinour is currently supporting the work of the NQF Measure Applications Partnership (MAP) Clinician and Post-Acute/Long-Term Care (PAC/LTC) workgroups. Prior to working at NQF, she was a research analyst III at Optimal Solutions Group, LLC, serving as the audit team leader for the Evaluation & Oversight (E&O) of Qualified Independent Contractors (QIC) project. Her responsibilities as audit team leader included serving as a point of contact for QIC and CMS, conducting interviews with QIC staff, reviewing case files, facilitating debriefings and meetings, and writing evaluation reports. Ms. Ghazinour also served as the project manager for the Website Monitoring of Part D Benefits project, providing project management as well as technical support. Additionally, she provided research expertise for several key projects during her employment at IMPAQ International, LLC. In the project, Development of Medicare Part C and Part D Monitoring Methods for CMS, Ms. Ghazinour assisted with the collaboration between CMS and IMPAQ on a broad effort to review, analyze, and develop methods and measures to enhance the current tools CMS uses to monitor Medicare Advantage (Part C) and Prescription Drug (Part D) programs. In another effort to support CMS, Ms. Ghazinour coordinated the tasks within the National Balancing Contractor (NBIC) project which entailed developing a set of national indicators to assess states' efforts to balance their long-term support system between institutional and community-based supports, including the characteristics associated with improved quality of life for individuals. Ms. Ghazinour has a Master's degree in Public Policy and a bachelor's degree in Health Administration and Policy Program, Magna Cum Laude, from the University of Maryland, Baltimore County (UMBC).

## Rachel Weissburg

Rachel Weissburg is currently employed at the National Quality Forum, a non-profit, multi-stakeholder organization, as part of its Strategic Partnerships department. Specifically, she supports the Measure Applications Partnership, which provides the Dept. of Health and Human Services input on public reporting and payment-based reporting programs. Before coming to NQF Ms. Weissburg worked at The Endocrine Society, the world's oldest and largest association of endocrinologists. She created and managed programs for the Society's public education affiliate, The Hormone Foundation, and collaborated with clinicians – endocrinologists and family practice doctors – to understand their needs and priorities. Under her supervision, the Foundation's award-winning patient materials reached nearly 2 million patients with information about conditions such as diabetes, osteoporosis, growth hormone use, and infertility. Before working with The Hormone Foundation, Ms. Weissburg spent over four years with The Leapfrog Group, a health care membership organization representing purchasers of health care. While at Leapfrog, Ms. Weissburg was responsible for writing the first national policy that asked hospitals to openly acknowledge serious reportable events – or “never events” – and take remedial action if these events occurred in their facilities. She also worked closely with the Centers for Medicare and Medicaid Services, health plans, and other stakeholders to implement similar policies and shift reimbursement models from a fee-for-service to a fee-for-outcome model. She also managed Leapfrog's membership of Fortune 500 companies and coordinated regional implementation of its transparency and quality initiatives in over twenty-seven communities nationwide.

## Erin O'Rourke

Erin O'Rourke is currently employed at the National Quality Forum, a non-profit, multi-stakeholder organization, as part of its Strategic Partnerships department. Specifically, she serves as a Project Analyst supporting the Measure Applications Partnership. Before coming to NQF Ms. O'Rourke worked in Outcomes Research at United BioSource Corporation. While at UBC, she worked to develop patient-reported outcome measures (PROs) and evaluate the measurement qualities of PROs. She also worked on studies to evaluate symptoms, measure health-related quality of life, and evaluate treatment satisfaction and patient preference. Before working with UBC, Ms. O'Rourke worked with The Foundation for Informed Medical Decision Making, a non-profit organization working to promote shared decision-making and patient engagement. Ms. O'Rourke was responsible for supporting the Foundation's research efforts. Ms. O'Rourke has a bachelor of science in Health Care Management and Policy from Georgetown University.

## Y. Alexandra Ogungbemi

Alexandra Ogungbemi, BS, is an Administrative Assistant in Strategic Partnerships, at the National Quality Forum (NQF). Ms. Ogungbemi contributes to the Clinician, Dual Eligible Beneficiaries, and Post-Acute Care/Long-Term Care Workgroups, as well as the Cardiovascular and Diabetes Task Force of the Measure Applications Partnership (MAP). Post-graduation, she spent 2 years managing the Administrative side of Cignet Healthcare, a multi-specialty physician's practice in Southern Maryland, before joining NQF. Ms. Ogungbemi has a Bachelor of Science in Health Services Administration from The Ohio University.

## MAP Decision Categories and Rationale

MAP Decision (Standardized Options)	MAP Rationale (Standardized Options)	MAP Findings (Open Text)
<b>Support</b>	<ul style="list-style-type: none"> <li>• NQF-endorsed measure</li> <li>• Addresses a NQS priority not adequately addressed in the program measure set</li> <li>• Addresses a high-impact condition not adequately addressed in the program measure set (<i>Note: for PAC/LTC high-impact condition will be replaced with PAC/LTC core concept</i>)</li> <li>• Promotes alignment across programs, settings, and public and private sector efforts</li> <li>• Addresses specific program attributes</li> <li>• Addresses a measure type not adequately represented in the program measure set</li> <li>• Enables measurement across the person-centered episode of care</li> <li>• Addresses healthcare disparities</li> <li>• Promotes parsimony</li> <li>• Addresses a high-leverage opportunity for dual eligible beneficiaries</li> <li>• Core measure not currently included in the program measure set</li> </ul>	<i>MAP findings will highlight additional considerations raised by the group.</i>
<b>Support Direction</b>	<ul style="list-style-type: none"> <li>• Not ready for implementation; measure concept is promising but requires modification or further development</li> <li>• Not ready for implementation; should be submitted for and receive NQF endorsement</li> <li>• Not ready for implementation; data sources do not align with program's data sources</li> </ul>	<i>MAP findings will include suggestions for modifications to measures/measure concept, or indicate that the measure is not currently endorsed for the program's setting.</i>
<b>Phased Removal</b>	<ul style="list-style-type: none"> <li>• NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)</li> <li>• NQF endorsement retired (the measure is no longer maintained by the steward)</li> <li>• NQF endorsement placed in reserve status (performance on this measure is topped out)</li> <li>• A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program promotes alignment</li> </ul>	<i>MAP findings will indicate the timing of removal.</i>
<b>Do Not Support</b>	<ul style="list-style-type: none"> <li>• Measure does not adequately address any current needs of the program</li> <li>• A finalized measure addresses a similar topic and better addresses the needs of the program</li> </ul>	<i>MAP findings will refer to the finalized or 'Supported' measure under consideration that is preferred.</i>

- A 'Supported' measure under consideration addresses a similar topic and better addresses the needs of the program
- NQF endorsement removed (the measure no longer meets the NQF endorsement criteria)
- NQF endorsement retired (the measure is no longer maintained by the steward)
- NQF endorsement placed in reserve status (performance on this measure is topped out)
- Measure previously submitted for endorsement and was not endorsed

**Insufficient Information**

- MAP has insufficient information (e.g., specifications, measure testing, measure use) to evaluate the measure

Descriptions from Strategic Plan:

- **Support** indicates measures for immediate inclusion in the program measure set, or for continued inclusion in the program measure set in the case of measures that have previously been finalized for the program.
- **Support Direction** indicates measures, measure concepts, or measure ideas that should be phased into the program measure set over time.
- **Phased Removal** indicates measures that should remain in the program measure set for now, yet be phased out as better measures become available.
- **Do Not Support** indicates measures or measure concepts that are not recommended for inclusion in the program measure set. These include measures or measure concepts under consideration that do not address measure gaps or programmatic goals as well as previously finalized measures for immediate removal from the program measure set.
- **Insufficient Information** indicates measures, measure concepts, or measure ideas for which MAP does not have sufficient information (e.g., measure description, numerator or denominator specifications, exclusions) to determine what recommendation to make.