NATIONAL QUALITY FORUM

Agenda

MAP Affordability Task Force
In-Person Meeting
May 7-8, 2014

Participant Instructions:

Streaming Audio Online

- Direct your web browser to: http://nqf.commpartners.com
- Under "Enter a meeting" type in the meeting number for Day 1: **310778** or for Day 2: **979740**
- In the "Display Name" field, type in your first and last name and click "Enter Meeting"

Teleconference

- Dial **(888) 802-7237** for workgroup members or **(877) 303-9138** for public members and use conference ID code for Day 1: **29948989** and for Day 2: **29955561** to access the audio platform.

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

Meeting Objectives:

- Establish an Affordability family of measures.
- Discuss implementation pathways for filling measure gaps.

Day 1: May 7, 2014- Measuring Affordability in the Short-Term

8:30 am	**Breakfast** *Provided for Affordability Task Force members*
9:00 am	**Welcome** *Christine Cassel, President and CEO, NQF*
9:15 am	**Introductions, Review of Meeting Objectives, and Summary of Work to Date** *Mark McClellan, Task Force Chair* *Robert Saunders, Senior Director, NQF*
9:45 am	**Review and Finalize High Leverage Opportunities** *Mark McClellan* *Robert Saunders*
10:30 am	**Break**
10:45 am	**Measure Selection and Gap Identification: Total Costs—All Stakeholders, Costs by Episode, Costs to the Patient** *Mark McClellan*

12:00 pm	**Opportunity for Public Comment**
12:15 pm	**Lunch**
12:45 pm	**Break Out Group Measure Selection and Gap Identification:** **Group A: Overuse and Appropriateness** **Group B: Unnecessary Use of Higher Cost Providers** **Group C: Utilization** *Mark McClellan*
2:00 pm	**Break**
2:15 pm	**Break Out Group Report Out and Finalization of Measure Selection and Gap Identification** *Mark McClellan*
3:45 pm	**Opportunity for Public Comment**
4:00 pm	**Summary of Day 1 and Adjourn** *Mark McClellan*

Day 2: May 8, 2014- Keeping Care Affordable for the Long-Term

8:00 am	**Breakfast** *Provided for Affordability Task Force members*
8:30 am	**Welcome and Review of Previous Day** *Mark McClellan*
8:45 am	**Measure Selection and Gap Identification: Prices** *Mark McClellan*
10:00 am	**Measure Selection and Gap Identification: Lack of Care Coordination** *Mark McClellan*
10:45 am	**Break**
11:00 am	**Measure Selection: Errors and Complications** *Mark McClellan*
11:45 am	**Opportunity for Public Comment**
12:00 pm	**Lunch**
12:30 pm	**Alignment with the work of the MAP Population Health and Person and Family Centered Care Taskforces and Measure Selection and Gap Identification for Missed Prevention Opportunities and Person and Family Centered Care** *Mark McClellan* *Robert Saunders* *Allen Leavens, MD, Senior Director, NQF* *Mitra Ghazinour, MPP, Project Manager, NQF*
1:00 pm	**Update on Affordability Projects across NQF and Alignment with NQF's Linking Cost and Quality and Measuring Affordable Care Work** *Robert Saunders* *Lindsey Tighe, Senior Project Manager, NQF*
1:30pm	**Conceptual Guidance for Applying the Family in Practice** *Mark McClellan* *Robert Saunders*
2:00 pm	**Opportunity for Public Comment**
2:15 pm	**Summary of Day 2 and Next Steps** *Mark McClellan*
2:30 pm	**Adjourn**

NATIONAL QUALITY FORUM

MAP Affordability Taskforce
In-Person Meeting Discussion Guide

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Background Brief (Essential Material for Meeting Discussions)

Meeting Objectives:

- Establish an Affordability family of measures.
- Discuss implementation pathways for filling measure gaps.

What is a family of measures?

- A family of measures is a set of related available measures and measure gaps for specific topic areas that span programs, care settings, levels of analysis, and populations. (e.g., care coordination family of measures, diabetes care family of measures)
- Families of measures can be used to generate core measure sets organized around specific programs, settings, levels of analysis and populations.
- MAP will use the families of measures to guide its pre-rulemaking recommendations on the selection of measure sets for specific federal programs.

Why produce one for affordability?

- Rising health care costs are challenging all stakeholders—hurting the competitiveness of U.S. businesses, straining the budgets of patients and families, and leading to difficult choices for state and federal government.
- The National Quality Strategy set a national aim of affordable care-reducing the cost of quality health care for individuals, families, employers and government. A family of measures will help to assess and monitor progress against this aim.
- This family can help with improving affordability by identifying key measures and gaps to help drive down costs for all stakeholders while improving quality of care.

What key principles guided the discussion?

- Rising health care costs are affecting everyone—employers, federal government, states, hospitals and clinicians, and patients and families.
- People have different perspectives, depending on how health care costs affect them. This project emphasizes how cost impact patients, given that they pay for rising health care costs through higher premiums, higher co-pays and overall out of pocket costs, lower wages, higher taxes, and other ways.
- Given the scope of the problem, everyone has a part to play in improving affordability.

Table A. Perspectives of different stakeholders in reducing costs

Perspective	Goals	Opportunities	Accountability
Community	• Improve healthcare affordability and increase access to services • Lower costs while eliminating disparities and addressing disease management, health promotion and disease prevention, and patient safety	• Total cost of care and associated clinical quality outcomes at the population level	• Promoting public health • Providing patient supports
Provider	• Deliver high quality care while reducing costs • Improve care processes and show the value of services	• Efficiency • Overuse	• Demonstrating the efficiency of services provided
Clinician	• Ensure meaningful outcomes such as return to health, improved functional status, and efficiency of service delivery • Decrease administrative burden • Decrease inefficiencies and fragmentation	• Quality and efficiency of services	• High quality care at the lowest possible cost • Promoting safety, care coordination, and population health
Public and Private Payer	• Identify and assess resource use • Purchase services based on value • Understand variation across markets • Cover costs of services while maintaining competiveness (private payers) or ability to fund other programs (public payers)	• Pairing cost and quality measures	• Providing high quality care that addresses the needs of beneficiaries while limiting costs
Purchaser	• Offer efficient and high-value healthcare services that are affordable to employees and sustainable to the purchaser • Cover salaries and insurance premiums while maintaining competiveness • Offer services that improve health and productivity, reduce absenteeism, and lost work time	• Total cost of care • Employer contribution • Information pairing cost and clinical quality	
Supplier/Industry	• Reduce costs • Maintain incentives for innovation and research and development • Decrease costs by increasing safety	• Efficiency • Safety • Overuse	

What is MAP's approach to developing an affordability family of measures?

- MAP convenes time-limited task forces, drawn from the membership of the MAP Coordinating Committee and workgroups, to advise the MAP Coordinating Committee on the identification of families of measures.
- Currently MAP has convened task forces to develop families of measures focusing on affordability, person- and family-centered care, and population health. The work of this task force is coordinating with the measures picked by those other groups.
- MAP will use the IOM overarching criteria for choosing clinical priority areas as a guide: Impact, Improvability, Inclusiveness
- MAP will use its Measure Selection Criteria to help inform this work.

MAP Measure Selection Criteria

- NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
- Program measure set adequately addresses each of the National Quality Strategy's three aims
- Program measure set is responsive to specific program goals and requirement
- Program measure set includes an appropriate mix of measure types
- Program measure set enables measurement of person- and family-centered care and services
- Program measure set includes considerations for healthcare disparities and cultural competency
- Program measure set promotes parsimony and alignment

What has the task force done to date?

November 2013:

- In their November web meeting, the Task Force met to establish a consensus-based definition of affordability and to consider the implications of that definition for all stakeholders.
- MAP recognized that affordability is a broad and subjective concept that can be interpreted in many ways depending on the individual stakeholder's vantage point and all stakeholders have a shared responsibility for making care affordable.
- MAP sought to build on prior work to define affordability and identify high-leverage opportunities to decrease healthcare costs. Sources include:
    - National Quality Strategy
    - IOM's *Healthcare Imperative*, prior NQF work
    - AHRQ/RAND efficiency measure environmental scan
    - RWJF Counting Change
    - Choosing Wisely
- MAP actively solicited direct input through a two-week public comment period from a diverse set of stakeholders on how affordability should best be defined and measured.

- MAP ultimately focused on a person-centered perspective of affordability.

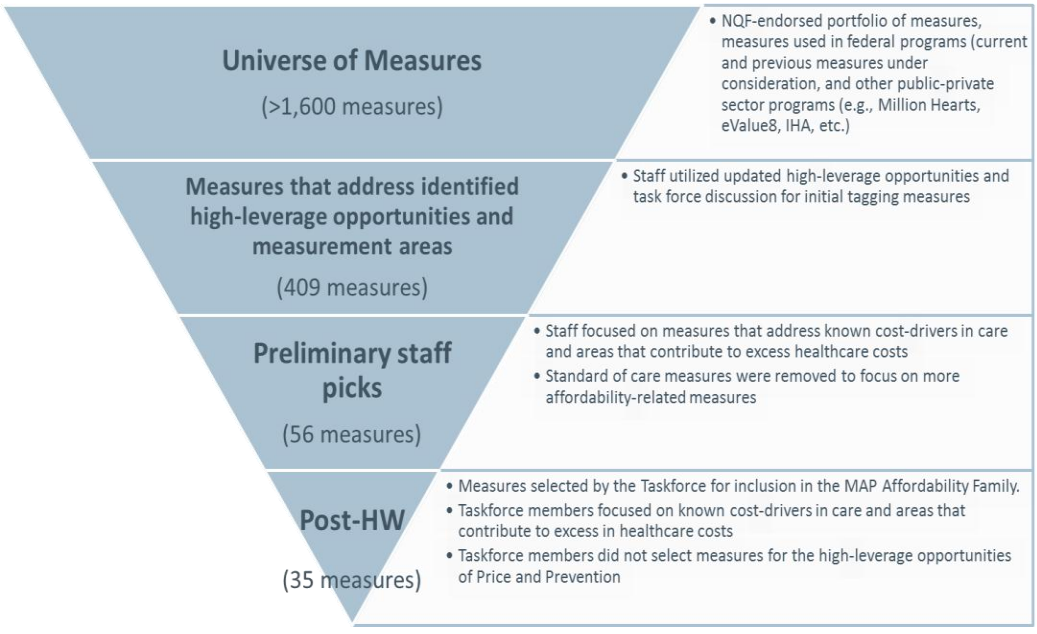
February 2014:

- In their February web meeting, the Task Force started by identifying the highest leverage opportunities for reducing costs, which was split between current affordability and future affordability by reducing waste.
- For the waste category, the task force started with the 6 waste domains identified by the IOM: unnecessary services, prices that are too high, inefficiently delivered services, excess administrative costs, missed prevention opportunities, and fraud.

How was the preliminary affordability family produced?

Staff scanned public and private programs to identify measures that could be related to affordability, using the high-leverage opportunities and associated measure concepts as a guide. Staff then used the MAP measure selection criteria and family's selection criteria (impact, improvability, and inclusiveness) to identify measures for the task force's review (also called "staff picks" in this document). From there, the Task Force was asked to review and indicate their agreement with each measure. Staff reflected task force input into the preliminary affordability family (see table later in this brief).

Approach to developing preliminary affordability family



Preliminary Affordability Family

The table below presents high-leverage opportunities identified by the Task Force as well as measures and gaps preliminarily identified for the family based on the staff picks and pre-meeting exercise. During the in-person meeting the Task Force will be asked to make final recommendations on measures and gaps to include in the Affordability Family.

Timeframe	High-leverage Opportunity	Preliminary Measures for the Family	Preliminary Gaps
Measuring Affordability in the Short-Term	Total Costs – All stakeholders	• NQF #1604 Total Cost of Care Population-based PMPM Index	• Total cost of care at the provider level
	Costs by episode (high prevalence, high cost conditions)	• NQF #1609 ETG Based HIP/KNEE REPLACEMENT cost of care measure • NQF #1611 ETG Based PNEUMONIA cost of care measure	• Cardiovascular disease cost by episode measures • Cancer cost by episode measures • Mental disorders cost by episode measures • Pulmonary (COPD/Asthma) cost by episode measures • Obstetrical cost by episode measures • Gastrointestinal cost by episode measures • Multi-morbidity with functional/cognitive impairment cost by episode measures
	Costs to the Patient	• NQF #0723 Children Who Have Inadequate Insurance Coverage For Optimal Health	• Premiums • Deductibles • Out of pocket costs
	Utilization	• NQF #2158 Payment-Standardized Medicare Spending Per Beneficiary (MSPB) • NQF #1598 Total Resource Use Population-based PMPM Index • NQF #1557 Relative Resource Use for People with Diabetes (RDI) • NQF #1558 Relative Resource Use for People with Cardiovascular Conditions • NQF #1561 Relative Resource Use for People with COPD • NQF #1560 Relative Resource Use for People with Asthma	• *No preliminary selection(s)*
Keeping Care Affordable for the Long-Term	Prices	*No preliminary selection(s)*	• Pricing information/price transparency • Disparities between prices charged for the same services
	Overuse/ Appropriateness	• NQF #0052 Use of Imaging Studies for Low Back Pain • NQF #0554 Medication Reconciliation Post-Discharge • NQF #0022 Use of High Risk Medications in the Elderly • NQF #0036 Use of appropriate medications for	• Unwarranted maternity care interventions (C-section) • End of life care including inappropriate non-palliative services at the end of life

Timeframe	High-leverage Opportunity	Preliminary Measures for the Family	Preliminary Gaps
		people with asthma • NQF #0115 Risk-Adjusted Surgical Re-exploration • NQF #0315 Back Pain: Appropriate Imaging for Acute Back Pain • NQF #0309 Back Pain: Appropriate Use of Epidural Steroid Injections • NQF #0553 Care for Older Adults – Medication Review • NQF #0312 Back Pain: Repeat Imaging Studies	
	Unnecessary use of higher cost providers	• NQF #0173 Emergency Department Use without Hospitalization • NQF #0216 Proportion admitted to hospice for less than 3 days • NQF #0265 Hospital Transfer/Admission	•
	Person- and Family-Centered Care	• NQF #0517 CAHPS® Home Health Care Survey • NQF #0166 HCAHPS • NQF #0005 CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) • NQF #0326 Advance Care Plan • NQF #0006 CAHPS Health Plan Survey v 4.0 - Adult questionnaire	• Shared decision making • Patient activation: knowledge skills & ability to follow through with treatment plan
	Errors and complications	• NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure • NQF #0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure • NQF #0363 Foreign Body Left During Procedure (PSI 5) • NQF #0267 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant • NQF #0376 Incidence of Potentially Preventable Venous Thromboembolism • NQF #0140 Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients • NQF #0201 Pressure ulcer prevalence (hospital acquired) • NQF #0181 Increase in number of pressure	*No preliminary selection(s)*

Timeframe	High-leverage Opportunity	Preliminary Measures for the Family	Preliminary Gaps
		ulcers	
	Lack of care coordination	• NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) • NQF #0171 Acute care hospitalization (risk-adjusted)	• Reduce duplicative services
	Prevention	*No preliminary selection(s)*	• Smoking • Obesity (Diet and Exercise) • Alcohol and drug abuse • Immunization • Behavioral health • Recommended and effective screenings (cancer, depression) • Disease Management • Follow up care

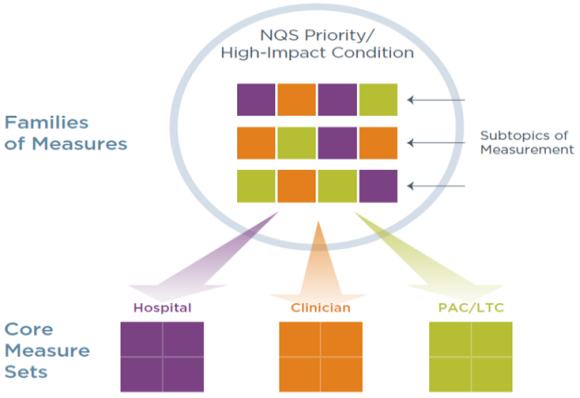
Appendix 1: Additional Material for Wednesday Sessions

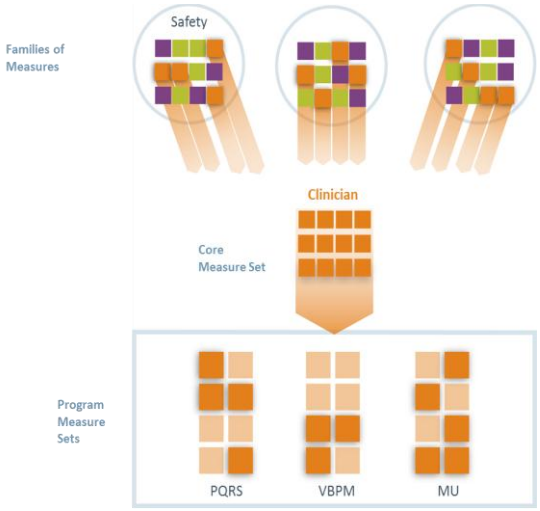
Session 1: Introductions, Review of Meeting Objectives, and Summary of Work to Date

This section provides additional context beyond that provided in the background brief. This includes a deeper explanation of measure families, the task force's work to date, and measure criteria. It is intended for reference that task force members can consult in their discussions.

What is a family of measures?

A family of measures is a set of related available measures and measure gaps for specific topic areas that span programs, care settings, levels of analysis, and populations. (e.g., care coordination family of measures, diabetes care family of measures). Families of measures can be used to generate core measure sets organized around specific programs, settings, levels of analysis and populations. MAP will use the families of measures to guide its pre-rulemaking recommendations on the selection of measure sets for specific federal programs.





Why produce an Affordability Family of Measures?

Rising health care costs are challenging all stakeholders—hurting the competitiveness of U.S. businesses, straining the budgets of patients and families, and leading to difficult choices for state and federal government. The National Quality Strategy set a national aim of affordable care-reducing the cost of quality health care for individuals, families, employers and government. A family of measures will help to assess and monitor progress against this aim. This family can help with improving affordability by identifying key measures and gaps to help drive down costs for all stakeholders while improving quality of care.

Approach to developing an Affordability Family of Measures

MAP convenes time-limited task forces, drawn from the membership of the MAP Coordinating Committee and workgroups, to advise the MAP Coordinating Committee on the identification of families of measures. Currently MAP has convened task forces to develop families of measures focusing on affordability, person- and family-centered care, and population health.

MAP will engage in a 5 step approach to develop an affordability family of measures:

- Develop a consensus-based definition of affordability
- Identify and Prioritize High-Leverage Opportunities for Measurement
- Scan of Available and Pipeline Measures that Address the High-Leverage Opportunities
- Select a family of available measures and measure gaps
- Consider the application of principles developed through other NQF expert panel's in the context of federal and private programs

MAP will use the IOM overarching criteria for choosing clinical priority areas as a guide:

- **Impact**—the extent of the burden—disability, mortality, and economic costs—imposed by a condition, including effects on patients, families, communities, and societies
- **Improvability**— the extent of the gap between current practice and evidence-based best practice and the likelihood that the gap can be closed and conditions improved through change in an area; and the opportunity to achieve dramatic improvements in the six national quality aims identified in the Quality Chasm report
- **Inclusiveness**— the relevance of an area to a broad range of individuals with regard to age, gender, socioeconomic status, and ethnicity/ race (equity); the generalizability of associated quality improvement strategies to many types of conditions and illnesses across the spectrum of health care (representativeness); and the breadth of change effected through such strategies across a range of health care settings and providers (reach)

MAP will use its Measure Selection Criteria to help inform this work:

MAP Measure Selection Criteria

- NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
- Program measure set adequately addresses each of the National Quality Strategy's three aims
- Program measure set is responsive to specific program goals and requirement
- Program measure set includes an appropriate mix of measure types
- Program measure set enables measurement of person- and family-centered care and services
- Program measure set includes considerations for healthcare disparities and cultural competency
- Program measure set promotes parsimony and alignment

Summary of Work to Date

November 2013 Web Meeting:

In their November web meeting, the Task Force met to establish a consensus-based definition of affordability and to consider the implications of for all stakeholders. MAP recognized that affordability is a broad and subjective concept that can be interpreted in many ways depending on the individual stakeholder's vantage point and all stakeholders have a shared responsibility for making care affordable. The Task Force determined that:

- Affordability can be increased by eliminating waste and excess costs
- Costs have skyrocketed, requiring patients, businesses, and taxpayers to spend more of their resources on health care
- How providers deliver and price healthcare services affects costs, and how individuals manage their health affects the healthcare services they need
- Many factors contribute to an individual's ability to pay besides their out-of-pocket costs, including individuals' choices between health care and other needs

MAP sought to build on prior work to define affordability and identify high-leverage opportunities to decrease healthcare costs. Sources included:

- The National Quality Strategy: To advance the aim of affordable care, each of the NQS priorities presents an opportunity to improve care, reduce costs, and increase affordability.
- The Institute of Medicine: In the *Healthcare Imperative,* the IOM explored the sources and implications of waste and excess cost, identifying major drivers of excess spending.
- The National Quality Forum: MAP considered prior definitions related to affordability, including NQF's *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, *National Voluntary Consensus Standards for Cost and Resource Use,* and *National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare*

- The Agency for Healthcare Research and Quality (AHRQ) and RAND: *Identifying, Categorizing, and Evaluating Health Care Efficiency Measures*: MAP considered the definitions and stakeholder perspectives outlined by AHRQ and RAND.
- The Robert Wood Johnson Foundation (RWJF): *Counting Change*: MAP considered the stakeholder perspectives outlined in this work.
- Choosing Wisely: MAP built off this initiative of the American Board of Internal Medicine (ABIM) Foundation to identify high-leverage opportunities to reduce waste and overuse.

MAP actively solicited direct input through a two-week public comment period from a diverse set of stakeholders on how affordability should best be defined and measured. Specifically, commenters were asked:

- How does your organization define affordability? Please provide a brief description.
- Please provide a brief definition for each term in your definition of affordability.
- Based on your definition of affordability above, what information or data is needed to assess affordability?
- Does your organization currently collect information on affordability? If yes, what types of data do you collect and how?
- Please provide any additional feedback here you wish to offer that MAP should consider in defining affordability through multiple stakeholder perspectives.

MAP ultimately landed on a person-centered perspective in defining affordability as: an individual's ability to pay for the healthcare services they need. MAP noted that healthcare costs have skyrocketed, requiring patients, businesses, and taxpayers to spend more of their resources on health care. Consequently, all stakeholders have a shared responsibility for making services affordable by eliminating waste and excess costs. The Task Force outlined the perspective, goals, and measurement opportunities for various stakeholders and the role they can play in improving the affordability of healthcare.

Perspective	Goals	Opportunities	Accountability
Community	• Improve healthcare affordability and increase access to services • Lower costs while eliminating disparities and addressing disease management, health promotion and disease prevention, and patient safety	• Total cost of care and associated clinical quality outcomes at the population level	• Promoting public health • Providing patient supports
Provider	• Deliver high quality care while reducing costs • Improve care processes and show the value of services	• Efficiency • Overuse	• Demonstrating the efficiency of services provided

Perspective	Goals	Opportunities	Accountability
Clinician	• Ensure meaningful outcomes such as return to health, improved functional status, and efficiency of service delivery • Decrease administrative burden • Decrease inefficiencies and fragmentation	• Quality and efficiency of services	• High quality care at the lowest possible cost • Promoting safety, care coordination, and population health
Public and Private Payer	• Identify and assess resource use • Purchase services based on value • Understand variation across markets • Cover costs of services while maintaining competiveness (private payers) or ability to fund other programs (public payers)	• Pairing cost and quality measures	• Providing high quality care that addresses the needs of beneficiaries while limiting costs
Purchaser	• Offer efficient and high-value healthcare services that are affordable to employees and sustainable to the purchaser • Cover salaries and insurance premiums while maintaining competiveness • Offer services that improve health and productivity, reduce absenteeism, and lost work time	• Total cost of care • Employer contribution • Information pairing cost and clinical quality	
Supplier/Industry	• Reduce costs • Maintain incentives for innovation and research and development • Decrease costs by increasing safety	• Efficiency • Safety • Overuse	

<u>February 2014 Web Meeting:</u>

In their February web meeting, Task Force started by identifying the highest leverage opportunities for reducing costs, which was split between current affordability and future affordability by reducing waste.

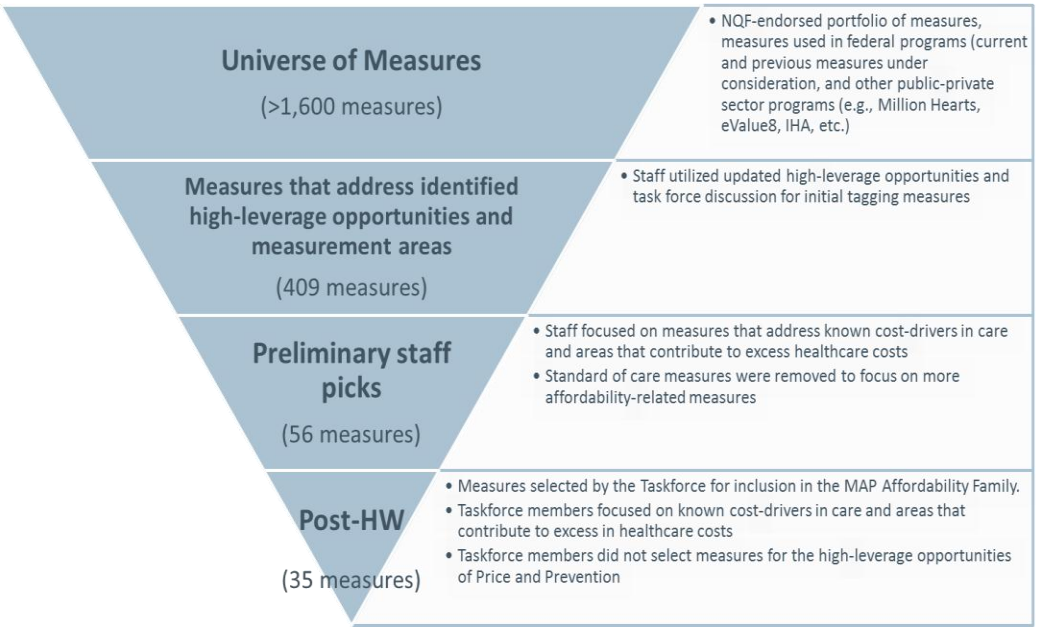
For the waste category, the task force started with the 6 waste domains identified by the IOM: unnecessary services, prices that are too high, inefficiently delivered services, excess administrative costs, missed prevention opportunities, and fraud. They also built off other existing work—the National Quality Strategy, Choosing Wisely, AHRQ/RAND efficiency measure report, NQF's *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, *National Voluntary Consensus Standards for Cost and Resource Use,* and *National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare*

The Taskforce identified the following high-leverage opportunities:

- Total costs
- Costs by episode
- Appropriateness/Overuse
- Errors and Complications
- Lack of Care Coordination
- Prices
- Utilization
- Costs to the Patients
- Unnecessary use of high cost providers
- Workforce
- Prevention

<u>Scan of Available of Available and Pipeline Measures</u>

Staff scanned 1600 measures across public and private programs to identify measures that could be related to affordability, using the high-leverage opportunities and associated measure concepts as a guide. That led to 400 measures, so staff used the MAP selection criteria and families selection criteria (3 I's) to narrow further. That led to 56 potential measures for the family. As part of the pre-meeting exercise, the task force reviewed the high-leverage opportunities, measure concepts, and potential measures. Additionally, the task force reviewed the 56 staff picks and indicated their agreement with including that measure in the family.



Establish Definitions

At the February web meeting the Task Force established the need for greater clarification around of the terms related to healthcare affordability. Task Force members suggested the MAP Affordability Task Force could adopt the definitions developed by a consensus-based, multi-stakeholder technical expert panel convened by the Healthcare Financial Management Association, HFMA[i].

Charge. The dollar amount a provider sets for services rendered before negotiating any discounts. The charge can be different from the amount paid

Cost. The definition of cost varies by the party incurring the expense—patient, provider, insurer, or employer.

- To the patient, cost is the amount payable out of pocket for healthcare services, which may include deductibles, copayments, coinsurance, amounts payable by the patient for services that are not included in the patient's benefit design, and amounts "balance billed" by out-of-network providers. Health insurance premiums constitute a separate category of healthcare costs for patients, independent of healthcare service utilization.
- To the provider, cost is the expense (direct and indirect) incurred to deliver healthcare services to patients.
- To the insurer, cost is the amount payable to the provider (or reimbursable to the patient) for services rendered.
- To the employer, cost is the expense related to providing health benefits (premiums or claims paid).

For more information please see the HFMA Price Transparency Task Force Report.

Session 2: Review and Finalize High-leverage Opportunities

During its February web meeting, the Task Force established high-leverage opportunities to improve the affordability of healthcare by reducing waste and decreasing costs. As shown in the table below, these proposed opportunities describe health care costs now, as well as include opportunities for reducing costs in the future by reducing excess costs.

Table 1. Proposed High-leverage opportunities

Timeframe	High-leverage Opportunity
Measuring Affordability in the Short-Term	Total Costs – All stakeholders
	Costs by episode (high prevalence, high cost conditions)=
	Costs to the Patient
	Utilization
Keeping Care Affordable for the Long-Term	Prices
	Overuse/Appropriateness
	Unnecessary use of higher cost providers
	Person- and Family-Centered Care
	Errors and complications
	Lack of care coordination
	Prevention

Results of prior committee

During the homework exercise, the Task Force was asked to make refinements to the high-leverage opportunities. The following is the results of that homework.

High-leverage opportunities given a high ranking by respondents:

- Total costs
- Costs by episode
- Appropriateness/Overuse
- Errors and Complications
- Lack of Care Coordination

High-leverage opportunities given a moderate ranking by respondents:

- Prices
- Utilization
- Costs to the Patients

High-leverage opportunities indicated as lower ranking by respondents:

- Unnecessary use of high cost providers
- Workforce
- Prevention

The Task Force is now asked to finalize the high-leverage opportunities.

Questions for Task Force Consideration:

- Based on the input by the Task Force and a mixed evidence base, staff proposes removing workforce as a high-leverage opportunity. Does this Task Force agree with this removal?
- Are there other high-leverage opportunities that should be removed?
- Are there additional high-leverage opportunities that should be added?
- During the pre-meeting exercise, it was noted that the term providers should be clarified. What issues does the Task Force wish to address through the unnecessary use of high cost providers? Should this high-leverage opportunity be expanded to include unnecessary specialist care?

Session 3: Measure Selection and Gap Identification: Total Costs—All Stakeholders, Costs by Episode, Costs to the Patient

Measure Selection

Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunities of total costs, costs by episode, and costs to the patient. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures, measures from the staff review that did not receive strong task force support, and additional measures that task force members suggested through the homework exercise.

Table 2. Cost Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks Not Recommended for the Family	Additional Measures Suggested for the Family
Total Costs	NQF #1604 Total Cost of Care Population-based PMPM Index	Not Endorsed Total Per Capita Cost Measure	
Costs by episode (high prevalence, high cost conditions)	NQF #1609 ETG Based HIP/KNEE REPLACEMENT cost of care measure NQF #1611 ETG Based PNEUMONIA cost of care measure		
Costs to the Patient	NQF #0723 Children Who Have Inadequate Insurance Coverage For Optimal Health		People under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income (http://www.ahrq.gov/workingforquality/nqs/nqs2013annlrpt.pdf)

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address costs?

Gap Identification

MAP families also identify measure gaps in their area, in order guide future measure development. The table below includes gaps related to costs that have been identified by the task force, either from the measurement areas discussed during the February web meeting and additional gaps suggested during the pre-meeting exercise.

Table 3. Cost Gaps

High-Leverage Opportunity	Preliminary Gaps for Family	Additional Gaps Suggested
Total Costs	- Total cost of care at the provider level	- Employer spending on employee health benefits
Costs by episode (high prevalence, high cost conditions)	- Cardiovascular disease cost by episode measures - Cancer cost by episode measures - Mental disorders cost by episode measures - Pulmonary (COPD/Asthma) cost by episode measures - Obstetrical cost by episode measures - Gastrointestinal cost by episode measures - Multi-morbidity with functional/cognitive impairment cost by episode measures	
Costs to the Patient	- Premiums - Deductibles - Out of pocket costs	- Percentage household spending on health care services - Disparities in access and affordability with regard to socioeconomic status (SES), race, and ethnicity, and for vulnerable populations and patients living in rural areas - Out-of-pocket expenses for high-cost services - Patient access to specialists and community resources that meet their needs - Cost for patient as a barrier to care - Care withheld due to patient's inability to pay.

High-Leverage Opportunity	Preliminary Gaps for Family	Additional Gaps Suggested
		- Employer-sponsored minimum essential coverage meets Affordable Care Act definition of affordable

Questions for Task Force Consideration:

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Session 4, Breakout Group A: Measure Selection and Gap Identification: Overuse and Appropriateness

Group A is asked to look at the information in this section and make preliminary recommendations to the task force. The entire task force will be asked to provide input during the report out session.

Measure Selection

Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunity of overuse and appropriateness. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures, measures from the staff review that did not receive strong task force support, and additional measures that task force members suggested through the homework exercise.

Table 4. Overuse and Appropriateness Measures

High-Leverage Opportunity	Preliminary Measures for the Family	Staff Picks not Selected for the Family	Additional Measures Suggested for the Family
Overuse and Appropriateness	- NQF# 0052 Use of Imaging Studies for Low Back Pain - NQF #0554 Medication Reconciliation Post-Discharge - NQF # 0022 Use of High Risk Medications in the Elderly - NQF #0036 Use of appropriate medications for people with asthma - NQF #0115 Risk-Adjusted Surgical Re-exploration - NQF #0315 Back Pain: Appropriate Imaging for Acute Back Pain - NQF #0309 Back	- NQF# 0508 Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening - NQF #0548 Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) - Not Endorsed HBIPS-4: Patients discharged on multiple antipsychotic medications. - NQF # 0560 HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification - NQF #0562 Overutilization of Imaging Studies in Melanoma	- NQF #0471 PC-02 Cesarean Section

High-Leverage Opportunity	Preliminary Measures for the Family	Staff Picks not Selected for the Family	Additional Measures Suggested for the Family
	Pain: Appropriate Use of Epidural Steroid Injections - NQF #0553 Care for Older Adults – Medication Review - NQF #0312 Back Pain: Repeat Imaging Studies		

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address overuse and appropriateness?

Gap Identification

Measure gaps are also included in a MAP family of measures. The table below includes preliminary gaps related to overuse and appropriateness. These gaps were drawn from the measurement areas that the Task Force identified during it February web meeting. Measurement areas that did not have a measure to address them were classified as gaps. No additional overuse and appropriateness gaps were suggested by the task force.

Table 5. Overuse and Appropriateness Gaps

High-Leverage Opportunity	Preliminary Gaps for the Family
Overuse and Appropriateness	- Unwarranted maternity care interventions - End of life care including inappropriate non-palliative services at the end of life

Questions for Task Force Consideration:

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Session 4, Breakout Group B: Measure Selection and Gap Identification: Unnecessary Use of Higher Cost Providers

Group B is asked to look at the information in this section and make preliminary recommendations to the task force. The entire task force will be asked to provide input during the report out session.

Measure Selection

Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunity of unnecessary use of higher cost providers. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures along with measures from the staff review that did not receive strong task force support.

Table 6. Unnecessary Use of Higher Cost Providers Measures

High-Leverage Opportunity	Preliminary Measures for the Family	Staff Picks not Selected for the Family
Unnecessary Use of Higher Cost Providers	- NQF# 0173 Emergency Department Use without Hospitalization - NQF# 0265 Hospital Transfer/Admission - NQF #0216 Proportion admitted to hospice for less than 3 days - NQF #0215 Proportion not admitted to hospice	- NQF# 1799 Medication Management for People with Asthma (MMA

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address unnecessary use of higher cost providers?

Gap Identification

Measure gaps are also included in a MAP family of measures. The table below includes preliminary gaps related to unnecessary use of higher cost providers. These gaps were drawn from the measurement areas that the Task Force identified during it February web meeting. Measurement areas that did not have a measure to address them were classified as gaps. No additional unnecessary use of higher cost providers gaps were suggested by the task force.

Table 7. Unnecessary Use of Higher Cost Providers Gaps

High-Leverage Opportunity	Preliminary Gaps for the Family
Unnecessary Use of Higher Cost Providers	- Societal Expectations for quick answers/diagnoses - Unnecessary consultations - Ambulatory care sensitive conditions - Patients discharged to proper follow up setting: home, SNF, etc. (right care, right place, right time)

Questions for Task Force Consideration:

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Session 4, Breakout Group C: Measure Selection and Gap Identification: Utilization

Group C is asked to look at the information in this section and make preliminary recommendations to the task force. The entire task force will be asked to provide input during the report out session.

Measure Selection

Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunity of utilization. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise.

Table 8. Utilization Measures

High-Leverage Opportunity	Preliminary Measures for Family
Utilization	- NQF #2158 Payment-Standardized Medicare Spending Per Beneficiary (MSPB) - NQF #1598 Total Resource Use Population-based PMPM Index - NQF #1557 Relative Resource Use for People with Diabetes (RDI) - NQF #1558 Relative Resource Use for People with Cardiovascular Conditions - NQF #1561 Relative Resource Use for People with COPD - NQF #1560 Relative Resource Use for People with Asthma

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Are there additional measures be included in the Affordability Family to address utilization?

Gap Identification

Measure gaps are also included in a MAP family of measures. No preliminary utilization gaps were identified.

Questions for Task Force Consideration:

- Are there any gaps related to utilization that should be included in the family?

VII. Break Out Group Report Out and Finalization of Measure Selection and Gap Identification

Each small group is asked to report on the measures selected and gaps identified for its high-leverage opportunity. The task force is asked to provide input on the findings of each small group to finalize the selection of measures and gaps for the family.

Questions for Task Force Consideration:

- Does the task force agree with the recommendations of the small group?

Appendix 2: Additional Material for Thursday Sessions

Session 6: Measure Selection and Gap Identification: Prices

Measure Selection

Through the pre-meeting exercise, the Task Force did not identify any measures that could be included in the Affordability Family to address the high-leverage opportunity of prices. One staff pick did not receive a high level of agreement in the results of the pre-meeting exercise.

Table 9. Price Measures

High-Leverage Opportunity	Staff Picks not Recommended for the Family
Prices	Not Endorsed Price Stability

Questions for Consumer Panel Consideration:

- Are there available measures that could be included in the family to address prices?

Gap Identification

The table below includes preliminary gaps related to prices. These gaps were drawn from the measurement areas that the Task Force identified during it February web meeting. Measurement areas that did not have a measure to address them were classified as gaps. No additional unnecessary use of higher cost providers gaps were suggested by the task force.

Table 10. Price Gaps

High-Leverage Opportunity	Preliminary Gaps for the Family
Price	- Pricing information/price transparency - Disparities between prices charged for the same services

Questions for Task Force Consideration:

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Session 7: Measure Selection and Gap Identification: Care Coordination

Measure Selection

MAP previously developed a family of measures to address care coordination. The staff picks for this high-leverage opportunity were drawn from the MAP Care Coordination Family of Measures. Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunity of care coordination. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures, along with measures from the staff review that did not receive strong task force support.

Table 11. Care Coordination Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks not Recommended for the Family
Care Coordination	- NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) - NQF #0171 Acute care hospitalization (risk-adjusted)	- NQF #0335 PICU Unplanned Readmission Rate - NQF# 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization. - NQF# 0506 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization - NQF # 1768 Plan All-Cause Readmissions

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address care coordination?

Gap Identification

Measure gaps are also included in a MAP family of measures. The table below includes preliminary gaps related to care coordination. These gaps were drawn from the measurement

areas that the Task Force identified during it February web meeting. Measurement areas that did not have a measure to address them were classified as gaps.

Table 12. Preliminary Care Coordination Gaps for the Family

High-Leverage Opportunity	Preliminary Gaps for Family
Care Coordination	- Reduce duplicative services

Questions for Task Force Consideration:

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Session 8: Measure Selection and Gap Identification: Errors and Complications

Measure Selection

MAP previously developed a family of measures to address safety. Therefore, the staff picks for this high-leverage opportunity were drawn from the MAP Safety Family of Measures. The conditions selected were identified by the IOM in the *Healthcare Imperative* as the highest cost conditions related to errors and complications. Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunity of errors and complications. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures, along with measures from the staff review that did not receive strong task force support.

Table 13. Errors and Complications Measures

High-Leverage Opportunity	Preliminary Measures for the Family	Staff Picks Not Selected for the Family
Errors and Complications	- NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure - NQF #0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure - NQF #0363 Foreign Body Left During Procedure (PSI 5) - NQF #0267 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant - NQF #0376 Incidence of Potentially Preventable Venous Thromboembolism - NQF #0140 Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients - NQF #0201 Pressure ulcer prevalence (hospital acquired) - NQF #0181 Increase in number of pressure ulcers	- NQF# 0337 Pressure Ulcer Rate (PDI 2) - NQF #0531 Patient Safety for Selected Indicators - NQF# 0532 Pediatric Patient Safety for Selected Indicators

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address errors and complications?

Gap Identification

Measure gaps are also included in a MAP family of measures. No preliminary gaps related to errors and complications were identified.

Questions for Task Force Consideration:

- Are there any gaps that should be included in the family?

Session 9: Alignment with the work of the MAP Population Health and Person- and Family-Centered Care Task Forces and Measure Selection and Gap Identification for Missed Prevention Opportunities and Person- and Family-Centered Care

MAP is currently developing families of measures that will address two of the affordability high-leverage opportunities identified by the Task Force. The Affordability Task Force is asked to provide input on areas related to population health and person- and family-centered care that can help reduce waste and costs.

Measure Selection

Through the pre-meeting exercise, the Task Force identified a number of measures that could be included in the Affordability Family to address the high-leverage opportunities of prevention and person- and family-centered care. The preliminary measures for the family were drawn from a staff review of potential affordability measures ("staff picks") and incorporates task force input from the pre-meeting homework exercise. The table below shows these measures, along with measures from the staff review that did not receive strong task force support.

Table 14. Person- and Family-Centered Care and Prevention Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks Not Selected for the Family
Person- and Family-Centered Care	- NQF #0517 CAHPS® Home Health Care Survey - NQF #0166 HCAHPS - NQF #0005 CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) - NQF #0326 Advance Care Plan - NQF #0006 CAHPS Health Plan Survey v 4.0 - Adult questionnaire	- Not Endorsed NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H) - NQF #0008 Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) - NQF #0009 CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement - NQF #0258 CAHPS In-Center Hemodialysis Survey - NQF #1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy
Prevention	- No preliminary measures identified	- No preliminary selections identified

Questions for Panel Consideration:

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any additional measures be included in the Affordability Family to address person- and family-centered care or prevention?
- Are there other ways the Affordability Family should align with the Person- and Family-Centered Care Family or the Population Health Family?

Gap Identification

Measure gaps are also included in a MAP family of measures. The table below includes preliminary gaps related to person- and family-centered care and prevention. These gaps were drawn from the measurement areas that the Task Force identified during its February web meeting. Measurement areas that did not have a measure to address them were classified as gaps.

Table 15. Person- and Family-Centered Care and Prevention Gaps

High-Leverage Opportunity	Preliminary Gaps for Family
Person- and Family-Centered Care	- Shared decision making - Patient activation: knowledge skills & ability to follow through with treatment plan
Prevention	- Smoking - Obesity (Diet and Exercise) - Alcohol and drug abuse - Immunization - Behavioral health - Recommended and effective screenings (cancer, depression) - Disease Management - Follow up care

Questions for Task Force Consideration:

- Does the task force agree with including all of these preliminary gaps in the family?
- Are there any other additional gaps that should be included in the family?

Session 10: Update on Affordability Projects across NQF and Alignment with NQF's Linking Cost and Quality and Measuring Affordable Care Work

NQF is conducting a number of projects to address affordability. Through these projects NQF is exploring a number of key questions related to affordability and cost measures.

- How do various stakeholders define affordability and what do they consider most important to measure?
    - Affordability Family of Measures (MAP)
    - Efficiency Measurement: The Missing Link Between Cost and Quality (RWJF)

- What measures are available to assess affordability and could be readily implemented in accountability programs?
    - Cost and Resource Use Measures (endorsement project)
    - Episode Grouper Measure Evaluation Criteria (endorsement project)
    - Affordability Family of Measures (MAP)

- What are the key methodological challenges to developing and using measures of affordability?

- Efficiency Measurement: The Missing Link Between Cost and Quality (RWJF)

Currently five projects are underway that relate to affordability.

- MAP Affordability Family
    - Develop consensus-based definitions of affordability
    - Identify high-leverage opportunities for improvement and measurement
    - Create a family of available measures and gaps

- Episode Grouper Evaluation Criteria
    - Define the characteristics of an episode grouper versus other measurement systems, including classification or risk adjustment systems
    - Review the best practices for constructing an episode grouper
    - Identify the key elements for evaluating an episode grouper
    - Determine the criteria for evaluating an episode grouper

- Cost and Resource Use Measure Endorsement
    - Focus on cost and resource use for cardiovascular and pulmonary conditions

- RWJF Linking Cost and Quality Measures
    - Deliberate on current approaches to measuring and understanding efficiency and identifying possible trade-offs
    - Recommend methodological approaches to combining cost and quality and technical issues related to individual cost measures

- RWJF Measuring Affordable Care
    - Review what types of cost measures are most important to consumers
    - Discuss the types of data needed for these measures
    - Deliberate on how patient-reported data can best be leveraged
    - Identify the factors that influence a consumer's perception of whether care is affordable
    - Recommend ways this information can be reported to address consumer needs for discerning affordable and efficient providers

Questions for Task Force Consideration:

- How can the work of the MAP Affordability Task Force align with NQF's other affordability efforts?
- Are there additional areas identified by the Measuring Affordable Care expert panel that should be addressed in the MAP Affordability Family high-leverage opportunity of costs to the patient?
- Does the MAP Affordability Task Force have additional guidance on how cost and quality measures can be linked for application in accountability programs?

Session 11: Conceptual Guidance for Applying the Family in Practice

Balancing measures are intended to ensure changes designed to improve a system do not cause negative unintended consequences.

NQF's Previous Recommendations on Use of Cost Measures

The National Quality Forum (NQF) uses its formal consensus development process (CDP) to review, endorse, and recommend the use of standardized healthcare performance measures. Through recent projects to endorse cost and resource use measures several principles emerged. Measures of cost and quality must be aligned in order to truly understand efficiency and value. As a starting place in understanding efficiency and value, NQF supports using and reporting of resource use measures in the context of quality performance, preferably outcome measures. Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value and may lead to adverse unintended consequences in the healthcare system.[ii]

MedPAC Discussions on Balancing Measures

During its March 6 and 7, 2014 meeting, MedPAC discussed the potential need to include underuse measures to balance measures of overuse. Overall, Commissioners were supportive of using underuse measures for balancing measures of overuse, but cautioned at the potential administrative burden of having more measures to report. Additionally, Commissioners discussed that certain measures may be appropriate for certain types of payment models (e.g., overuse on the fee-for-service and underuse on the managed care side, and both for ACOs). Additional research is needed to understand potential unintended consequences.

Questions for Task Force Consideration:

- What guidance should the report include on applying the Affordability Family in practice? Potential considerations could include:
  - Using cost and quality measures together
  - Considering measures of underuse as well as overuse and a future state where measures would be of appropriate use
  - Access measures

[i] Healthcare Financial Management Association (HFMA). Price Transparency in Health Care. Washington, DC: HFMA; 2014.
[ii] National Quality Forum (NQF). Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care. Washington, DC: NQF; 2009.

Measure Applications Partnership

Affordability Task Force

In-Person Meeting

May 7-8, 2014

NATIONAL QUALITY FORUM

Day 1 Agenda

- Introductions, Review of Meeting Objectives, and Summary of Work to Date
- Review and Finalize High Leverage Opportunities
- Measure Selection and Gap Identification: Costs to All Stakeholders-Total Costs, Costs by Episode, Costs to the Patient
- Break Out Group Measure Selection and Gap Identification
- Break Out Group Report Out and Finalization of Measure Selection and Gap Identification

Welcome

Affordability Task Force Membership

Task Force Chair: Mark McClellan, MD, PhD

Organizational Members

AdvaMed	Steven Brotman, MD, JD
Alliance of Dedicated Cancer Centers	Ronald Walters, MD, MBA, MHA, MS
America's Health Insurance Plans	Aparna Higgins, MA
American College of Radiology	David Seidenwurm, MD
American Federation of State, County, and Municipal Employees	Sally Tyler, MPA
American Hospital Association	Richard Umbdenstock, FACHE
American Medical Association	Carl Sirio, MD
American Society of Consultant Pharmacists	Jennifer Thomas, PharmD
Association of American Medical Colleges	Joanne Conroy, MD
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Kindred Healthcare	Sean Muldoon, MD, MPH, FCCP
Mothers Against Medical Error	Helen Haskell, MA
Pacific Business Group on Health	David Hopkins, PhD
Pharmaceutical Research and Manufacturers of America	Christopher Dezii, RN, MBA, CPHQ
Service Employees International Union	Charissa Raynor
Visiting Nurses Association of America	Margaret Terry, PhD, RN

Affordability Task Force Membership

Subject Matter Experts

Care Coordination	Gerri Lamb, PhD
Emergency Medical Services	James Dunford, MD
Measure Methodologist	Dolores Yanagihara, MPH
Palliative Care	Sean Morrison, MD
Population Health	Eugene Nelson, MPH, DSc
State Policy	Dolores Mitchell, MSHA, RN, CCM, FACHE

Federal Government Members

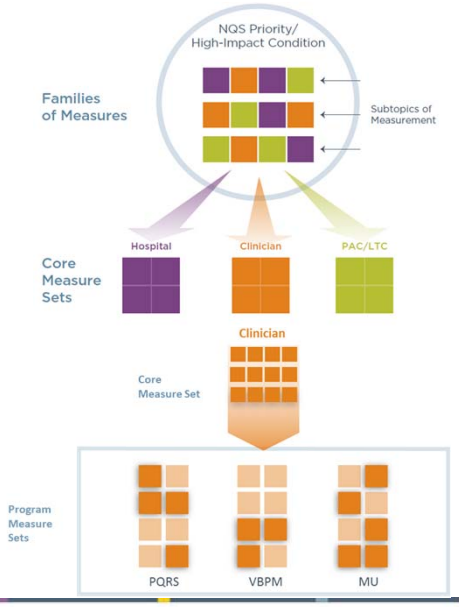
Centers for Medicare & Medicaid Services (CMS)	Kate Goodrich, MD
Office of the National Coordinator for HIT (ONC)	Kevin Larsen, MD, FACP

Meeting Objectives

- Establish an Affordability Family of Measures
- Discuss implementation pathways for filling measure gaps

What is a family of measures?

- Set of related available measures and measure gaps for specific topic areas that span programs, care settings, levels of analysis, and populations
- MAP will use the families of measures to guide its pre-rulemaking recommendations on the selection of measure sets for specific federal programs



Why Produce an Affordability Family of Measures

- National Quality Strategy set a national aim of affordable care-reducing the cost of quality health care for individuals, families, employers and government
- A family of measures will help to assess and monitor progress against this aim
- Family can help with improving affordability by identifying key measures and gaps to help drive down costs for all stakeholders while improving quality of care

Key Principles

- Rising health care costs are affecting everyone—employers, federal government, states, hospitals and clinicians, and patients and families
- People have different perspectives, depending on how health care costs affect them
- Everyone has a part to play in improving affordability

Approach for Developing an Affordability Family of Measures

- Convene time-limited task force drawn from MAP membership
- Coordinate with other MAP-convened task forces (i.e., Person- and Family-Centered Care and Population Health)
- Use IOM overarching criteria for choosing clinical priority areas: Impact, Improvability, and Inclusiveness
- Use MAP Measure Selection Criteria

The "3 I's"

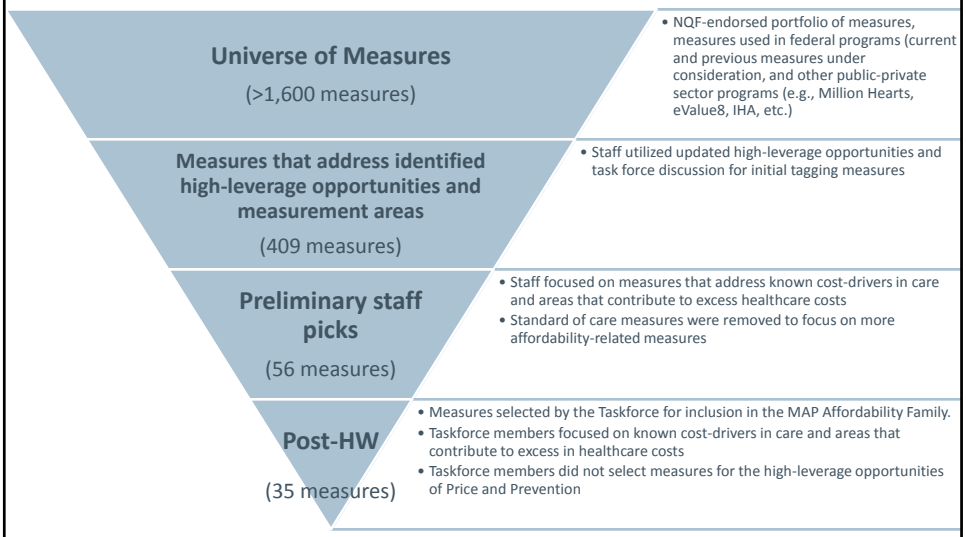
IOM overarching criteria for choosing clinical priority areas:

- **Impact**—the extent of the burden—disability, mortality, and economic costs—imposed by a condition, including effects on patients, families, communities, and societies
- **Improvability**— the extent of the gap between current practice and evidence-based best practice and the likelihood that the gap can be closed and conditions improved through change in an area; and the opportunity to achieve dramatic improvements in the six national quality aims identified in the Quality Chasm report
- **Inclusiveness**— the relevance of an area to a broad range of individuals with regard to age, gender, socioeconomic status, and ethnicity/ race (equity); the generalizability of associated quality improvement strategies to many types of conditions and illnesses across the spectrum of health care (representativeness); and the breadth of change effected through such strategies across a range of health care settings and providers (reach)

Work to Date and Future Work

November 14: Task Force Web Meeting (Step 1)	• Developed consensus-based definitions for affordability.
February 2014: Task Force Web Meeting (Step 2)	• Defined the highest leverage measurement opportunities.
May 2014: Task Force In-Person Meeting (Steps 3-5)	• Identify measures for inclusion in the family. • Identify measure gaps. • Identify implementation barriers, including linking cost and quality measures.
June 2014: Public Comment Draft Report	• Task force review of draft report via email. • Report posted to NQF website for a two-week public comment period.
July 2014: MAP Coordinating Committee Meeting	• MAP Coordinating Committee review of public comment draft and public comments received. • MAP Affordability Task Force will be asked to join by phone. • Finalize recommendations and report.
July 2014: Final Report	• Submit final report to HHS.

Identifying Measures for the MAP Affordability Family



Pre-meeting Exercise

- Using the updated Affordability High-Leverage Opportunities and Measurement Areas the task force members were asked to:
  - Prioritize the high-leverage opportunities and the previously identified measurement areas.
  - Indicate the level of agreement with including each measure in the family
  - Rank the top three measures that should be included in the MAP Affordability Family to address the indicated high leverage opportunity
- Total number of respondents: 17

Review and Finalize High-Leverage Opportunities

Discussion Guide Orientation: Session 2

Identifying High Leverage Opportunities

MAP sought to build on prior work to identify high leverage work to decrease healthcare costs including:

- The National Quality Strategy
- The Institute of Medicine: *Healthcare Imperative*
- NQF's *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, *National Voluntary Consensus Standards for Cost and Resource Use,* and *National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare*

Table 1 - Proposed High-Leverage Opportunities

Timeframe	High-leverage Opportunity
Measuring Affordability in the Short-Term	Total Costs – All stakeholders
	Costs by episode (high prevalence, high cost conditions)
	Costs to the Patient
	Utilization
Keeping Care Affordable for the Long-Term	Prices
	Overuse/Appropriateness
	Unnecessary use of higher cost providers
	Person- and Family-Centered Care
	Errors and complications
	Lack of care coordination
	Prevention

Results from HW Exercise: Prioritizing High-Leverage Opportunities

- High-leverage opportunities given a high ranking by respondents:
  - Total costs
  - Costs by episode
  - Appropriateness/Overuse
  - Errors and Complications
  - Lack of Care Coordination
- High-leverage opportunities given a moderate ranking by respondents:
  - Prices
  - Utilization
  - Costs to the Patients
- High-leverage opportunities indicated as lower ranking by respondents:
  - Unnecessary use of high cost providers
  - Workforce
  - Prevention

Questions for Consideration

- Based on the input by the Task Force and a mixed evidence base, staff proposes removing workforce as a high-leverage opportunity. Does this Task Force agree with this removal?
- Are there other high-leverage opportunities that should be removed?
- Are there additional high-leverage opportunities that should be added?
- During the pre-meeting exercise, it was noted that the term providers should be clarified. What issues does the Task Force wish to address through the unnecessary use of high cost providers? Should this high-leverage opportunity be expanded to include unnecessary specialist care?

Measure Selection and Gap Identification:

Costs to All Stakeholders-Total Costs
Costs by Episode
Costs to the Patient

Discussion Guide Orientation: Session 4

Table 2 - Measure Selection: Cost Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks Not Recommended for the Family	Additional Measures Suggested for the Family
Total Costs	NQF #1604 Total Cost of Care Population-based PMPM Index	Not Endorsed Total Per Capita Cost Measure	
Costs by episode (high prevalence, high cost conditions)	NQF #1609 ETG Based HIP/KNEE REPLACEMENT cost of care measure NQF #1611 ETG Based PNEUMONIA cost of care measure		
Costs to the Patient	NQF #0723 Children Who Have Inadequate Insurance Coverage For Optimal Health		People under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income (http://www.ahrq.gov/workingforquality/nqs/nqs2013annlrpt.pdf)

Question for Consideration

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address costs?

Table 3 – Cost Gaps

High-Leverage Opportunity	Preliminary Gaps for Family	Additional Gaps Suggested
Total Costs	• Total cost of care at the provider level	• Employer spending on employee health benefits
Costs by episode (high prevalence, high cost conditions)	• Cardiovascular disease cost by episode measures • Cancer cost by episode measures • Mental disorders cost by episode measures • Pulmonary (COPD/Asthma) cost by episode measures • Obstetrical cost by episode measures • Gastrointestinal cost by episode measures • Multi-morbidity with functional/cognitive impairment cost by episode measures	
Costs to the Patient	• Premiums • Deductibles • Out of pocket costs	• Percentage household spending on health care services • Disparities in access and affordability with regard to socioeconomic status (SES), race, and ethnicity, and for vulnerable populations and patients living in rural areas • Out-of-pocket expenses for high-cost services • Patient access to specialists and community resources that meet their needs • Cost for patient as a barrier to care • Care withheld due to patient's inability to pay. • Employer-sponsored minimum essential coverage meets Affordable Care Act definition of affordable

Questions for Consideration

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Opportunity for Public Comment

Break Out Group Measure Selection and Gap Identification:

Group A: Overuse and Appropriateness
Group B: Unnecessary Use of Higher Cost Providers
Group C: Utilization

Discussion Guide Orientation: Session 4

Break Out Groups

Overuse and Appropriateness	Unnecessary Use of Higher Cost Providers	Utilization
Steve Brotman	Beth Averbeck	David Hopkins
David Seidenwurm	Aparna Higgins	Gene Nelson
Jennifer Thomas	Dolores Mitchell	Wei Ying
Helen Haskell	Jim Dunford	Kevin Larsen
Joanne Conroy	Peg Terry	Gerri Lamb
Kate Goodrich	Sally Tyler	Carl Sirio
Sean Muldoon	Rich Umbdenstock	Chris Dezii

Break Out Group Report Out and Finalization of Measure Selection and Gap Identification

Question for Consideration

- Does the task force agree with the recommendations of the small group?

Opportunity for Public Comment

Day 2 Agenda

- Welcome and Review of Previous Day's Themes
- Measure Selection and Gap Identification
- Alignment of MAP Affordability Task Force with other NQF Work
- Update on Affordability Projects across NQF and Alignment with NQF's Linking Cost and Quality and Measuring Affordable Care Work
- Conceptual Guidance for Applying the Family in Practice

Measure Selection and Gap Identification:

Prices

Discussion Guide Orientation: Session 6

Table 9. Price Measures

- Task Force did not identify any measures that could be included in the Affordability Family to address the high-leverage opportunity of prices
- One staff pick did not receive a high level of agreement in the results of the pre-meeting exercise

High-Leverage Opportunity	Staff Picks not Recommended for the Family	
Prices	Not Endorsed	Price Stability

Question for Consideration

- Are there available measures that could be included in the family to address prices?

Table 10 – Price Gaps

High-Leverage Opportunity	Preliminary Gaps for the Family
Price	• Pricing information/price transparency • Disparities between prices charged for the same services

Question for Consideration

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Measure Selection and Gap Identification:

Care Coordination

Discussion Guide Orientation: Session 7

Table 11 – Care Coordination Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks not Recommended for the Family
Care Coordination	• NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) • NQF #0171 Acute care hospitalization (risk-adjusted)	• NQF #0335 PICU Unplanned Readmission Rate • NQF# 0505 Hospital 30-day all-cause risk-standardized readmission rate (RSRR) following acute myocardial infarction (AMI) hospitalization. • NQF# 0506 Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization • NQF # 1768 Plan All-Cause Readmissions

Question for Consideration

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address care coordination?

Table 12 – Care Coordination Gaps

High-Leverage Opportunity	Preliminary Gaps for Family
Care Coordination	• Reduce duplicative services

Question for Consideration

- Are there any preliminary gaps that the task force disagrees with including in the family?
- Are there any other additional gaps that should be included in the family?

Measure Selection and Gap Identification: Errors and Complications

Discussion Guide Orientation: Session 6

Table 13 – Errors and Complications Measures

High-Leverage Opportunity	Preliminary Measures for the Family	Staff Picks Not Selected for the Family
Errors and Complications	• NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure • NQF #0139 National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure • NQF #0363 Foreign Body Left During Procedure (PSI 5) • NQF #0267 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant • NQF #0376 Incidence of Potentially Preventable Venous Thromboembolism • NQF #0140 Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients • NQF #0201 Pressure ulcer prevalence (hospital acquired) • NQF #0181 Increase in number of pressure ulcers	• NQF# 0337 Pressure Ulcer Rate (PDI 2) • NQF #0531 Patient Safety for Selected Indicators • NQF# 0532 Pediatric Patient Safety for Selected Indicators

Question for Consideration

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any of the additional measures be included in the Affordability Family to address errors and complications?

Errors and Complication Gaps and Questions for Consideration

- No preliminary gaps related to errors and complications were identified
- Are there any gaps that should be included in the family?

Opportunity for Public Comment

Alignment with the work of the MAP Population Health and Person and Family Centered Care Taskforces and Measure Selection and Gap Identification for Missed Prevention Opportunities and Person and Family Centered Care

Discussion Guide Orientation: Session 9

Person- and Family-Centered Care Family of Measures

Person- and Family-Centered Care Draft Definition

An approach to the planning and delivery of care across settings and time that is centered around collaborative partnerships among individuals, their defined family, and providers of care. It supports health and well-being by being anchored by, respectful of, and responsive to an individual's preferences, needs, and values.

Proposed High-Leverage Opportunities/Measurement Areas

High-Leverage Opportunities	Measurement Areas
Experience of care (patients, families, caregivers)	• Dignity, respect, compassion, equity • Care integration (care coordination, care transitions) • Provider communication and collaboration
Quality of life	• Functional and cognitive status (assessment and improvement) • Mental health (assessment and improvement) • Physical, social, emotional, and spiritual support and well-being • Symptom and symptom burden (e.g., pain, fatigue, dyspnea) • Treatment burden (patients, family/caregiver, sibling, community)
Patient and family engagement	• Establishment and attainment of patient/family/caregiver goals • Shared decisionmaking • Advance care planning • Care concordant with individual values and preferences
Access to self-management support	• Patient activation • Health literacy • Cultural and linguistic competency • Caregiver needs and supports

Population Health
Family of Measures

National Quality Strategy Priority: Working with communities to promote wide use of practices to enable healthy living

Long-term goals:

1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.
3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.

MEASURE FOCUS	KEY MEASURE NAME/DESCRIPTION	CURRENT RATE
Depression	Percentage of adults reported symptoms of a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months	68.3%*
Obesity	Proportion of adults who are obese	35.7%**

*Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2010.
** Source: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES), 2010.

Topic Areas/High Leverage Opportunities

- Access to health care
- Chronic illness
- Clinical preventive services
- Community safety
- Family & social support
- Maternal/child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Physical environment
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco/smoking

Use Cases

Given the potential for diverse application of population health measures, four use cases were discussed:

- **Federal programs for providers** – prevention-focused measures such as *Controlling High Blood Pressure, Colorectal Cancer Screening, Influenza Immunization, etc.*
- **Accountable Care Organizations** – similar to above, and additional system-level measures such as *Annual Dental Visit*
- **Community Health Needs Assessment** – more focus on geographic populations, such as *Number of School Days Children Miss Due to Illness*
- **Public health** – strong focus on geographic populations and upstream health determinants, such as *Severe Housing Problems*

Table 14 – Person- and Family-Centered and Prevention Measures

High-Leverage Opportunity	Preliminary Measures for Family	Staff Picks Not Selected for the Family
Person- and Family-Centered Care	• NQF #0517 CAHPS® Home Health Care Survey • NQF #0166 HCAHPS • NQF #0005 CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) • NQF #0326 Advance Care Plan • NQF #0006 CAHPS Health Plan Survey v 4.0 - Adult questionnaire	• Not Endorsed NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H) • NQF #0008 Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) • NQF #0009 CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement • NQF #0258 CAHPS In-Center Hemodialysis Survey • NQF #1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy
Prevention	• No preliminary measures identified	• No preliminary selections identified

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM
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Questions for Consideration

- Does the Task Force disagree with including any of the preliminary measures in the Affordability Family?
- Should any additional measures be included in the Affordability Family to address person- and family-centered care or prevention?
- Are there other ways the Affordability Family should align with the Person- and Family-Centered Care Family or the Population Health Family?

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM
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Table 15 - Person- and Family-Centered Care and Prevention Gaps

High-Leverage Opportunity	Preliminary Gaps for Family
Person- and Family-Centered Care	• Shared decision making • Patient activation: knowledge skills & ability to follow through with treatment plan
Prevention	• Smoking • Obesity (Diet and Exercise) • Alcohol and drug abuse • Immunization • Behavioral health • Recommended and effective screenings (cancer, depression) • Disease Management • Follow up care

Questions for Consideration

- Does the task force agree with including all of these preliminary gaps in the family?
- Are there any other additional gaps that should be included in the family?

Update on Affordability Projects across NQF and Alignment with NQF's Linking Cost and Quality and Measuring Affordable Care Work

Discussion Guide Orientation: Session 10

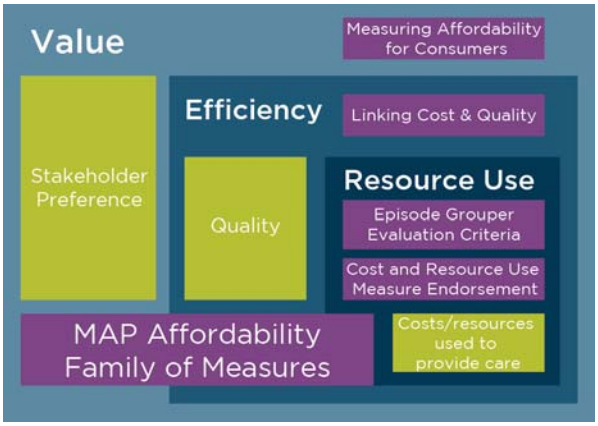
NQF Affordability Projects

- NQF is conducting a number of projects to address affordability
- Through these projects NQF is exploring a number of key questions related to affordability and cost measures
  - How do various stakeholders define affordability and what do they consider most important to measure?
  - What measures are available to assess affordability and could be readily implemented in accountability programs?
  - What are the key methodological challenges to developing and using measures of affordability?

Affordability Projects and Objectives

Affordability Project	Project Objectives
MAP Affordability Family	• Develop consensus-based definitions of affordability • Identify high-leverage opportunities for improvement and measurement • Create a family of available measures and gaps
Episode Grouper Evaluation Criteria	• Define the characteristics of an episode grouper versus other measurement systems, including classification or risk adjustment systems • Review the best practices for constructing an episode grouper • Identify the key elements for evaluating an episode grouper • Determine the criteria for evaluating an episode grouper
Cost and Resource Use Measure Endorsement	• Focus on cost and resource use for cardiovascular and pulmonary conditions
RWJF Linking Cost and Quality Measures	• Deliberate on current approaches to measuring and understanding efficiency and identifying possible trade-offs • Recommend methodological approaches to combining cost and quality and technical issues related to individual cost measures
RWJF Measuring Affordable Care	• Review what types of cost measures are most important to consumers • Discuss the types of data needed for these measures • Deliberate on how patient-reported data can best be leveraged • Identify the factors that influence a consumer's perception of whether care is affordable • Recommend ways this information can be reported to address consumer needs for discerning affordable and efficient providers

NQF's Current Portfolio of Cost Measurement Work



Current Cost & Resource Use Measure Endorsement Work

Phase 1: Total cost per capita and episode-based measures

- 2158: Medicare Spending per Beneficiary (MSPB) – Endorsed December 2013
- 2165: Standardized-Price Total Per Capita Per Beneficiary (FFS)-Not Endorsed
- Challenges: Attribution, risk adjustment

Phase 2: Cardiovascular Condition-Specific Measures

- 1558: Relative Resource Use for People with Cardiovascular Conditions *(NCQA)-Recommended for Endorsement*
- 2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) *(CMS/Yale)-Consensus Not Reached*
- 2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) *(CMS/Yale)- Consensus Not reached*
- Challenges: Risk adjustment, Validity testing

Phase 3: Pulmonary Condition-Specific Measures

- 3 measures submitted
- Developers: NCQA, CMS (Yale)

Cost and Resource Use Measures Measure Endorsement

Measure	Status	Date
1598: Total Resource Use Population-based PMPM Index (HealthPartners)	Endorsed	1/30/12
1604: Total Cost of Care Population-Based PMPM Index (HealthPartners)	Endorsed	1/30/12
1558: Relative Resource Use for People with Cardiovascular Conditions (NCQA)	Recommended (Phase 2)	3/5/14
1557: Relative Resource Use for People with Diabetes (NCQA)	Endorsed	1/30/12
1560: Relative resource use for people with asthma (NCQA)	Maintenance-Under Review (Phase 3)	6/25/14
1561: Relative resource use for people with COPD (NCQA)	Maintenance-Under Review (Phase 3)	6/25/14
1609: ETG-based hip/knee replacement cost-of-care (OptumInsight)	Endorsed	3/30/12
1611: ETG-based pneumonia cost-of-care (OptumInsight)	Endorsement Removed	4/18/14
2158: Medicare Spending per Beneficiary (MSPB) (CMS)	Endorsed	12/6/13
2165: Standardized-Price Total Per Capita Per Beneficiary (FFS)	Not Recommended for Endorsement	

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Cost and Resource Use Measures
Measure Endorsement

Measure	Status	Date
2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS/Yale)	Consensus Not Reached (Phase 2)	3/4/14
2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (CMS/Yale)	Consensus Not Reached (Phase 2)	3/4/14
2579: Hospital Level risk standardized payment associated with a 30 day episode of care for pneumonia (CMS/Yale)	New Measure-Under Review (Phase 3)	6/25/14

Episode Grouper Evaluation Criteria
Project Scope and Goals

- Define the characteristics and purpose of an episode grouper
- Identify the key steps in episode grouper construction
  - Principles/considerations
  - Necessary elements and associated criteria
- Identify key considerations and implications for endorsing episode groupers

Linking Cost and Quality Measures
Project Scope and Goals

- Explore current approaches to linking cost and quality measures to measure efficiency.
  - Cost and quality measures are currently being linked at the program level.
    - » Composite measures may be possible but are not feasible or practical
  - There is a need to clarify the relationship between quality, efficiency, and value.
  - Approach may depend on the audience and goals of a program
- Identify key methodological challenges to linking cost and quality measures

Linking Cost and Quality Measures
Project Scope and Goals

- Identify key methodological challenges to linking cost and quality measures
  - Level of scientific rigor necessary and questions of determining reliability and validity
  - Data may be a challenge to efficiency measurement
    - » Limits to cost accounting methods may impede cost measurement

Measuring Affordable Care for Consumers Project Scope

- In-depth exploration of the concept of affordability from the patient's perspective
  - This panel examined the factors that influence a patient's:
    - perspective of whether care is affordable
    - ability to pay for healthcare services/products
    - decision to engage with the healthcare system
- Identify the types of measures that is most relevant to consumer's decision making
- Determine how this information should be distributed to support consumer decision-making

Questions for Consideration

- How can the work of the MAP Affordability Task Force align with NQF's other affordability efforts?
- Are there additional areas identified by the Measuring Affordable Care expert panel that should be addressed in the MAP Affordability Family high-leverage opportunity of costs to the patient?
- Does the MAP Affordability Task Force have additional guidance on how cost and quality measures can be linked for application in accountability programs?

Conceptual Guidance for Applying the Family in Practice

Discussion Guide Orientation: Session 11

Previous Recommendation on Use of Cost Measures

- Measures of cost and quality must be aligned in order to truly understand efficiency and value
- NQF supports using and reporting of resource use measures in the context of quality performance, preferably outcome measures
- Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value and may lead to adverse unintended consequences in the healthcare system

MedPAC Discussion on Balancing Measures

- During its March 6 and 7, 2014 meeting, MedPAC discussed the potential need to include underuse measures to balance measures of overuse
- Overall, supportive of using underuse measures for balancing measures of overuse
  - Cautioned at the potential administrative burden of having more measures to report
- Certain measures may be appropriate for certain types of payment models (e.g., overuse on the fee-for-service and underuse on the managed care side, and both for ACOs)
- Additional research is needed to understand potential unintended consequences

Questions for Consideration

- What guidance should the report include on applying the Affordability Family in practice?
- Potential considerations could include:
  - Using cost and quality measures together
  - Considering measures of underuse as well as overuse and a future state where measures would be of appropriate use
  - Access measures

Opportunity for Public Comment

Next Steps

Important Dates

June 2014: Public Comment Draft Report	• Task force review of draft report via email. • Report posted to NQF website for a two-week public comment period.
July 2014: MAP Coordinating Committee Meeting	• MAP Coordinating Committee review of public comment draft and public comments received. • MAP Affordability Task Force will be asked to join by phone. • Finalize recommendations and report.
July 2014: Final Report	• Submit final report to HHS.

Adjourn