Quality Measurement 101: All About the Measure Applications Partnership (MAP) and Medicare

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NATIONAL QUALITY FORUM

WELCOME

TO NATIONAL QUALITY FORUM

Over 425 Members Strong

Introductions

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Today's Objectives

By the end of this session, members will understand:

- The purpose of MAP (Measure Applications Partnership) and its role in the measurement community.
- How MAP relates to the measures used in Medicare payment and reporting programs.
- Basic MAP terminology and concepts.

Key words are marked with this icon

Audience Quiz

What is the relationship between NQF and the MAP?

a. NQF makes MAP recommendations with input from MAP committees.

b. NQF convenes the MAP, but does not have a voting seat on the MAP, nor influence MAP's decisions.

c. Unsure.

Audience Quiz

Every year, the MUC (Measures Under Consideration) list is required by law to be posted on or before:

a. Nov. 1

b. Nov. 15

c. Dec. 1

d. Don't know; I haven't even heard of the MUC list!

Audience Quiz

How many measures did MAP review in 2014?

a. About 50
b. About 100
c. About 150
d. About 200

Key Points

- At the request of CMS each year, the MAP recommends measures to be implemented into Medicare programs.
- MAP's recommendations rely on Member input throughout the process.
- The MAP process is transparent and easily accessible to Members and the public.

Animated Short Video: Quality Measures at Work

What is MAP?

What is the purpose of MAP?

The **National Quality Strategy** (NQS) is the guiding framework for all of MAP's work.

The Measure Applications Partnership (MAP) supports the NQS by recommending measures to use in federal programs. MAP recommends measures that help achieve the three part aim and six priorities outlined in the NQS.

CMS Quality Initiative Programs

- Quality healthcare is a high priority for CMS.
- To assure high quality care for all Americans, CMS began launching quality initiative programs (also called Medicare payment or Medicare reporting programs) in 2001.
  - Touch on every aspect of the health care system
  - Improve quality through accountability and public disclosure
  - Reduce costs by increasing quality

The Role of Measures

Measure

n. A standard: a basis for comparison; a reference point against which other things can be evaluated; "they set the measure for all subsequent work."

v. To bring into comparison against a standard.*

*Source: The ABC's of Measurement[13]

The Role of Measures

CMS quality initiative programs are built on the use of quality measures for public reporting and payment purposes.

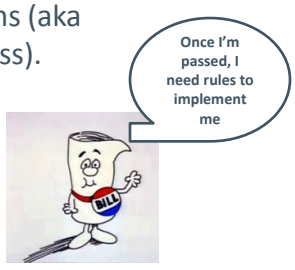
*Source: The ABC's of Measurement[14]

What is rulemaking?

Statute → Proposed Rule → Public Comment → Final Rule

Rulemaking is the process that government agencies, such as HHS or CMS, use to create regulations (aka rules that implement laws passed by Congress).

- Every year, CMS issues rules about which measures are added or removed from Medicare programs.



So what is MAP *pre*-rulemaking?

Pre-rulemaking is an annual process where stakeholders provide input to CMS about which measures to include in Medicare. This input happens before the rulemaking stage to allow time for CMS to incorporate this input into their decisions.

So what is MAP *pre*-rulemaking?

- Every year, before CMS issues new rules, MAP answers these questions by recommending (or not recommending) measures for use in Medicare programs.
- This process was created by the Affordable Care Act; MAP was established for the sole purpose of providing this multi-stakeholder input.

What is the value of pre-rulemaking input?

- Consensus-building among stakeholders
- Proposed laws (rules) are “closer to the mark”
- Reduces the effort required by individual stakeholder groups

The Annual Pre-Rulemaking Process

Dec. 1	• CMS issues the **measures under consideration (MUC)** list every year by Dec. 1.
Feb. 1	• MAP reviews and provides input on each measure by Feb. 1. Supplemental reports are issued throughout February and March.
Year Round	• CMS considers MAP's input when developing rules.
Year Round	• CMS issues proposed rules throughout the year.
Year Round	• Public submits comments on proposed rules as they are issued.
Year Round	• CMS issues final rules throughout the year, depending on the program.

What Does MAP Do in Addition to Pre-Rulemaking?

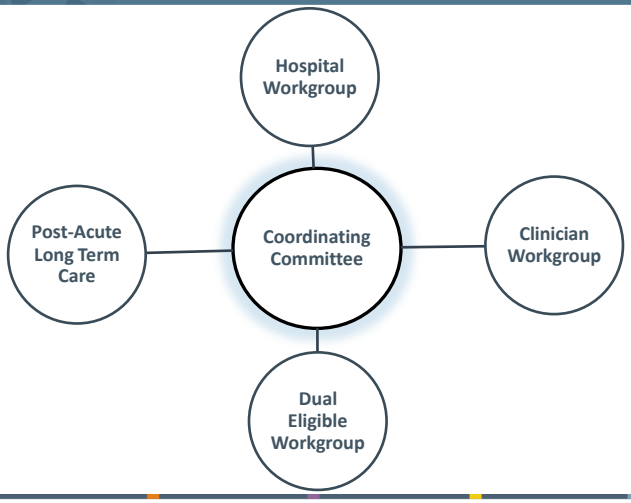
Current Work (2015)

- Demonstrations to integrate care for dual eligible beneficiaries
- Medicaid Adult **Core Set**
- Medicaid/CHIP Child Core Set

Past Work (2010-2014)

- Families of Measures
- Health Insurance Exchange Quality Rating System

How is MAP Structured?



MAP Coordinating Committee Role

- Set the strategic direction for the Measure Applications Partnership;
- Give direction to and ensure alignment among the MAP advisory workgroups; and
- Advise CMS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers.

MAP Hospital Workgroup

Recommends measures for Medicare programs in hospital settings:

- Hospital Inpatient Quality Reporting (IQR)
- Hospital Value-Based Purchasing (VBP)
- Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)
- Hospital Outpatient Quality Reporting (OQR)
- Ambulatory Surgical Center Quality Reporting (ASCQ)
- Inpatient Psychiatric Hospital Quality Reporting
- PPS-Exempt Cancer Hospital Quality Reporting
- Hospital-Acquired Conditions Payment Reduction (HAC)
- End Stage Renal Disease (ESRD)

Example of impact:
Recommending the inclusion of maternity care measures for the IQR and VBP Programs.

MAP Clinician Workgroup

Recommends measures for Medicare programs by clinicians:

- Merit-based Incentive Payment System (MIPS)
- Physician Compare
- Medicare Shared Savings Program (Accountable Care Organizations)

Example of impact:
Include high-value measures that are meaningful and usable

MAP Post Acute Long-Term Care Workgroup (PAC LTC)

Recommends measures for Medicare programs in long-term care settings:

- Nursing Home Quality Initiative
- Home Health Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting

Example of impact:
Increased alignment across settings

MAP Duals Workgroup

Provides input across workgroups, where measures affect people who are eligible for both Medicaid and Medicare services (i.e. “dual eligibles” or “dual beneficiaries.”

Example of impact:
Uptake of dual eligible beneficiaries measures into the programs

NQF Members' Role in Pre-Rulemaking

- Provide comments and feedback throughout the process
- Nominate to serve on a committee or workgroup
- Tell NQF how we can improve the process

NQF Members: We Need YOU!

MAP Committee Members

Three types of committee members:

Organizational Representatives

- Constitutes the majority of MAP members
- Include those that are interested in or affected by the use of measures
- Organizations designate their own representatives

Subject Matter Experts

- Serve as individual representatives bringing topic specific knowledge to MAP deliberations
- Chairs and co-chairs of MAP's Coordinating Committee and workgroups are considered subject matter experts

Federal Government Liaisons

- Serve as ex-officio, non-voting members representing a Federal agency

MAP Decision Categories

MAP Decision Categories: Fully Developed Measures	
Decision	**Rationale Examples**
Support	• Addresses a previously identified measure gap • Core measure not currently included in the program measure set • Promotes alignment across programs and settings
Conditional Support	• Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; measure needs further experience or testing before being used in the program
Do Not Support	• Overlaps with a previously finalized measure • A different NQF-endorsed measure better addresses the needs of the program

MAP Decision Categories

MAP Decision Categories: Measures Under Development	
MAP Decision Category	**Rationale Examples**
Encourage continued development	• Addresses a critical program objective, and the measure is in an earlier stage of development • Promotes alignment, and the measure is in an earlier stage of development
Do not encourage further consideration	• Overlaps with finalized measure for the program, and the measure is in an earlier stage of development • Does not address a critical objective for the program, and the measure is in an earlier stage of development
Insufficient Information	• Measure numerator/denominator not provided

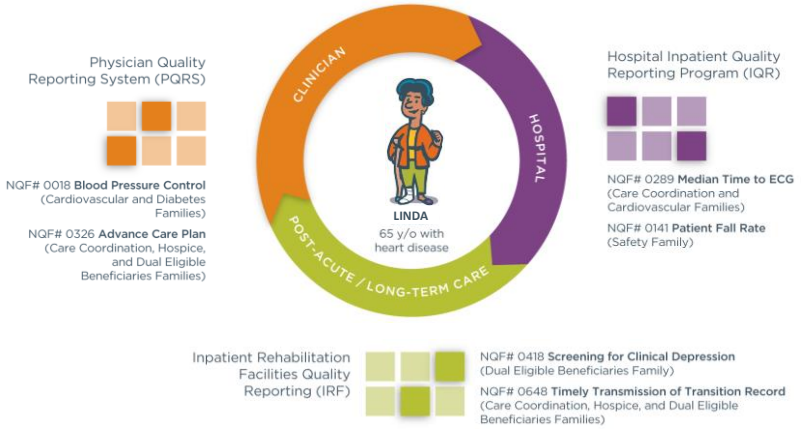
MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements

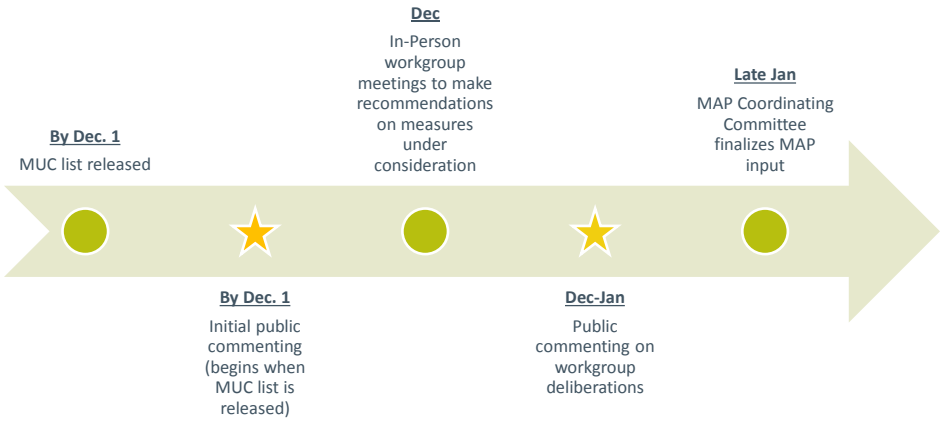
MAP Measure Selection Criteria

4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

MAP: Impact on Patients



When can NQF members provide input?



Next Steps: Upcoming Activities

- **Release of the MUC List- by December 1**
- **Public Comment Period #1- Following release of the MUC list**
- **In-Person Meetings**
  - Coordinating Committee- **September 18**
  - Clinician Workgroup - **December 9-10**
  - PAC/LTC Workgroup - **December 14-15**
  - Hospital Workgroup - **December 16-17**
  - Dual Eligible Beneficiaries Workgroup - **January 13**
  - Coordinating Committee- **January 26-27**
- **Public Comment Period #2- December 23- January 12**

Tracking MAP: Member Exclusive Communications

NQF Weekly

NATIONAL QUALITY FORUM

Opportunities to engage

Week of May 8

Welcome New Members

American Academy of Emergency Medicine – Milwaukee, WI

Asthma and Allergy Foundation of America – Landover, MD

New York City Health and Hospitals Corporation – New York, NY

Submit

COMMENT

Surgery Measures 2014 – through May 18

Patient Safety 2015 – through May 27

Common Formats for Patient Safety Data – Open comment process

MEASURES

Cardiovascular Measures 2015 – through June 30

Upcoming Meetings

Cost and Resource Use Measures Webinar: Relationship Between SDS Variables and Payment Outcomes – May 21

Special Member Engagement Opportunities

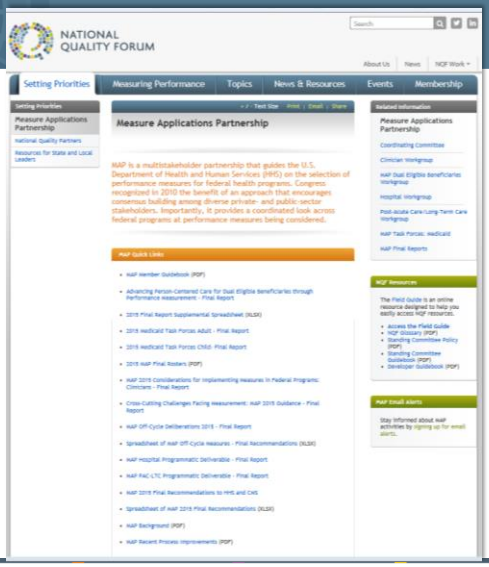
Antibiotic Stewardship: Action Team Kick-Off Webinar – May 20

Member Workshop: How to Make the Most of Your NQF Membership – May 21

1030 15TH STREET NW, SUITE 800, WASHINGTON, DC 20005 | 202.783.1300 | OPT-OUT OF EMAIL

- NQF Weekly for Members (every Friday) includes upcoming comment periods, nominations, and meetings
- Sign up for MAP project alerts to receive emails about MAP activities
- Join the Renal Member Network or Cancer Member Network to follow these issues through MAP and other projects

MAP Homepage: www.qualityforum.org/map



Your Feedback

Comments? Questions?

Please type into the chat box anytime or
call 877-468-8808 (no passcode)

Audience Quiz

True or False: MAP determines which measures are on the MUC (Measures Under Consideration) List.

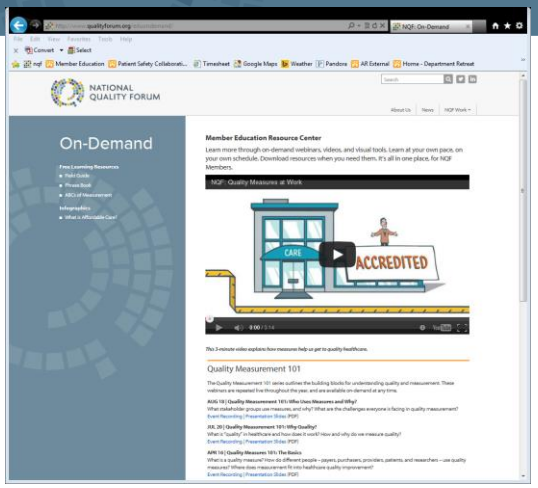
a. True
b. False
c. Unsure

Audience Quiz

Is HHS required to accept MAP recommendations?

a. Yes
b. Yes, but they can make small changes
c. No
d. Unsure

New Member Education Resource Center



Access learning tools on-demand, such as webinar recordings, videos, and infographics.

www.qualityforum.org/eduondemand

Save the date!
NQF Annual Conference
April 7-8, 2015
Washington, DC

Event Evaluation

We value your feedback

Please take a moment to fill out our event evaluation here:
https://www.surveymonkey.com/r/5NY5BH5

THANK YOU