NATIONAL QUALITY FORUM

Agenda

MAP Post-Acute Care/Long-Term Care Workgroup Web Meeting
November 2, 2012
12:00 pm – 2:00 pm ET

Participant Instructions:

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

1. Direct your web browser to the following URL: www.ec.commpartners.com .
2. Under "Enter a meeting," type in the meeting number **321553** and click on "Enter."
3. In the "Display Name" field, type in your first and last name and click on "Enter Meeting."
4. Dial **1-855-452-6871** and use confirmation code **45273317**.

If you need technical assistance, you may press *0 to alert an operator or send an email to nqf@commpartners.com.

Meeting Objectives:

- Orientation to MAP 2013 pre-rulemaking approach
- Discuss how MAP's first-year work contributes to 2013 pre-rulemaking input
- Review each program likely to be considered by the PAC/LTC workgroup
- Identify additional information sources to enhance MAP's decision-making

12:00 pm Welcome and Review of Meeting Objectives
Carol Raphael, Workgroup Chair

12:05 pm MAP Background and Strategy
Tom Valuck, Senior Vice President, Strategic Partnerships

- MAP statutory authority, structure, and Strategic Plan

12:20 pm MAP Pre-Rulemaking Approach
Aisha Pittman, Senior Program Director, Strategic Partnerships

- Review four-step pre-rulemaking approach
- Review contribution of MAP's prior work to pre-rulemaking
- Discussion

12:40 pm Evaluating Program Measure Sets
Mitra Ghazinour, Project Manager, Strategic Partnerships

- Information available to evaluate program measure sets

- Review of anticipated programs
- Uptake of MAP's 2012 recommendations by HHS
- Discussion

1:30 pm Evaluating Measures Under Consideration
Allen Leavens, Senior Director, Strategic Partnerships

- Information available to evaluate measures under consideration
- Additional information MAP seeks to enhance the evaluation of measures under consideration
- Discussion

1:50 pm Opportunity for Public comment

1:55 pm Next Steps
Carol Raphael

2:00 pm Adjourn

MAP PAC/LTC Workgroup Web Meeting

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- MAP Background and Strategy
- MAP Pre-Rulemaking Approach
- Evaluating Program Measure Sets
- Evaluating Measures Under Consideration
- Opportunity for Public Comment
- Next Steps

Meeting Objectives

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MAP Pre-Rulemaking Timeline

- **December 1**: HHS list of measures under consideration provided to MAP
- **December 4**: All MAP Web Meeting to preview list of measures under consideration
- **December 10- 18**: MAP workgroup meetings to provide input on program measure sets and measures under consideration
- **January 8-9**: MAP Coordinating Committee Meeting in-person to finalize MAP's recommendations to HHS
- **Mid-January**: 2-week public comment period on draft Pre-Rulemaking Report
- **February 1**: Pre-Rulemaking Report due to HHS

MAP Background and Strategy

Measure Applications Partnership

Statutory Authority

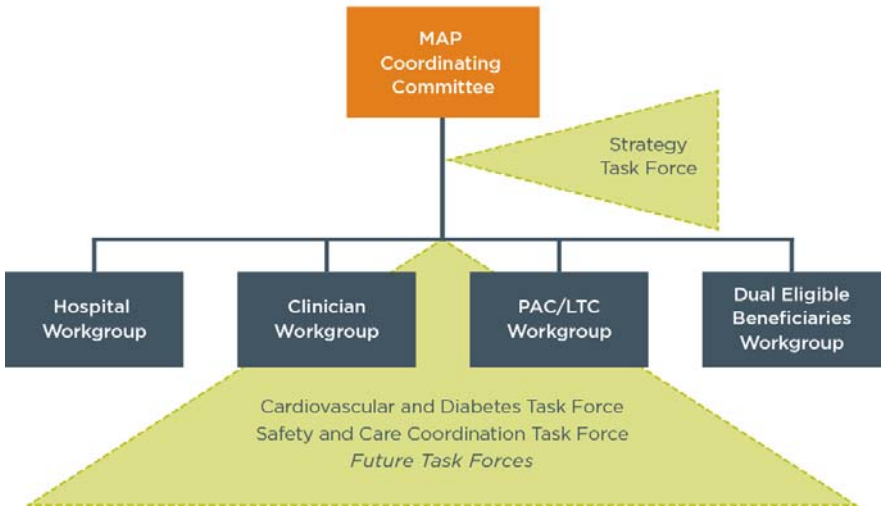
Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to **"convene multi-stakeholder groups to provide input on the selection of quality measures" for public reporting, payment, and other programs.**

MAP Purpose

In pursuit of the NQS, MAP informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all.

- MAP Objectives:
  1. Improve outcomes in high-leverage areas for patients and their families
  2. Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value.
  3. Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.

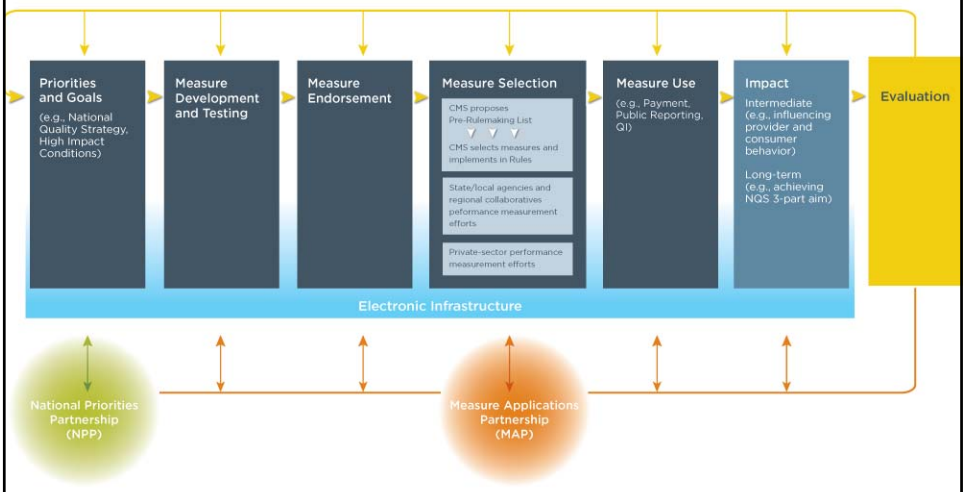
MAP Structure



MAP Strategic Plan

Strategies

- Provide input on performance measures sets for numerous accountability applications
- Promote alignment of performance measurement across HHS programs and between public- and private-sector initiatives
- Ensure that recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS
- Recommend removal of measures from federal programs that no longer meet program needs.
- Stimulate gap-filling for high-priority measure gaps and identify solutions to performance measurement implementation barriers.
- Establish feedback loops to
  - Support a data-driven approach to MAP's decision-making and build on other initiatives,
  - Determine whether MAP's recommendations are meeting stakeholder needs and are aligned with their goals, and
  - Ensure that MAP's recommendations are relevant to public and private implementers and that its processes are effective



Feedback Loops

MAP seeks to establish bi-directional communication to stimulate collaboration with stakeholders involved in each of the functions of the Quality Enterprise.

MAP Strategic Plan

Tactics

- Execute MAP's approach to stakeholder engagement
- Identify families of measures and core measure sets
- Address measure gaps
- Define measure implementation phasing strategies
- Develop analytic support for MAP decision-making
- Refine the MAP Measure Selection Criteria
- Evaluate MAP's processes and impact

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
- Potentially expand the number of programs MAP considers

Pre-Rulemaking Approach

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

1. Build on MAP's Prior Recommendations

MAP's Prior Efforts	Pre-Rulemaking Use
Coordination Strategies (i.e., Safety, Clinician, PAC-LTC, Dual Eligible Beneficiaries Cross-Cutting Input)	• Provides setting-specific considerations that will serve as background information for MAP's pre-rulemaking deliberations. • Key recommendations from each coordination strategy will be compiled in background materials.
Gaps Identified Across All MAP Efforts	• Provides historical context of MAP gap identification activities. • Will serve as a foundation for measure gap prioritization. • A universal list of MAP's previously identified gaps will be compiled and provided in background materials.

***While MAP's prior efforts serve as guidance for this work, pre-rulemaking decisions are not restricted to measures identified within these efforts.**

1. Build on MAP's Prior Recommendations

MAP's Prior Efforts	Pre-Rulemaking Use
2012 Pre-Rulemaking Decisions	• Provides historical context and represents a starting place for pre-rulemaking discussions. • Prior MAP decisions will be noted in the individual measure information.
Families of Measures **NQS priorities (safety, care coordination)** **Vulnerable populations (dual eligible beneficiaries, hospice)** **High-impact conditions (cardiovascular, diabetes, cancer)**	• Represents a starting place for identifying the highest-leverage opportunities for addressing performance gaps within a particular content area. • Setting- and level-of-analysis-specific core sets will be compiled, drawing from the families and population cores. Core measures will be flagged in the individual measure information. • MAP will compare the setting and level-of-analysis cores against the program measure sets.

Dual Eligible Beneficiaries Workgroup Input

- Joan Levy Zlotnik, PhD, ACSW will serve as liaison to PAC/LTC Workgroup for purposes of pre-rulemaking
- Juliana Preston and DEB Potter also serve on both groups
- Will provide analysis of where measures under consideration intersect with areas applicable to the dual eligible beneficiary population
- Will also communicate detailed recommendations related to ESRD Quality Improvement Program because of large number of dual eligible beneficiaries receiving dialysis care

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)

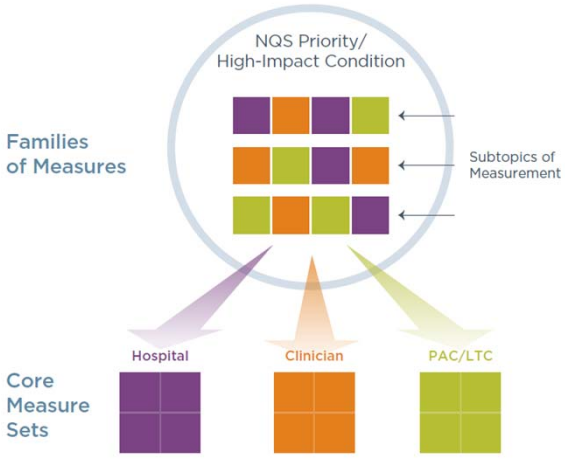
Current and Proposed Future Families of Measures

2012
- Patient Safety
- Care Coordination
- Cardiovascular Care
- Diabetes Care

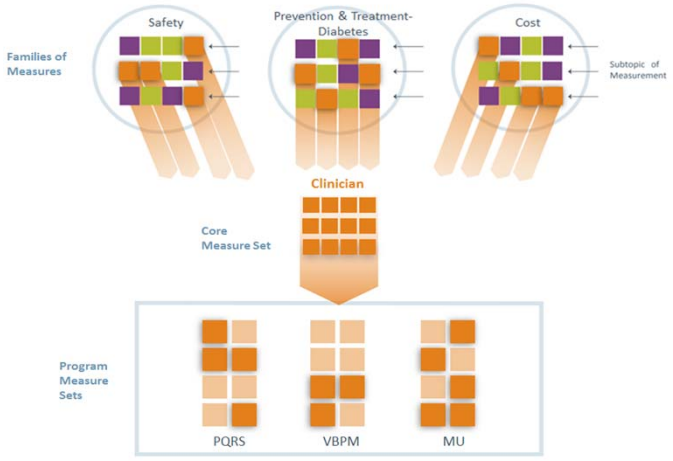
2013
- Affordability
- Population Health
- Patient- and Family-Centered Care
- Mental Health

2014
- Revisit families as needed
- Additional high-impact conditions
- Other?

Families of Measures



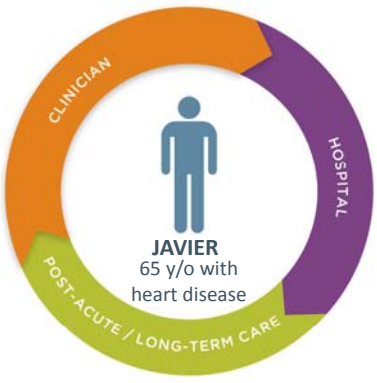
Families of Measures Populating Core Sets and Program Sets



A Patient-Centered Approach to Core Measure Sets

Physician Quality Reporting System (PQRS)

#0018 **Blood Pressure Control** (Cardiovascular & Diabetes Families)
#0326 **Advance Care Plan** (Care Coordination, Hospice, Dual-Eligible Families)



Hospital Inpatient Quality Reporting Program (IQR)

#0289 **Median Time to ECG** (Care Coordination & Cardiovascular Families)
#0141 **Patient Fall Rate** (Safety Family)

Inpatient Rehabilitation Facilities Quality Reporting Program (IRF)

#0418 **Screening for Clinical Depression**(Dual-eligible Family)
#0648 **Timely Transmission of Transition Record** (Care Coordination, Hospice, Dual-eligible Families)

PAC/LTC Core Measure Set

- PAC/LTC core measure concepts will be used as a framing mechanism
- Comprised of measures from MAP families:
  - Safety
  - Care Coordination
  - Cardiovascular
  - Diabetes
  - Cancer
  - Dual Eligible Beneficiaries
  - Hospice

2. Evaluate Finalized Program Measure Set using MAP Measure Selection Criteria

MAP will identify:

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

3. Evaluate Measures Under Consideration

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

MAP Decision Category	Rationale (Examples)
Support	• Addresses a previously identified measure gap • Core measure not currently included in the program measure set • Promotes alignment across programs and settings
Support Direction	• Addresses a gap, but not tested for the setting • Promotes parsimony, but data sources do not align with programs data sources
Phased Removal	• Measure previously finalized in the program, but a better measure is now available • NQF endorsement removed or retired
Do Not Support	• Overlaps with a previously finalized measure
Insufficient Information	• Measure numerator/denominator not provided

4. Identify and Prioritize Gaps for Programs and Settings

MAP's Previously Identified Gaps

- Compiled from all of MAP's prior reports
- Categorized by NQS priority and high-impact conditions
- Compared with gaps identified in other NQF efforts (e.g., NPP, endorsement reports)

MAP will:

- Identify priorities for filling gaps across settings and programs
- Present measure ideas to spur development
- Capture barriers to gap filling and potential solutions

Evaluating Program Measure Sets

MAP Measure Selection Criteria and Information Available

Measure Selection Criterion	Inputs Available to MAP
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	NQF endorsement status will be noted for each measure, along with links to additional measure details via NQF's Quality Positioning System (QPS)
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Provided for each individual measure MAP discussion will determine adequacy of each program measure set
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	Provided for each individual measure MAP discussion will determine adequacy of each program measure set

MAP Measure Selection Criteria and Information Available

Measure Selection Criterion	Inputs Available to MAP
4. Program measure set promotes alignment with specific program attributes as well as alignment across programs	For each program, NQF staff will compile 1-page program information sheets that provide: • Statutory requirements • Program goals provided by CMS • Additional information provided in federal rules • MAP's prior key recommendations regarding the program For individual measures, NQF staff will identify: • MAP decision history (e.g., supported/not supported, included in a family of measures) • Measure use in private sector initiatives (where available) • Measure use in public programs (where available)

MAP Measure Selection Criteria and Information Available

Measure Selection Criterion	Inputs Available to MAP
5. Program measure set includes an appropriate mix of measure types	Type provided for each individual measure MAP discussion will determine if the mix of measure types is appropriate for each program
6. Program measure set enables measurement across the person-centered episode of care	Provided for each individual measure, based upon the principles in the NQF-endorsed Patient-focused Episode of Care model MAP discussion will inform if the program measure set spans the episode of care
7. Program measure set includes considerations for healthcare disparities	Provided for each individual measure, based upon NQF's Disparities Consensus Development Project MAP discussion will determine adequacy for each program
8. Program measure set promotes parsimony	Parsimony will be evaluated through MAP discussion for each program

Sample Program Information Sheet

Nursing Home Compare

Program Type: Pay for Reporting – Information is gathered through annual inspection surveys and complaint investigations findings, the CMS Online Survey and Certification Reporting (OSCAR) system, and Minimum Data Set (MDS) quality measures and reported on the Nursing Home Compare website. The Nursing Home Compare includes the 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.

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. States certify SNF/NF and ensure compliance through surveys, subject to CMS approval. Nursing homes are required to complete the MDS as part of the federally mandated clinical assessment of all residents in Medicare or Medicaid certified nursing facilities.

Care Settings Included: Medicare and 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.

Program Analysis

MAP 2012 Pre-Rulemaking Program-Specific Input (optional):

- *There were no measures under consideration for 2012 pre-rulemaking*
- *Incorporate additional measures for short-stay residents*
- *Align short-stay measures with IRF measures*
- *Include NHCAHPS in the program set*

Program Measure Set Evaluation Using MAP Measure Selection Criteria:

MAP Measure Selection Criteria	Evaluation
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	

Sample Measure Table

Row #	PQRS		Measure Name/ Title	NQF#	NQS Priority						Measure Type	Addresses Disparities	HIC	Public Alignment	Private Alignment	MAP Prior Decisions	Staff Comments (e.g. staff proposed rationale)
					Patient Safety	Effective Comm./Care Coordination	Prevention & Treatment	Person/Family Centered	Health and Well Being	Affordable Care							
	Fin		Asthma: Asthma Assessment	0001		x			x		Process	No	Yes	PQRS: Fin, MU: Fin, VBM: Fin	eValu8	Previously Supported	Topped out
	Fin		Appropriate Testing for Children with Pharyngitis	0002						x	Process	No	No	PQRS: Fin, MU: Fin, VBM: Fin	eValu8, IHA P4P	Previously Supported	Addresses known gap area
	Fin		Prenatal Care: Anti-D Immune Globulin	0012						x	Process	No	No	PQRS: Fin, MU: Fin	IHA P4P	Previously Supported	Addresses known gap area
	Fin		Hypertension (HTN): Plan of Care	0017		x					Process	No	Yes	PQRS: Fin, VBM: Fin	eValu8	Previously Supported	Known Data collection burden
	Fin		Controlling High Blood Pressure	0018		x					Outcome	No	Yes	PQRS: Fin, MU: Fin, VBM: Fin	eValu8, IHA P4P	Previously Supported, Cardio. Family	Frequently selected measure by clinicians

Potential Programs to Be Considered

- Nursing Home Quality Initiative and Nursing Home Compare
- Home Health Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting Program
- Long-Term Care Hospital Quality Reporting Program
- Hospice Quality Reporting Program
- End Stage Renal Disease Quality Improvement Program

Nursing Home Quality Initiative and Nursing Home Compare

- **Program Type**: Public Reporting
- **Incentive Structure**: Nursing homes are required to complete the MDS as part of the federally mandated certification
- **Statutory Requirements for Measures**: Must include domains of resident health and quality of life

Home Health Quality Reporting

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:** Home health agencies (HHA) that do not submit data will receive a 2 percentage point reduction in their annual HHA market basket percentage increase.

Inpatient Rehabilitation Facility Quality Reporting

- **Program Type**: Pay for Reporting, Public Reporting
- **Incentive Structure**: Must submit data on quality measures 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
- **Statutory Requirements for Measures:** Measures for FY 2014 and subsequent years should:
  - Improve patient safety, reduce adverse events, and encourage better coordination of care and person- and family-centered care.
  - Address the primary role of IRFs–the rehabilitation needs of the individual, including improved functional status and achievement of successful return to the community post-discharge.

Inpatient Rehabilitation Facility Quality Reporting

HHS Uptake of 2012 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

Long-Term Care Hospital Quality Reporting

- **Program Type**: Pay for Reporting, Public Reporting
- **Incentive Structure**: Must submit data on quality measures in order to receive annual payment updates; failure to report quality data will result in a 2 percent reduction in the annual payment update. Incentive structure begins in FY 2014.
- **Statutory Requirements for Measures:** Measures for FY 2014 and subsequent years should:
  - Promote patient safety, better coordination of care, and person- and family-centered care
  - Address the primary role of LTCHs–to provide extended medical care to individuals with clinically complex problems

Long-Term Care Hospital Quality Reporting

HHS Uptake of 2012 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).

Hospice Quality Reporting

- **Program Type**: Pay for Reporting, Public Reporting
- **Incentive Structure**: Failure to submit required quality data shall result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year. Incentive structure begins in FY2014.

Hospice Quality Reporting

HHS Uptake of 2012 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

End-Stage Renal Disease Quality Improvement program

- **Program Type**: Pay for Reporting - Information is reported on the Dialysis Facility Compare Website
- **Incentive Structure**: Starting in PY 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 2 percent per year.
- **Statutory Requirements for Measures:** Measures specified for the ESRD QIP include measures that:
  - Assess anemia management that reflect the labeling approved by the FDA for such management;
  - Assess dialysis adequacy;
  - Assess patient satisfaction; and
  - Additional measures, such as, iron management, bone mineral metabolism, and vascular access, including maximizing the placement of arterial venous fistula.

End- Stage Renal Disease Quality Improvement Program

HHS Uptake of 2012 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

Evaluating Measures Under Consideration

Sample Discussion Guide

Pre-Rulemaking Discussion Guide

Time	Issue/Question	Considerations
9:00am	**Pre-Rulemaking Input on Value-Based Payment Modifier Program Measures**	
9:00	1. Review program summary and previously finalized measures, additional input on the measure set.	• 54 measures are finalized, 10 measures are under consideration • The workgroup previously evaluated the proposed Value-Modifier program measure set. Few changes were made to the finalized measure set. ○ The vast majority of the finalized measures are NQF-endorsed. Half of the measures under consideration are endorsed. ○ All NQS priorities are addressed by finalized measures. Measures under consideration address safer care, effective care coordination, and making care more affordable. ○ Parsimony is partially addressed as the majority of the finalized measures and a few of the measures under consideration are used across multiple programs. However, the set lacks measures that cross conditions ore specialties. • The MAP Coordinating Committee reviewed the value modifier set as a potential core set; removing some measures that should not be considered core.
9:30	2. One measures under consideration is endorsed and utilized in other programs	NQF #0036 Use of Appropriate Medications for Asthma • Promotes alignment across programs—finalized for PQRS and Meaningful Use • This measure was previously proposed for the value-modifier set and was not finalized.
9:35	3. One measure under consideration is endorsed and proposed for use in another program.	NQF #0097 Post-discharge Medication Reconciliation • Addresses a high-leverage opportunity identified by the Duals Workgroup • Potentially promotes alignment across programs- proposed for use in Meaningful Use
9:40	4. Three measures under consideration are endorsed and are not utilized in other programs	NQF #0279 Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia NQF #0280 Ambulatory Sensitive Conditions Admissions: Dehydration NQF #0281 Ambulatory Sensitive Conditions Admissions: Urinary Infections
10:00	5. Five measures under	Diabetes composite: Combines NQF #0727. 0638. 0274. 0285 which are Ambulatory

Information to Evaluate Measures Under Consideration

Information Type	Use for pre-rulemaking	Primary Sources	Information Available
Measurement Opportunities	Identify high-leverage opportunities (per impact, improvability, and inclusiveness)	National Quality Strategy/NPP	2012 National Quality Strategy and NPP reports provide consensus priorities
		HHS websites	AHRQ, CDC, CMS, Partnership for Patients, and other sites provide stats and research findings
		NQF partnerships	Multiple NQF-convened groups identified/prioritized measurement gaps; a new report on gaps is expected in Dec 2012
Measure use	Determine which public and private programs use measures, including dates of use where available	HHS rules	Proposed and Final rules list measures in programs, dates of implementation, and rationale for selection
		NQF reports/tools	NQF reports describe recommendations and actual use in multiple settings; Alignment Tool describes community use; NQF measure database contains developer info on use
		HHS measure inventory	Tracks measures in HHS programs
		Private organization websites	Multiple private program sites list measures in use (e.g. Alternative Quality Contract, eValue8, Joint Commission, Leapfrog, etc)
		AHIP Survey	Identifies measures used by a majority of health plans

Information to Evaluate Measures Under Consideration

Information Type	Use for pre-rulemaking	Primary Sources	Information Available
Performance results	Examine recent results and trends to gauge potential future value	CMS Impact Assessment	CMS measure trends over 2+ years
		HHS Compare sites	National, state, and local results for select measures in various programs
		AHRQ NHQRDRnet	National and state results for select measures, with demographic stratification
		Private organization websites and reports	Some private organizations provide limited performance data (e.g. ASC Quality Collaboration, Joint Commission Annual Report, NCQA 2011 State of Health Care Quality Report, etc)

Information to Evaluate Measures Under Consideration

Information Type	Use for pre-rulemaking	Primary Sources	Information Available
Implementation experience	Assess practical issues of measure implementation in programs, such as adoption rates and unintended consequences	CMS 2010 Reporting Experience (PQRS & eRx)	Describes participation rates, including measures reported by the largest # of EPs in PQRS
		Alignment Tool measurement stories	Provides details on measure use experiences of three AF4Q communities
		Pubmed	Limited research has been done on impact of measures used in the field
		NQF feedback loops	Comments submitted through QPS; CDP implementation feedback and developer responses; Future sources of implementation info
Measure impact	Establish the effectiveness of using measures in specific applications	2015 CMS Impact Assessment	In planning stages; MAP will focus on aligning with RE-AIM framework
		Various from above	Many of the other sources for measure use, performance, and implementation experience info can inform impact assessment
		NQF feedback loops	Future source of impact info
		QASC survey	Future source of impact info

Information to Evaluate Measures Under Consideration

- Information Limitations
  - Varying type and availability of performance data
  - Minimal implementation experience
- Inputs noted earlier related to the MAP Measure Selection Criteria will also be provided
- Use with MAP decision-making
  - To the extent possible, information will be provided in the discussion guide
  - Additional information will be shared throughout MAP's deliberations, as available

Public Comment

Next Steps

Workgroup Assignments

Assignments distributed late November, prior to December meeting

- Each workgroup member will be assigned a program
  - Review finalized program measure set and evaluate using the MAP Measure Selection Criteria
  - Identify gaps, measures for addition or removal, additional programmatic considerations
  - Consider if measures under consideration contribute to the finalized program measure set
- To support this activity, staff will provide:
  - Programs summary sheets with an initial evaluation of the program measure set against the MAP Measure Selection Criteria
  - Universal list of measure gaps
  - Setting-specific cores
  - Finalized program measure set
  - Measures under consideration

Next Steps

- **Late November**: pre-meeting assignments distributed
- **December 4**: All MAP Web Meeting
- **December 18**: PAC-LTC Workgroup In-Person Meeting
- **January 8-9**: Coordinating Committee In-Person Meeting
- **Mid-January**: 2-week public comment period on draft Pre-Rulemaking Report
- **February 1**: Pre-Rulemaking Report due to HHS

MAP Approach to Pre-Rulemaking

MAP has enhanced its approach to pre-rulemaking, based on its first year experience providing pre-rulemaking input to HHS. This approach includes two critical components: 1) building on MAP's prior recommendations and 2) using MAP's Measure Selection Criteria and additional information on the use and performance of individual measures to evaluate program measure sets. See Table 4 for a list of programs MAP will likely be asked to review during its 2013 pre-rulemaking activities.

Building on MAP's Prior Recommendations

MAP's prior strategic input and pre-rulemaking decisions are important to MAP's ongoing deliberations. Each of MAP's prior inputs and how they will contribute to pre-rulemaking decisions are described below.

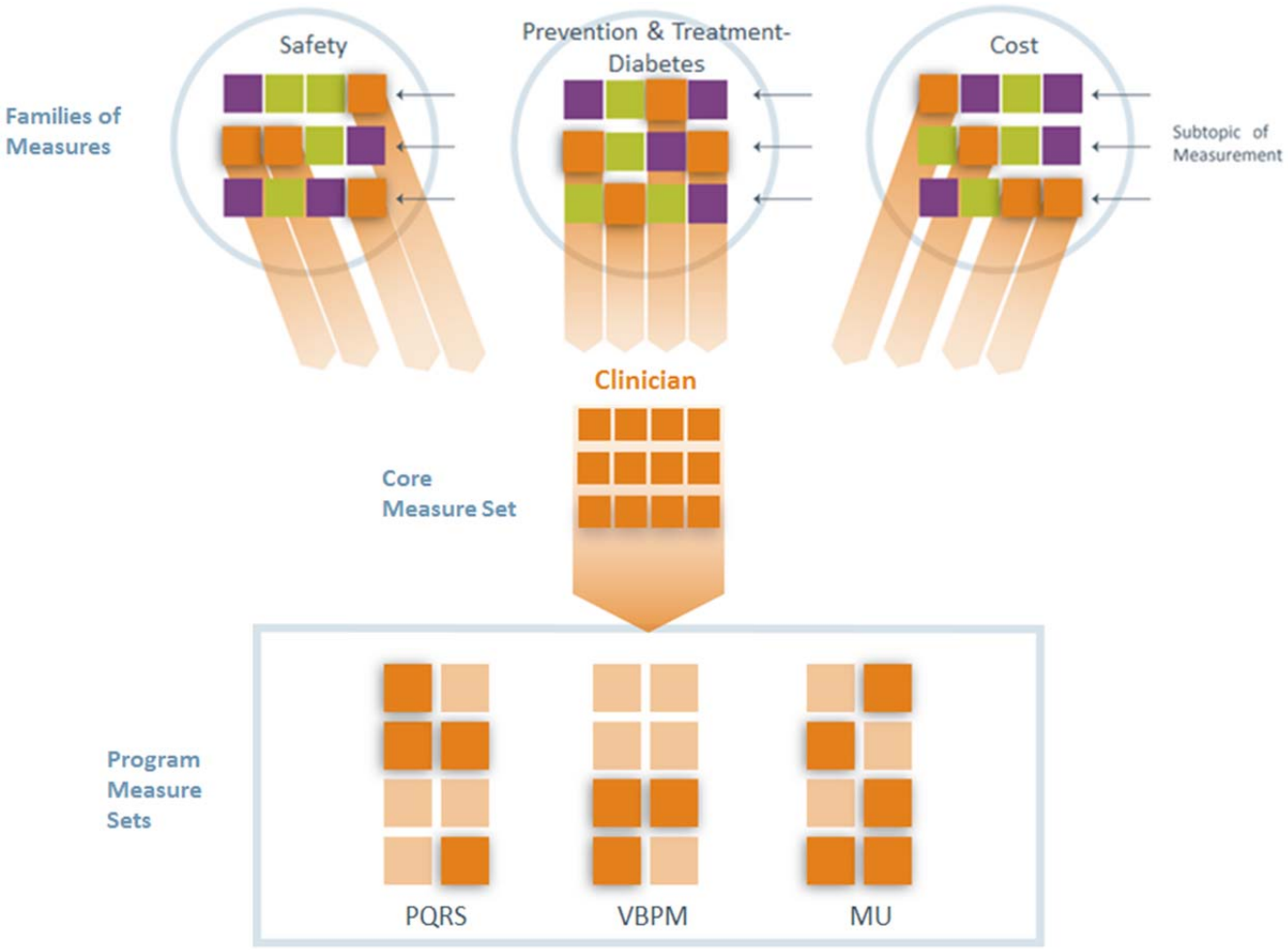
Coordination Strategies elucidated opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. Each coordination strategy addresses available measures, gaps, and measurement issues; data sources and health information technology implications; alignment opportunities across settings and across public- and private-sector programs; special considerations for dual-eligible beneficiaries; and approaches for improving measure application. The recommendations provide setting-specific considerations that will serve as background information to MAP's pre-rulemaking deliberations.

2012 Pre-Rulemaking Report provided program-specific input that included recommendations about measures previously finalized for the programs and about measures on the list of measures under consideration for implementation by HHS. The high-level recommendations in this report serve as useful background while measure-specific recommendations will be incorporated into the measure-by-measure deliberations.

Families of Measures facilitate coordination of measurement efforts. These measure sets are composed of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities (i.e., safety, care coordination families of measures), vulnerable populations (i.e., dual eligible beneficiaries, hospice families) and high-impact conditions (i.e., cardiovascular, diabetes, and cancer families). Setting- and level-of analysis-specific core sets are drawn from the families. These core measure sets serve as an initial starting place for evaluation of program measure sets, identifying measures that should be added to the program measure set or measures that should replace previously finalized measures in the program measure set.

Figure 1 illustrates how core measure sets and program measure sets are populated from the families of measures. The boxes represent individual performance measures. In this example, the orange boxes represent measures that are specified for individual clinician or group practice levels of analysis. The dark orange boxes in the clinician program measure sets (i.e., PQRS, Value Based Payment Modifier, Meaningful Use) represent measures recommended for those programs from the clinician core measure set while the light orange boxes represent measures recommended for those programs that are not included in the clinician core measure set, but fit the specific purpose of the program.

Figure 1. Families of Measures Populating a Core Measure Set and Program Measure Sets



Measure gaps have been identified across all MAP reports. When reviewing program measure sets, MAP will re-evaluate the previously identified gaps, noting where gaps persist.

Table 1 below illustrates how MAP's prior work will serve as an input to MAP's pre-rulemaking deliberations.

Table 1. Using MAP's Prior Work in Pre-Rulemaking

MAP's Prior Efforts	Pre-Rulemaking Use
Coordination Strategies (i.e., Safety, Clinician, PAC-LTC, Dual Eligible Beneficiaries Cross-Cutting Input)	• Provide setting-specific considerations that will serve as background information for MAP's pre-rulemaking deliberations. • Key recommendations from each coordination strategy will be compiled in background materials.
Families of Measures **NQS priorities (safety, care coordination)** **Vulnerable populations (dual eligible**	• Represents a starting place for identifying the highest-leverage opportunities for addressing performance gaps within a particular content area.

beneficiaries, hospice) **High-impact conditions (cardiovascular, diabetes, cancer)**	• Setting- and level-of-analysis-specific core sets will be compiled, drawing from the families and population cores. Core measures will be flagged in the individual measure information. • MAP will compare the setting and level-of-analysis cores against the program measure sets.
2012 Pre-Rulemaking Decisions	• Provides historical context and represents a starting place for pre-rulemaking discussions. • Prior MAP decisions will be noted in the individual measure information.
Gaps Identified Across All MAP Efforts	• Provides historical context of MAP gap identification activities. • Will serve as a foundation for measure gap prioritization. • A universal list of MAP's previously identified gaps will be compiled and provided in background materials.

Using MAP Measure Selection Criteria and Additional Information to Evaluate Program Measure Sets

The Measure Selection Criteria (MSC) are intended to facilitate structured discussion and decision-making processes. In the second year of pre-rulemaking input, MAP aims to use the MSC in a more purposeful way. Table 2 below identifies inputs available to MAP to evaluate program measure sets against the MSC.

Table 2. Information Available to Evaluate Programs Against the MAP Measure Selection Criteria.

Measure Selection Criterion	Inputs Available to MAP
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review	NQF endorsement status will be noted for each measure, along with links to additional measure details via NQF's Quality Positioning System (QPS)
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities	Provided for each individual measure MAP discussion will determine adequacy of each program measure set
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s)	Provided for each individual measure MAP discussion will determine adequacy of each program measure set
4. **Program measure set promotes alignment with specific program attributes as well as alignment across programs**	For each program, NQF staff will compile 1-page program information sheets that provide: • Statutory requirements • Program goals provided by CMS • Additional information provided in federal rules • MAP's prior key recommendations regarding the program For individual measures, NQF staff will identify: • MAP decision history (e.g., supported/not supported, included in a family of measures) • Measure use in private sector initiatives (where available) • Measure use in public programs (where available)
5. Program measure set includes an appropriate mix of measure types	Type provided for each individual measure MAP discussion will determine if the mix of measure types is appropriate for each program

6.	**Program measure set enables measurement across the person-centered episode of care**	Provided for each individual measure, based upon the principles in the NQF-endorsed Patient-focused Episode of Care model MAP discussion will inform if the program measure set spans the episode of care
7.	**Program measure set includes considerations for healthcare disparities**	Provided for each individual measure, based upon NQF's Disparities Consensus Development Project MAP discussion will determine adequacy for each program
8.	**Program measure set promotes parsimony**	Parsimony will be evaluated through MAP discussion for each program

Evaluation of Program Measure Sets

Using the available inputs, MAP will evaluate each finalized program measure set against the MAP Measure Selection Criteria to identify:

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

Note: NQF staff will produce preliminary program measure set evaluations for consideration by MAP.

Evaluating Measures Under Consideration

The evaluation of each finalized program measure set serves as a starting point for reviewing the measures under consideration. Next, MAP will determine whether the measures under consideration will enhance the program measure sets. For each measure under consideration, MAP will indicate a decision and rationale as well as note any additional comments or considerations. Table 3 below indicates MAP's decision categories and potential rationale.

Table 3. MAP Decision Categories and Rationale Examples

MAP Decision Category	Rationale (Examples)
Support	• Addresses a previously identified measure gap • Core measure not currently included in the program measure set • Promotes alignment across programs and settings
Support Direction	• Addresses a gap, but not tested for the setting • Promotes parsimony, but data sources do not align with programs data sources
Phased Removal	• Measure previously finalized in the program, but a better measure is now available • NQF endorsement removed or retired

Do Not Support	• Overlaps with a previously finalized measure
Insufficient Information	• Measure numerator/denominator not provided

To accomplish this review of measures, NQF staff will identify information for each measure under consideration. The information noted in Table 2 will assist MAP in determining whether the measure under consideration contributes to the finalized program measure set. Additionally, MAP will utilize additional information—such as measure performance results, unintended consequences, impact, and implementation experiences—when accessible. NQF Staff will attempt to identify as much information as possible.

To systematically review the measures under consideration, NQF staff will prepare a discussion guide. The discussion guide will facilitate MAP's response to the following questions regarding measures under consideration:

- Is there sufficient information to make a decision?
- Does the measure contribute to the program set (e.g., addresses a gap, addresses an aspect of the MSC)?
- Is the measure ready for implementation in a program (e.g., tested for that setting, data sources align with the program's structure)?

The discussion guide will facilitate MAP revisiting the previously finalized measures to determine if any measures should be removed from the program. The discussion guide will also include previously identified gaps to help MAP determine which gaps persist and whether there are any new gaps.

Determine Gap-Filling Priorities

MAP will continue to identify gaps within each program, providing measure ideas to spur development. MAP will also consider the gaps across settings, prioritizing by importance and feasibility of addressing the gap. For the high priority areas across settings, MAP will highlight barriers to gap-filling and suggest potential solutions to those barriers.

Table 4. Programs That MAP Will Likely Be Asked to Review for Pre-Rulemaking Input

Program	Workgroup to Review
Ambulatory Surgical Center Quality Reporting	Hospital
End Stage Renal Disease Quality Improvement Program	PAC/LTC
Home Health Quality Reporting	PAC/LTC
Hospice Quality Reporting	PAC/LTC
Hospital-Acquired Condition Payment Reduction (ACA 3008)	Hospital
Hospital Inpatient Quality Reporting	Hospital
Hospital Outpatient Quality Reporting	Hospital
Hospital Readmission Reduction Program	Hospital
Hospital Value-Based Purchasing	Hospital
Inpatient Psychiatric Facility Quality Reporting	Hospital
Inpatient Rehabilitation Facility Quality Reporting	PAC/LTC
Long-Term Care Hospital Quality Reporting	PAC/LTC
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	Clinician
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	Hospital
Medicare Physician Quality Reporting System (PQRS)	Clinician
Medicare Shared Savings Program	Clinician, Hospital
Physician Compare	Clinician
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	Hospital
CMS Nursing Home Quality Initiative and Nursing Home Compare Measures	PAC/LTC
Physician Feedback/Value-Based Modifier Program	Clinician

MAP Approach to Pre-Rulemaking: Information Sources

Information Type	Use for Pre-Rulemaking	Primary Sources	Information Available
Measurement priorities	Identify high-leverage opportunities (per impact, improvability, and inclusiveness)	National Quality Strategy/NPP	2012 National Quality Strategy and NPP reports provide consensus priorities
		HHS websites	AHRQ, CDC, CMS, Partnership for Patients, and other sites provide stats and research findings
		NQF partnerships	Multiple NQF-convened groups identified/prioritized measurement gaps; a new report on gaps is expected in Dec 2012
Measure use	Determine which public and private programs use measures, including dates of use where available	HHS rules	Proposed and Final rules list measures in programs, dates of implementation, and rationale for selection
		NQF reports/tools	NQF reports describe recommendations and actual use in multiple settings; Alignment Tool describes community use; NQF measure database contains developer info on use
		HHS measure inventory	Tracks measures in HHS programs
		Private organization websites	Multiple private program sites list measures in use (e.g. Alternative Quality Contract, eValue8, Joint Commission, Leapfrog, etc)
		AHIP Survey	Identifies measures used by a majority of health plans
Performance results	Examine recent results and trends to gauge potential future value	CMS Impact Assessment	CMS measure trends over 2+ years
		HHS Compare sites	National, state, and local results for select measures in various programs
		AHRQ NHQRDRnet	National and state results for select measures, with demographic stratification
		Private organization websites and reports	Some private organizations provide limited performance data (e.g. ASC Quality Collaboration, Joint Commission Annual Report, NCQA 2011 State of Health Care Quality Report, etc)
Implementation experience	Assess practical issues of measure implementation in programs, such as adoption rates and unintended consequences	CMS 2010 Reporting Experience (PQRS and eRx)	Describes participation rates, including measures reported by the largest # of EPs in PQRS
		Alignment Tool measurement stories	Provides details on measure use experiences of three AF4Q communities

MAP Approach to Pre-Rulemaking: Information Sources

Information Type	Use for Pre-Rulemaking	Primary Sources	Information Available
		Pubmed	Limited research has been done on impact of measures used in the field
		NQF feedback loops	Comments submitted through QPS; CDP implementation feedback and developer responses; Future sources of implementation info
Measure impact	Establish the effectiveness of using measures in specific applications	2015 CMS Impact Assessment	In planning stages; MAP will focus on aligning with RE-AIM framework
		Various from above	Many of the other sources for measure use, performance, and implementation experience info can inform impact assessment
		NQF feedback loops	Future source of impact info
		QASC survey	Future source of impact info