



# Meeting Summary

## MAP Post-Acute Care/Long-Term Care Workgroup December 18, 2012 In-Person Meeting

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An in-person meeting of the Measure Applications Partnership (MAP) PAC/LTC Workgroup was held on Tuesday, December 18, 2012. The primary objectives of the meeting were to:

- Review and provide input on currently 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.

Meeting materials and meeting recordings are available on the MAP PAC/LTC Workgroup [webpage](#).

### Workgroup Members in Attendance at the December 18, 2012 Meeting:

Carol Raphael, Chair	
Louis Diamond, [subject matter expert: clinician/nephrology]	Charlene Harrington, [subject matter expert: clinician/nursing]
Roger Herr, American Physical Therapy Association	Kathleen Kelly, Family Caregiver Alliance
Randall Krakauer, Aetna	Gerri Lamb, [subject matter expert: care coordination]
Bruce Leff, [subject matter expert: clinician/geriatrics]	James Lett, National Transitions of Care Coalition
Shari Ling, Centers for Medicare & Medicaid Services (CMS)	Sean Muldoon, Kindred Healthcare
D.E.B. Potter, Agency for Healthcare Research and Quality	Juliana Preston, HealthInsight
Scott Shreve, Veterans Health Administration	Suzanne Synder, American Medical Rehabilitation Providers Association
Carol Spence, National Hospice and Palliative Care Organization	Margaret Terry, Visiting Nurse Associations of America

Lisa Tripp, National Consumer Voice for Quality Long-Term Care	Thomas von Sternberg, HealthPartners
Joan Zlotnik, Dual Eligible Beneficiaries Workgroup Liaison	

Time	Issue/Question	Considerations	Meeting Themes
9:00 am	<b>Welcome, Review Meeting Objectives, Disclosures of Interest, and Pre-Rulemaking Approach</b>		Carol Raphael, PAC/LTC Workgroup Chair, welcomed the group.
9:40 am	<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-wide all-cause measure and condition-specific measures, noting:</p> <ul style="list-style-type: none"> <li>• The condition-specific measures are useful for</li> </ul>	The workgroup noted that admission/readmission measures should be standardized across settings, yet customized to address the unique needs of the heterogeneous population. The workgroup also suggested that shared accountability across settings be considered when utilizing results from admission and readmission measures so that providers are not unfairly penalized.

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		<p>provider improvement.</p> <ul style="list-style-type: none"> <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><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<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</li> </ul> </li> </ul>	<p><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

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		30 days of an IRF discharge	
	<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> <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><i>Workgroup Decision on Both Measures</i>            Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<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</li> </ul> </li> </ul>	<p><i>Workgroup Decision on Both Measures</i>            Do Not Support – A finalized measure address a similar topic and better addresses the needs of the program.</p>

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		<p>hospital during the 30 days following the start of the home health stay</p> <ul style="list-style-type: none"> <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><i>Workgroup Decision on Both Measures</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
<p><b>10:25 am 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</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>	

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	measure set	<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>	
	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>● 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>	The workgroup supported the direction of the majority of the measures under consideration for this program, as they address important PAC/LTC core measure concepts but need to be tested and specified for use in this setting. MAP did not support measures that did not address any core concepts or had lost NQF endorsement.
	3. Three measures under consideration are NQF-endorsed	<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> </ul> </li> </ul>	<i>Workgroup Decision on All 3 Measures</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.

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	<p>and address the PAC/LTC core concept of adverse drug events</p>	<ul style="list-style-type: none"> <li>○ Use in federal programs: MSSP, Physician Feedback, and PQRS</li> <li>○ Measure is not specified for the LTCH setting</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> <li>○ Measure is not specified for the LTCH setting</li> </ul> </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> </ul>	<p><i>Workgroup Decision on All 3 Measures</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <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> </ul> </li> </ul>	<p><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>



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		<ul style="list-style-type: none"> <li>○ Use in private programs: Wellpoint</li> <li>○ Measure is not specified for the LTCH setting</li> </ul>	
	<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><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<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</li> </ul> </li> </ul>	<p><i>Workgroup Decision on Measures NQF #0640, #0141, #0674, #0500, #0682, and #0371</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p> <p><i>Workgroup Decision on NQF #0302</i> Do Not Support – NQF endorsement removed (the measure no longer meets the NQF endorsement criteria).</p>

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		<p style="text-align: center;">setting</p> <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> <li>○ Measure is not specified for the LTCH setting</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>○ 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</li> </ul> </li> </ul>	

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		<p>for acute patients and should be delayed until patients are stabilized</p> <ul style="list-style-type: none"> <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</li> </ul> </li> </ul>	<p><i>Workgroup Decision on Measures Addressing Safety</i></p> <p>Infection rates – 4 measures Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

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		<p>Staphylococcus aureus (MRSA) Bacteremia Outcome Measure</p> <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, Hospital Value-Based Purchasing</li> <li>▪ Use in private programs: AmeriHealth Mercy Family of Companies and Wellpoint</li> </ul> <p>▪ National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</p> <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> <p>○ 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:</p> <ul style="list-style-type: none"> <li>▪ Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)</li> </ul>	<p>Falls – 1 measure Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p> <p>Venous Thromboembolism – 1 measure Do Not Support – NQF endorsement removed (the measure no longer meets the NQF endorsement criteria).</p> <p>Poor Glycemic Control – 1 measure Do Not Support – Measure does not adequately address any current needs of the program.</p> <p>Restraint Use – 1 measure Do Not Support – A finalized measure addresses a similar topic and better addresses the needs of the program.</p>

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		<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> <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> </ul> </li> </ul>	

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		<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</li> </ul> </li> </ul>	

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		<p>outcomes</p> <ul style="list-style-type: none"> <li>▪ Used in federal programs: Hospital Inpatient Quality Reporting Program, Meaningful Use for Hospitals and CAHs</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> <p>Restraint use – 1 measure</p> <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>	
	<p>9. Three measures are not NQF-endorsed and address the PAC/LTC core concept of functional and cognitive assessment</p>	<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> </ul>	<p><i>Workgroup Decision on All 3 Functional Measures</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <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>	
	<p>10. One measure is not NQF-endorsed and addresses the PAC/LTC core concept of transition planning</p>	<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>	<p><i>Workgroup Decision</i> Do Not Support – NQF endorsement removed (the measure no longer meets the NQF endorsement criteria).</p>
	<p>11. One measure is not NQF-endorsed and addresses the NQS priority of affordability</p>	<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> </ul> </li> </ul>	<p><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development. The measure excludes most of the LTCH population.</p>



Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <li>○ MAP did not support the inclusion of the Medicare Spending Per Beneficiary measure in Hospital VBP last year; however, did support the direction of the measure pending additional specification and testing</li> <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>	<p>The workgroup also recommended that additional measures be added to address cost (e.g., appropriateness).</p>
	<p>12. One measure under consideration is not NQF-endorsed and addresses the PAC/LTC core concept of avoidable</p>	<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>	<p><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

Time	Issue/Question	Considerations	Meeting Themes
	<p>admissions</p> <p>13. 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?</li> </ul>	
	<p>14. 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>○ 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> <li>▪ Inappropriate medication use</li> <li>▪ Avoidable admissions</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>	<p>The workgroup identified core measure concepts that remain as gaps: cognitive status assessment (e.g., dementia identification), advanced directives, and medication management (e.g., use of antipsychotic medications).</p>

Time	Issue/Question	Considerations	Meeting Themes
11:25 am	<p><b>Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set (Tab #4)</b></p>		
	<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>The workgroup found the program measure set too limited and needs to be enhanced by addressing the core concepts applicable to IRFs and safety issues with high incidence in this setting (e.g., MRSA, falls, CAUTI, and C. difficile).</p>

Time	Issue/Question	Considerations	Meeting Themes
	<p>3. Three measures under consideration are NQF-endorsed and address immunization</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> <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> </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</li> </ul> </li> </ul>	<p><i>Workgroup Decision on All 3 Measures</i></p> <p>Do Not Support – Measure does not adequately address any current needs of the program. The workgroup called for more evidence supporting the impact of immunization measures in the IRF setting.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<p>and LTCHs</p> <ul style="list-style-type: none"> <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>	
	<p>4. Three measures under consideration not NQF-endorsed and address the PAC/LTC core concept of functional and cognitive status assessment</p>	<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> <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>	<p><i>Workgroup Decision on All 3 Measures</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<p>5. Three measures</p>	<ul style="list-style-type: none"> <li>● Reliability Adjusted Catheter Associated Urinary</li> </ul>	<p><i>Workgroup Decision on Both of the Following Measures:</i></p>

Time	Issue/Question	Considerations	Meeting Themes
	<p>under consideration are not NQF-endorsed and address the PAC/LTC core concept of infection rates</p>	<p>Tract Infection (CAUTI)</p> <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> <ul style="list-style-type: none"> <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</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● <i>Reliability Adjusted Catheter Associated Urinary Tract Infection (CAUTI)</i></li> <li>● <i>Reliability Adjusted Clostridium difficile SIR Measure</i></li> </ul> <p>Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p> <p><i>Workgroup Decision on the Following Measure:</i></p> <ul style="list-style-type: none"> <li>● <i>Reliability Adjusted Central Line-Associated Blood Stream Infection (CLABSI)</i></li> </ul> <p>Do Not Support – Measure does not adequately address any current needs of the program.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<p>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</p> <ul style="list-style-type: none"> <li>○ Under consideration for Hospital-Acquired Condition Payment Reduction; Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing</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 acute care hospital, or LTCH, within 30 days of an IRF discharge</li> </ul> </li> </ul> <p><i>Please refer back to previous discussion of this measure.</i></p>	<p><i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<p>7. 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?</li> </ul>	
	<p>8. 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>○ 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</li> </ul> </li> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<p>address the PAC/LTC core concepts of:</p> <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> <ul style="list-style-type: none"> <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>		
	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</li> </ul>	



Time	Issue/Question	Considerations	Meeting Themes
		<p>ESRD QIP which is the first federal value-based purchasing model to be implemented in 2012.</p> <ul style="list-style-type: none"> <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>	
	<p>2. Review program summary and current finalized program measure set</p>	<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> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <li>• Gerri Lamb</li> </ul>	
	<p>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)</p>	<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>	<ul style="list-style-type: none"> <li>• The workgroup reiterated its previous recommendation that the measure set expand beyond dialysis procedures to include non-clinical aspects of care, such as care coordination.</li> <li>• The workgroup supported those measures under consideration that met the statutory requirement of including measures of dialysis adequacy.</li> <li>• The workgroup supported the direction of the clinically-focused measures under consideration that address statutory requirements but need to be submitted for NQF endorsement.</li> <li>• The workgroup recommended exploring whether the clinically-focused measures could be combined in a composite measure for assessing optimal dialysis care.</li> </ul>
	<p>4. Two measures under consideration are NQF-endorsed and the PAC/LTC core concept of infection rates</p>	<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>	<p><i>Workgroup Decision on Both Measures</i></p> <p>Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>
	<p>5. One measure under consideration is NQF-endorsed and addresses the</p>	<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> </ul> </li> </ul>	<p>Support – Addresses a NQS priority not adequately addressed in the program measure set.</p>

Time	Issue/Question	Considerations	Meeting Themes
	PAC/LTC core concept of experience of care	<ul style="list-style-type: none"> <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>	
	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>	Support – Addresses a NQS priority not adequately addressed in the program measure set.
	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</li> </ul>	<i>Workgroup Decision on All 5 Measures</i> Support – Addresses program specific attributes.

Time	Issue/Question	Considerations	Meeting Themes
		<p>Weight by Nephrologists</p> <p>Dialysis adequacy – 2 measures</p> <ul style="list-style-type: none"> <li>• NQF #1454 Proportion of Patients With Hypercalcemia <ul style="list-style-type: none"> <li>○ Disparities-sensitive measure</li> <li>○ MAP previously supported this measure for inclusion in the set</li> </ul> </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>	
	<p>8. Four measures under consideration are NQF-endorsed and address the pediatric ESRD population</p>	<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>	<p><i>Workgroup Decision on All 4 Measures</i> Support – Addresses a high-impact condition not adequately addressed in the program measure set.</p>
	<p>9. Six measures under consideration are not NQF endorsed and address ESRD program statutory requirement</p>	<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>	<p><i>Workgroup Decision on Measurement of Serum Calcium Concentration</i> Do Not Support – NQF endorsement removed (the measure no longer meets the NQF endorsement criteria).</p> <p><i>Workgroup Decision on Phosphorus Concentration</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p> <p><i>Workgroup Decision on 4 Anemia Management Measures</i></p>

Time	Issue/Question	Considerations	Meeting Themes
			Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.
	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>	<i>Workgroup Decision</i> Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.
	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 mental comorbidities, shared decision-making, patient experience, and cost.</li> <li>○ Currently available depression screening measures should be explored for application in ESRD facilities.</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>	The workgroup identified the core measure concepts not addressed in this measure set including advance care planning, care coordination, functional status, pain, and falls.

Time	Issue/Question	Considerations	Meeting Themes
<b>1:30 pm 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</li> </ul> </li> </ul>	<p>All of the measures under consideration are included in the MAP Hospice Family of Measures, so the workgroup supported including the measures in the hospice program.</p> <p>The workgroup also recommends that other measures in the hospice measure family be added to the measure set, specifically the following measure:</p> <ul style="list-style-type: none"> <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> </ul>

Time	Issue/Question	Considerations	Meeting Themes
		<p>Hospice Foundation</p> <ul style="list-style-type: none"> <li>• NQF #1617: Patients Treated with an Opioid who are Given a Bowel Regimen <ul style="list-style-type: none"> <li>○ Included in MAP Hospice and Safety Measure Families</li> </ul> </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><i>Workgroup Decision on All 7 Measures</i></p> <p>Support – Addresses PAC/LTC core concepts not adequately addressed in the program measure set.</p>
	<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</li> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<p>the program measure set?</p> <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 population beyond the Medicare Hospice benefit, identifying non-traumatic deaths and deaths from chronic</li> </ul> </li> </ul> </li> </ul>	



Time	Issue/Question	Considerations	Meeting Themes
		<p>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</li> </ul> </li> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<p style="text-align: right;">unintended consequence of reducing access to palliative chemotherapy</p> <ul style="list-style-type: none"> <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> <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 agitation</li> </ul> </li> <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> </ul> </li> </ul>	<p>Overall, the workgroup noted that the measure set fails to address several core measure concepts including pain, goal attainment, patient engagement, care coordination, and depression. Additionally, the measure set would be enhanced with measures that address the caregiver’s role and timely referral to hospice. Recognizing that attribution would be an issue for a timely referral measure as hospice programs cannot control referrals, the workgroup recommended timely referral should be assessed in other settings.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <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> <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>		

Time	Issue/Question	Considerations	Meeting Themes
	<p>1. Review program summary and current finalized program measure set</p>	<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><i>Pre-Meeting Assignment Report Out</i></p> <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>The workgroup supported the direction of 2 measures that address the PAC/LTC core concept of inappropriate medication use and noted that measures should have as few diagnoses excluded as possible. Also, monitoring should be in place to detect unintended consequences.</p>
	<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</li> </ul> </li> </ul>	<p><i>Workgroup Decision on Both Measures</i>            Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</p>

Time	Issue/Question	Considerations	Meeting Themes
		<p>use in short stay residents is addressed by an outcome measure currently finalized: NH-032-10 Short Stay Antipsychotic Medication Quality Measure</p>	
	<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><i>Workgroup Decision</i></p> <p>Support - Addresses specific program attributes.</p>
	<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><i>Workgroup Decision on Both Measures</i></p> <p>Support Direction – Not ready for implementation; measure concept is promising but requires modification or further development.</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	Meeting Themes
		<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 Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set (Tab #8)</b>			
	<p>1. Review program summary and current finalized program measure set</p>	<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> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <li>• Bruce Leff</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>• 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>	<p>The workgroup did not support either measure under consideration addressing admission/readmission for Home Health Quality Reporting; while they address the PAC/LTC core concept of avoidable admissions, this information is already collected for other measures currently finalized for the program set.</p> <p>The workgroup noted that the large measure set reflects the heterogeneity of home health population; however, consideration should be given to make the measure set more parsimonious.</p>
	<p>3. 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>• Rehospitalization during first 30 days of Home Health</li> <li>• Home Health Emergency Department Use without Readmission</li> </ul> <p><i>Please refer back to previous discussion of these measures</i></p>	<p><i>Workgroup Decision on Both Measures</i></p> <p>Do Not Support – A finalized measure addresses a similar topic and better addresses the needs of the program.</p>
	<p>4. 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?</li> </ul>	
	<p>5. 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>○ 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> </ul> </li> </ul> </li> </ul>	

Time	Issue/Question	Considerations	Meeting Themes
		<ul style="list-style-type: none"> <li>▪ Shared decision-making</li> <li>▪ Inappropriate medication use</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>	
3:40 pm	<b>Opportunity for Public Comment</b>		
3:50 pm	<b>Summary of Day</b>		
4:00 pm	<b>Adjourn</b>		