## Measure Applications Partnership Coordinating Committee Discussion Guide

*Notes for Measure Deliberations*

*In-person meeting dates:* January 26-27, 2015

## Full Agenda

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| **Day 1** |  |
|  |  |
| 9:30 am | Welcome, Disclosures of Interest, Review Meeting Objectives |
|  | George Isham, MAP Coordinating Committee Co-Chair  Beth McGlynn, MAP Coordinating Committee Co-Chair Christine Cassel, President and CEO, NQF |
| 10:00 am | Overview of Pre-Rulemaking Approach |
|  | Robert Saunders, Senior Director, NQF |
| 10:15 am | MAP Pre-Rulemaking Strategic Deliverables: Cross-Cutting Issues |
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| 11:30 am | Lunch |
|  |  |
| 12:05 pm | **MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Clinician Programs** |
|  | Mark McClellan, MAP Clinician Workgroup Chair |
|  | *Programmatic and Broader Themes Identified During Measure Review* |
|  | Programs considered by this workgroup include:   * Physician Quality Reporting Program * Physician Feedback * Physician Compare * Value-Based Payment Modifier * Meaningful Use for Eligible Professionals |
|  | *Clinician Measures Requiring Vote by Coordinating Committee: Consensus not Reached by Workgroup* |
|  | This section of the meeting reviews measures where the clinician workgroup did not reach consensus on a decision. |
|  | Measures requiring a vote: PQRS, Physician Compare, Physician Feedback, and Value-Based Payment Modifier |
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|  | Programs under consideration: Physician Quality Reporting System (PQRS) ; Physician Compare; Physician Feedback; Value-Based Payment Modifier |
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|  | 1. **Consideration of Non-Pharmacologic Interventions** (MUC ID: X3776)    * *Description:* All patients 18 and older prescribed opiates for longer than six weeks duration with whom the clinician discussed non-pharmacologic interventions (e.g. graded exercise, cognitive/behavioral therapy, activity coaching at least once during COT documented in the medical record.    * *Public comments received:* 3    * *Summary of workgroup deliberations*: Consensus not reached. Measures X3774, X3777, X3776, X3775 address the important area chronic opioid use which is a new topic area for PQRS measures. MAP members note that although measuring an important concept, this is little more than a simple documentation measure. The Clinician Workgroup did not reach consensus because some believed the topic is important even though this is a low value measure.    * *Preliminary analysis summary:* Measure of providing alternative treatment to opioids for pain management. Important for dual eligibles. Conditional on submission to NQF.    * *Preliminary analysis result:* Conditional support    * *Notes:* 2. **Controlling High Blood Pressure** (MUC ID: X3792)    * *Description:* Percentage of patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period based on the following criteria: • Patients 18–59 years of age whose BP was    * *Public comments received:* 3    * *Summary of workgroup deliberations*: Consensus not reached. MAP discussed the ongoing controversy and changing guidelines around BP traget values. MAP did not reach consensus noting concerns about guidelines not being finalized and changing measure specifications too frequently. MAP would want the measure to be reviewed by NQF pending final hypertension guidelines from AHA/ACC due in 2015    * *Preliminary analysis summary:* Intermediate outcome measure for patients 18-85 years. Conditional on testing for reliability and validity at the clinician-level and review by NQF pending final hypertension guidelines from ACC due in 2015.    * *Preliminary analysis result:* Conditional support    * *Notes:* |
|  | Measures requiring a vote: Value-Based Payment Modifier |
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|  | Programs under consideration: Value-Based Payment Modifier |
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|  | 1. **Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure** (MUC ID: X0355)    * *Description:* The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Gastrointestinal Hemorrhage episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a gastrointestinal hemorrhage hospital admission. The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the gastrointestinal hemorrhage treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Summary of workgroup deliberations*: Consensus not reached. MAP did not reach consensus on this episode based payment measure. Gastrointestinal hemorrhage is heterogeneous and no quality measures match up with this resource use measure. MAP is concerned that the measure could disincentivize appropriate use of post-acute care. The measure doesn't reflect the variation in inpatient costs. Developers report 30% attributable to post-hospital care with variation in SNF and physician services.    * *Preliminary analysis summary:* Cost measures are required for VBPM. Quality measures are needed for GI hemorrhage to match with the cost measure.    * *Preliminary analysis result:* Conditional support    * *Notes:* 2. **Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure** (MUC ID: X0351)    * *Description:* The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Kidney/Urinary Tract Infection episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a kidney/urinary tract infection hospital admission. The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the kidney/urinary tract infection treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 6    * *Summary of workgroup deliberations*: Consensus not reached. MAP noted that UTI is better defined and the diagnosis more certain than cellulitis but not as clear as hip or knee replacement surgery for a resource use measure. According to the measure developer much of the variation is in the post-acute care. Matching quality measures are needed. MAP did not reach consensus on a recommendation for the Value-Based Payment Modifier.    * *Preliminary analysis summary:* Quality measures are needed to match this cost measure.    * *Preliminary analysis result:* Conditional support    * *Notes:* |
|  | *Clinician Measures Identified for Discussion* |
|  | This section of the meeting reviews measures that were flagged for discussion by Coordinating Committee members. |
|  | Measures Identified for Discussion: PQRS, Physician Compare, Physician Feedback, and Value-Based Payment Modifier |
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|  | Programs under consideration: Physician Quality Reporting System (PQRS) ; Physician Compare; Physician Feedback; Value-Based Payment Modifier |
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|  | 1. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)    * *Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history    * *Public comments received:* 8    * *Workgroup Rationale:* MAP encourages continued development of this suite of related measures related to care coordination including X3283, X3465, X3466. MAP believes these measures are necessary but not sufficient to measure quality for care coordination. The developers indicate that these are "building block" measures. MAP notes that measure’s title should be revised to reflected that a referral was initiated and not closed. Good EHR systems are needed and measures should assess whether systems are being used effectively. Streamlining the transmission of notes that PCP’s receive through EHR’s is necessary -- there are multiple pathways within an EHR to get a response from a specialist. The measure applies to all EPs.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 2. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)    * *Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment.    * *Public comments received:* 1    * *Workgroup Rationale:* MAP notes that this measure has an overly large denominator and should consider principal diagnosis or pain/function threshold to be captured in the denominator. MAP prefers development as a patient-reported functional outcome eMeasure, not just "score from one of a select list of pain interference assessment tools was recorded at least twice". A PRO of improvement in pain associated with osteoarthritis fills a needed gap in PROs and functional status measures. A true functional status measure would be related to the functional status measures for hip and knee replacement (X3482 and X3483).    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 3. **Substance Use Screening and Intervention Composite** (MUC ID: X3475)    * *Description:* Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results    * *Public comments received:* 14    * *Workgroup Rationale:* Several Workgroup members had significant concerns that the two components relating to drug use are not evidence based. A majority of the Workgroup, however, encouraged further development of the measure noting that prescription and illicit drug abuse is a large and growing problem.Public comments also indicated concerns that complying with non-evidence-based processes will take resources away from alcohol screening. The Clinician Workgroup voted 67% to encourage further development; 33% voted against.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 4. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)    * *Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP is delighted to see development of true patient-reported, functional outcome measures like this. MAP hopes the eMeasure will be ready for use very soon and notes that the same tool should be used to assess before and after surgery.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 5. **Optimal Asthma Care 2014** (MUC ID: X3773)    * *Description:* Composite (“optimal” care) measure of the percentage of pediatric and adult patients who have asthma and meet specified targets to control their asthma.    * *Public comments received:* 4    * *Workgroup Rationale:* Composite outcome measure important to consumers. The measure has been revised to address concerns raised by NQF Steering Committee. Conditional on revised measure being submitted to NQF. Relative improvement for severe asthmatics is not included. Minnesota uses comparisons of like providers, i.e., pulmonologist compared to each other, etc. Upper age limit of 50 years may not be warranted as increasing number of older patient have asthma.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 6. **Appropriate follow-up imaging for non-traumatic knee pain** (MUC ID: X3802)    * *Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic knee pain who undergo knee magnetic resonance imaging (MRI) or magnetic resonance arthrography (MRA) who are known to have had knee radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source    * *Public comments received:* 2    * *Workgroup Rationale:* MAP suggests that although this measure encourages use of low-cost test before ordering an MRI, high performers may still overuse MRIs. American College of Radiology notes a lack of hard stop appropriateness criteria. MAP asked - What is the pathway to true appropriateness measures?    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 7. **Appropriate use of imaging for non-traumatic shoulder pain** (MUC ID: X3803)    * *Description:* Percentage of imaging studies for patients aged 18 years and older with non-traumatic shoulder pain who undergo shoulder magnetic resonance imaging (MRI), magnetic resonance arthrography (MRA), or a shoulder ultrasound who are known to have had shoulder radiographs performed within the preceding 3 months based on information from the radiology information system (RIS), patient-provided radiological history, or other health-care source    * *Public comments received:* 1    * *Workgroup Rationale:* MAP suggests that although this measure encourages use of low-cost test before ordering an MRI, high performers may still overuse MRIs. American College of Radiology notes a lack of hard stop appropriateness criteria.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* |
|  | Measures Identified for Discussion: Physician Feedback Program |
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|  | Programs under consideration: Physician Feedback |
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|  | 1. **Cellulitis Clinical Episode-Based Payment Measure** (MUC ID: X0354)    * *Description:* The Cellulitis Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Cellulitis episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a cellulitis hospital admission. The Cellulitis Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Cellulitis Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the cellulitis treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP agrees that Physician feedback of the QRURs will provide more experience with the measure before deciding whether it can be used for payment. Quality measures are needed to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 2. **Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure** (MUC ID: X0351)    * *Description:* The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Kidney/Urinary Tract Infection episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a kidney/urinary tract infection hospital admission. The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the kidney/urinary tract infection treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 6    * *Workgroup Rationale:* MAP supported this measures for the Physician Feedback/QRUR program to continue to understand how the information can be used to improve performance. Quality measures are needed to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 3. **Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure** (MUC ID: X0355)    * *Description:* The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Gastrointestinal Hemorrhage episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a gastrointestinal hemorrhage hospital admission. The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the gastrointestinal hemorrhage treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 2    * *Workgroup Rationale:* MAP agrees that Physician feedback of QRURs will provide more information on how this measure works. Quality measures are needed for GI hemorrhage to match with the cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 4. **Hip Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0356)    * *Description:* The Hip Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Hip Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a hip replacement/revision. The Hip Replacement/Revision Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Hip Replacement/Revision Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the hip replacement/revision performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP supports this episode-based payment measure since a hip replacement surgery is very clearly defined. Though surgery measures are finalized in PQRS, additional quality measures specific to hip replacement are needed to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 5. **Knee Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0352)    * *Description:* The Knee Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Knee Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a knee replacement/revision. The Knee Replacement/Revision Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Knee Replacement/Revision Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the knee replacement/revision performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP supports this episode-based payment measure since a knee replacement surgery is very clearly defined and be matched with 3 finalized measures for knee replacement in PQRS. Conditional on submission to NQF for endorsement.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 6. **Spine Fusion/ Refusion Clinical Episode-Based Payment Measure** (MUC ID: X0353)    * *Description:* The Spine Fusion/Refusion Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Spine Fusion/Refusion episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a spine fusion/refusion. The Spine Fusion/Refusion Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Spine Fusion/Refusion Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the spine fusion/refusion performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP supports this episode-based payment measure since a spine surgery is very clearly defined. MAP is pleased to learn that a quality measure being developed for spine surgery to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* |
|  | Measures Identified for Discussion:Value-Based Payment Modifier |
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|  | Programs under consideration: Value-Based Payment Modifier |
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|  | 1. **Hip Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0356)    * *Description:* The Hip Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Hip Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a hip replacement/revision. The Hip Replacement/Revision Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Hip Replacement/Revision Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the hip replacement/revision performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP supports this episode-based payment measure since a hip replacement surgery is very clearly defined. Though surgery measures are finalized in PQRS, additional quality measures specific to hip replacement are needed to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 2. **Knee Replacement/ Revision Clinical Episode-Based Payment Measure** (MUC ID: X0352)    * *Description:* The Knee Replacement/Revision Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Knee Replacement/Revision episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a knee replacement/revision. 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Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP supports this episode-based payment measure since a knee replacement surgery is very clearly defined and be matched with 3 finalized measures for knee replacement in PQRS. Conditional on submission to NQF for endorsement.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 3. **Spine Fusion/ Refusion Clinical Episode-Based Payment Measure** (MUC ID: X0353)    * *Description:* The Spine Fusion/Refusion Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. 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MAP is pleased to learn that a quality measure being developed for spine surgery to match this cost measure.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 4. **Cellulitis Clinical Episode-Based Payment Measure** (MUC ID: X0354)    * *Description:* The Cellulitis Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Cellulitis episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a cellulitis hospital admission. The Cellulitis Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Cellulitis Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the cellulitis treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP agreed that cellulitis is heterogeneous and difficult to define. One half of costs are inpatient including physician services, 25% is post-hospitalization SNF costs. The measure doesn't capture the major variation in costs which are in the hospital. Quality measures are needed in the topic area.    * *Workgroup Recommendation:* Do not support    * *Notes:* |
|  | Measures Identified for Discussion:Meaningful Use Program for Eligible Professionals |
|  |  |
|  | Programs under consideration: Medicare and Medicaid EHR Incentive Programs for Eligible Professionals |
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|  | 1. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)    * *Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history    * *Public comments received:* 4    * *Workgroup Rationale:* MAP encourages continued development of this suite of related measures related to care coordination including X3283, X3465, X3466. MAP believes these measures are necessary but not sufficient to measure quality for care coordination. The developers indicate that these are "building block" measures. MAP notes that measure’s title should be revised to reflected that a referral was initiated and not closed. Good EHR systems are needed and measures should assess whether systems are being used effectively. Streamlining the transmission of notes that PCP’s receive through EHR’s is necessary -- there are multiple pathways within an EHR to get a response from a specialist. The measure applies to all EPs.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 2. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)    * *Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP notes that this measure has an overly large denominator and should consider principal diagnosis or pain/function threshold to be captured in the denominator. MAP prefers development as a patient-reported functional outcome eMeasure, not just "score from one of a select list of pain interference assessment tools was recorded at least twice". A PRO of improvement in pain associated with osteoarthritis fills a needed gap in PROs and functional status measures. A true functional status measure would be related to the functional status measures for hip and knee replacement (X3482 and X3483).    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 3. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)    * *Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery.    * *Public comments received:* 5    * *Workgroup Rationale:* MAP is delighted to see development of true patient-reported, functional outcome measures like this. MAP hopes the eMeasure will be ready for use very soon and notes that the same tool should be used to assess before and after surgery.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* |
|  | *Finalizing Workgroup Recommendations for All Clinician Programs* |
|  | This section of the meeting finalizes the clinician workgroup recommendations for:   * [PQRS, Physician Compare, Physician Feedback, and Value-Based Payment Modifier programs](#MeasureListPQRS) * [Physician Feedback programs](#MeasureListFeed) * [Value-Based Payment Modifier program](#MeasureListVBPM) * [Meaningful Use for Eligible Professionals program](#MeasureListMUEP) |
| 1:55 pm | Opportunity for Public Comment |
|  |  |
| 2:10 pm | Break |
|  |  |
| 2:25 pm | **MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs** |
|  | Carol Raphael, MAP PAC/LTC Workgroup Chair |
|  | *Programmatic and Broader Themes Identified During Measure Review* |
|  | Programs considered by this workgroup include:   * Inpatient Rehabilitation Facilities Quality Reporting Program * Long-Term Care Hospitals Quality Reporting Program * End-Stage Renal Disease Quality Incentive Program * Skilled Nursing Facilities Value-Based Purchasing * Home Health Quality Reporting Program * Hospice Quality Reporting Program |
|  | *PAC/LTC Measures Requiring Vote by Coordinating Committee: Consensus not Reached by Workgroup* |
|  | This section of the meeting reviews measures where the PAC/LTC workgroup did not reach consensus on a decision. |
|  | Programs under consideration: End-Stage Renal Disease Quality Incentive Program |
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|  | 1. **Documentation of Current Medications in the Medical Record** (MUC ID: E0419)    * *Description:* Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosage, frequency and route of administration    * *Public comments received:* 4    * *Summary of workgroup deliberations*: Consensus not reached. Split between conditional support and do not support. MAP considered both the outcome and reporting version of this measure, noting the reporting version serves as an important first step towards implementing the outcome measure. MAP recognized the importance of medication documentation but raised concerns about the feasibility of this measure. MAP members noted that most prescriptions are written outside of the dialysis facility and it can be challenging for providers to determine what medications a patient is taking. Some members also expressed concerns that this is a check box metric that will not improve medication reconcilliation. However, other members noted that this measure addresses a critical program objective that the measure set should expand beyond dialysis procedures to include cross-cutting aspects of care, including medication reconciliation. It also addresses the NQS priority of safety and is included in the MAP duals family.    * *Preliminary analysis summary:* Support is conditional on the measure being tested at the levels appropriate for ESRD facilities.It addresses a critical program objective that the measure set should expand beyond dialysis procedures to include non clinical aspects of care, including medication reconciliation. It also addresses the NQS priority of safety and is included in the MAP duals family. It promotes alignment across federal programs as it is used in clinician programs (e.g. PQRS, MU) and was recently finalized for use in MSSP.    * *Preliminary analysis result:* Conditional support    * *Notes:* 2. **Cultural Competency Implementation Measure** (MUC ID: E1919)    * *Description:* The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed® cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting.    * *Public comments received:* 5    * *Summary of workgroup deliberations*: Consensus not reached. Split between conditional support and do not support. MAP considered both the outcome and reporting version of this measure, noting the reporting version serves as an important first step towards implementing the outcome measure. MAP recognized the importance of cultural competency but raised concerns that this measure has limited testing in the dialysis facility setting. While some members raised concerns about the burden of this measure, CMS clarified that data would be collected through a survey administered once per year per site. Other MAP members noted that this measure addresses a critical program objective of expanding the measure set to include cross-cutting aspects of care such as patient engagement. Culturally competent care improves patient engagement. It addresses the NQS priority of person and family engagement and is NQF endorsed. While this measure is not publicly reported, it could be used as a means of assessing whether standards for providing culturally competent care are being met and specifically, the degree to which healthcare organizations are adhering to the NQF-endorsed preferred practices for providing culturally competent care.    * *Preliminary analysis summary:* The measure addresses a critical program objective of expanding the measure set to include nonclinical aspects of care such as patient engagement. Culturally competent care improves patient engagement. It addresses the NQS priority of person and family engagement and is NQF endorsed. While this measure is not publicly reported, it could be used as a means of assessing whether standards for providing culturally competent care are being met and specifically, the degree to which healthcare organizations are adhering to the NQF-endorsed preferred practices for providing culturally competent care.    * *Preliminary analysis result:* Support    * *Notes:* 3. **Cultural Competency Reporting Measure** (MUC ID: X3716)    * *Description:* This reporting measure is designed to collect data needed to score NQF #1919 in the ESRD QIP.    * *Public comments received:* 5    * *Summary of workgroup deliberations*: Consensus not reached. Split between conditional support and do not support. MAP considered both the outcome and reporting version of this measure, noting the reporting version serves as an important first step towards implementing the outcome measure. MAP recognized the importance of cultural competency but raised concerns that this measure has limited testing in the dialysis facility setting. While some members raised concerns about the burden of this measure, CMS clarified that data would be collected through a survey administered once per year per site. Other MAP members noted that this measure addresses a critical program objective of expanding the measure set to include cross-cutting aspects of care such as patient engagement. Culturally competent care improves patient engagement. This measure addresses the NQS priority of person and family engagement.    * *Preliminary analysis summary:* This measure meets a critical program objective previously identified by MAP that the measure set should expand beyond dialysis procedures to include nonclinical aspects of care such as patient engagement; culturally competent care improves patient engagement.This measure would serve as an important first step in assessing cultural competency. However, MAP would encourage the rapid implementation of NQF #1919.    * *Preliminary analysis result:* Conditional support    * *Notes:* 4. **Medications Documentation Reporting** (MUC ID: X3721)    * *Description:* This reporting measure is designed to collect data needed to score NQF #0419 in the ESRD QIP.    * *Public comments received:* 7    * *Summary of workgroup deliberations*: Consensus not reached. Split between conditional support and do not support. MAP considered both the outcome and reporting version of this measure, noting the reporting version serves as an important first step towards implementing the outcome measure. MAP recognized the importance of medication documentation but raised concerns about the feasibility of this measure. MAP members noted that most prescriptions are written outside of the dialysis facility and it can be challenging for providers to determine what medications a patient is taking. Some members also expressed concerns that this is a check box metric that will not improve medication reconciliation. However, other members noted that this measure addresses a critical program objective that the measure set should expand beyond dialysis procedures to include cross-cutting aspects of care, including medication reconciliation. It also addresses the NQS priority of safety and is included in the MAP duals family.    * *Preliminary analysis summary:* Conditional support pending NQF endorsement. Measure addresses a critical program objective to expand the measure set beyond dialysis procedures to include non clinical aspects of care, including medication reconciliation. Addresses the gap area and NQS priority of safety(inappropriate medication use) and effective communication and coordination ofcare.This reporting measure is designed to collect data needed to score NQF #0419 in the ESRD QIP.    * *Preliminary analysis result:* Conditional support    * *Notes:* |
|  | *Finalizing Workgroup Recommendations for All PAC/LTC Programs* |
|  | This section of the meeting finalizes the PAC/LTC workgroup recommendations for:   * [Inpatient Rehabilitation Facilities Quality Reporting Program](#MeasureListIRF) * [Long-Term Care Hospitals Quality Reporting Program](#MeasureListLTCH) * [End-Stage Renal Disease Quality Incentive Program](#MeasureListESRD) * [Skilled Nursing Facilities Value-Based Purchasing](#MeasureListSNF) * [Home Health Quality Reporting Program](#MeasureListHH_Q) |
| 3:50 pm | Opportunity for Public Comment |
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| 4:00 pm | Adjourn for the Day |
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| **Day 2** |  |
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| 9:30 am | Day 1 Recap |
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| 9:35 am | **MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Hospital Programs** |
|  | Frank Opelka, MAP Hospital Workgroup Co-Chair  Ron Walters, MAP Hospital Workgroup Co-Chair |
|  | *Programmatic and Broader Themes Identified During Measure Review* |
|  | Programs considered by this workgroup include:   * Inpatient Quality Reporting Program * Hospital Value-Based Purchasing Program * Hospital Readmission Reduction Program * Hospital-Acquired Condition Reduction Program * Hospital Outpatient Quality Reporting Program * Ambulatory Surgical Centers Quality Reporting Program * Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals * PPS-Exempt Cancer Hospital Quality Reporting Program * Inpatient Psychiatric Facilities Quality Reporting Program |
|  | *Hospital Measures Requiring Vote by Coordinating Committee: Consensus not Reached by Workgroup* |
|  | This section of the meeting reviews measures where the hospital workgroup did not reach consensus on a decision. |
|  | Programs under consideration: Hospital Outpatient Quality Reporting Program |
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|  | 1. **Advance Care Plan** (MUC ID: E0326)    * *Description:* Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. [Description differs from posted MUC list based on NQF staff analysis]    * *Public comments received:* 6    * *Summary of workgroup deliberations*: Consensus not reached. No Decision. Vote Result: 39% Support; 17% Conditional Support; 43% Do Not Support. This measure was extensively discussed by the MAP Hospital workgroup members and ultimately they were not able to reach consensus on the disposition of this measure. The workgroup agreed to send this measure to the MAP Coordinating Committee for further discussion and final decision. The group did take a straw poll vote to provide the Coordinating Committee with a preliminary assessment of the workgroup. The members of the workgroup broadly agreed on the importance of an advanced care plan. Some members urged that every opportunity to discuss advanced directives needs to be taken and that all providers have a responsibility to have these conversations, including outpatient facilities. Others argued that these conversations require an ongoing provider and patient relationship and it is under that context where these conversations are most appropriate. Further, others argued that the measure as specified is a simple check the box measure and does not have the potential to truly improve patient care.    * *Preliminary analysis summary:* This measure addresses an important aspect of patient engagement, promotes alignment across programs, and is NQF-endorsed.    * *Preliminary analysis result:* Support    * *Notes:* |
|  | *Hospital Measures Identified for Discussion* |
|  | This section of the meeting reviews measures that were flagged for discussion by Coordinating Committee members. |
|  | Measures for Discussion: Inpatient Quality Reporting Program |
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|  | Programs under consideration: Inpatient Quality Reporting Program |
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|  | 1. **Adverse Drug Events: - Inappropriate Renal Dosing of Anticoagulants** (MUC ID: X3323)    * *Description:* Percentage of patient-drug days with administration of anticoagulants requiring renal dosing with at least one error in renal dosing    * *Public comments received:* 4    * *Workgroup Rationale:* MAP members agreed that this measure addresses a critical gap in adverse drug events. Anticoagulants are a high risk class of drugs that should be administered carefully to renal patients, for whom the effects of many drugs differ from non-renal patients. The MAP encouraged further development of this measure at the facility level, testing, and submission to NQF for endorsement.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 2. **Cellulitis Clinical Episode-Based Payment Measure** (MUC ID: X0354)    * *Description:* The Cellulitis Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Cellulitis episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a cellulitis hospital admission. The Cellulitis Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Cellulitis Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the cellulitis treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP conditionally supported this measure pending NQF review and endorsement. Members noted that this measure addresses the cost of care an important condition. Other members expressed caution on the use of this measure noting that cellulitis is a highly variable condition that may be challenging to measure using a episode-based framework. MAP encouraged the relevant NQF Standing Committee to consider this issue in its review of this measures for endorsement.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 3. **Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure** (MUC ID: X0351)    * *Description:* The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Kidney/Urinary Tract Infection episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a kidney/urinary tract infection hospital admission. The Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Kidney/Urinary Tract Infection Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the kidney/urinary tract infection treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 5    * *Workgroup Rationale:* MAP conditionally supported this measure pending NQF review and endorsement. Members noted that this measure addresses the cost of care for common conditions. Kidney/UTIs are mainly treated on an outpatient basis but the cost of care can be high if hospitalization and follow-up is required. Other members expressed caution that the most efficient providers may reduce overall hospitalizations thus those hospitalizations that remain are a biased sample for measuring performance across providers. The relevant NQF Standing Committee should consider these issues in its review of these measures for endorsement.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 4. **Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure** (MUC ID: X0355)    * *Description:* The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Gastrointestinal Hemorrhage episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient with a gastrointestinal hemorrhage hospital admission. The Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Gastrointestinal Hemorrhage Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the gastrointestinal hemorrhage treated during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP conditionally supported this measure pending NQF review and endorsement. Members noted that this measure addresses the cost of care for GI bleeding. Several members expressed caution that the most efficient providers may reduce overall hospitalizations thus those inpatient hospitalizations that remain are a biased sample for measuring performance across providers. The relevant NQF Standing Committee should consider these issues in its review of these measures for endorsement.?    * *Workgroup Recommendation:* Conditional support    * *Notes:* 5. **Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization** (MUC ID: E0468)    * *Description:* The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of pneumonia. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.    * *Public comments received:* 4    * *Workgroup Rationale:* Conditional support pending NQF review of the updates to this measure and continued endorsement. MAP conditionally supported this measure pending NQF review of the updates to this measure and continued endorsement. MAP reviewed a revised version of this measure that would expand the cohort of patients included in the measure to include patients with a primary diagnoses of aspiration pneumonia and sepsis. The MAP noted that pneumonia mortality remains an important area of hospital quality and this expanded measure could potentially reduce coding biases. This high-impact fully specified, tested and endorsed outcome measure is already in use in several public and private programs including IQR.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 6. **Participation in a Patient Safety Culture Survey** (MUC ID: X3689)    * *Description:* Participation in a patient safety culture survey involves a) What is the name of the survey? b) How frequently is the survey administered? c) Which staff positions complete the survey? d) Are survey results reported to a centralized location? e) What is the survey response rate?    * *Public comments received:* 3    * *Workgroup Rationale:* MAP was supportive of including this structural measure in the IQR program. Workgroup members noted that participation in a patient safety culture survey is an important element to building a system of quality improvement within health care facilities. While some MAP members noted that ideally results of a patient safety culture survey would be made publiclly available, the group agreed that there are limitations to reporting the results of the tools currently used such as the use of two different surveys that can not be cross-referenced.    * *Workgroup Recommendation:* Support    * *Notes:* 7. **Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization** (MUC ID: E0506)    * *Description:* The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of pneumonia. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.    * *Public comments received:* 6    * *Workgroup Rationale:* Conditional support pending NQF review of the expanded measure and consideration for SDS adjustment in the NQF trial period. MAP conditionally supported a revised version of the measure that would expand the cohort of patients included in the measure to include patients with a primary diagnoses of aspiration pneumonia and sepsis for use in the IQR program. While MAP members agreed that this is a high-impact outcome measure, part of the MAP Safety Family of Measures, and in use in several public and private programs, they did express caution over the implementation of this updated version. MAP recommended that the expanded measure be submitted for NQF endorsmenet and that CMS implement the new measure in a way that minimizes confusion.The MAP noted support of this measure on the condition that this measure is considered for SDS adjustment in the upcoming NQF trial period, reviewed for the empirical and conceptual relationship between SDS factors and pneumonia readmissions, and endorsed with appropriate consideration of SDS factors if determined by NQF standing committees.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 8. **Spine Fusion/ Refusion Clinical Episode-Based Payment Measure** (MUC ID: X0353)    * *Description:* The Spine Fusion/Refusion Clinical Episode-Based Payment Measure constructs a clinically coherent group of medical services that can be used to inform providers about their resource use and effectiveness and establish a standard for value-based incentive payments. Spine Fusion/Refusion episodes are defined as the set of services provided to treat, manage, diagnose, and follow up on (including post-acute care) a patient who receives a spine fusion/refusion. The Spine Fusion/Refusion Clinical Episode-Based Payment Measure, like the NQF-endorsed Medicare Spending Per Beneficiary (MSPB) measure, assesses the cost of services initiated during an episode that spans the period immediately prior to, during, and following a patient’s hospital stay. In contrast to the MSPB measure, the Spine Fusion/Refusion Clinical Episode-Based Payment Measure includes Medicare payments only for services that are clinically related to the spine fusion/refusion performed during the index hospital stay. The measure sums the Medicare payment amounts for clinically related Part A and Part B services provided during this timeframe and attributes them to the hospital at which the index hospital stay occurred or to the physician group primarily responsible for the beneficiary’s care during the index hospital stay. Medicare payments included in this episode-based measure are standardized and risk-adjusted.    * *Public comments received:* 6    * *Workgroup Rationale:* MAP conditionally supported this measure pending NQF review and endorsement. Some members raised concerns that patients with cancer should be excluded from this measure. The relevant NQF Standing Committee should consider these issues in its review of these measures for endorsement.?    * *Workgroup Recommendation:* Conditional support    * *Notes:* 9. **National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome** (MUC ID: S0138)    * *Description:* CAUTI can be minimized by a collection of prevention efforts. These include reducing the number of unnecessary indwelling catheters inserted, removing indwelling catheters at the earliest possible time, securing catheters to the patient´s leg to avoid bladder and urethral trauma, keeping the urine collection bag below the level of the bladder, and utilizing aseptic technique for urinary catheter insertion. These efforts will result in decreased morbidity and mortality and reduce healthcare costs. Use of this measure to track CAUTIs through a nationalized standard for HAI monitoring, leads to improved patient outcomes and provides a mechanism for identifying improvements and quality efforts.    * *Public comments received:* 6    * *Workgroup Rationale:* MAP supported the implementation of an updated version of this measure currently in the IQR Program. This update was recently reviewed and recommended by the NQF Safety Standing Committee. Implementing this updated measure would extend the measure to hospital settings outside the ICU and add another risk adjustment methodology. The two risk adjustment methodologies are: Standardized Infection Ratio (SIR) uses a stratification approach to compare CAUTIs incidence rates. For example, the stratification can be by the hospital’s patient care location as the predicted number of CAUTIs in a medical ICU may be different then a general medical/surgical unit. Adjusted Ranking Metric (ARM) uses a more complex Bayesian estimation technique to account for the small sample sizes that may be present in the strata described in the SIR above. To adjust for this potentially low precision and/or reliability due to sample size, a statistical adjustment is made to the numerator. The MAP was supportive of using this measure in the IQR program to gain some experience in the measure for CMS and providers. Expanding the measure from the ICU to other locations in the hospital significantly adjusts the measure and experience is needed. The MAP also acknowledged concerns raised by providers specializing in the treatment of spinal cord injuries and encouraged further consideration on the trade-offs of including these patients in this measure population. Finally, several MAP members noted that the ARM calculation is very difficult to replicate without coefficients from CDC and urged CDC and CMS to make all elements of the calculation transparent.    * *Workgroup Recommendation:* Support    * *Notes:* 10. **National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome** (MUC ID: S0139)     * *Description:* CLABSI can be minimized through proper management of the central line. Efforts to improve central line insertion and maintenance practices, with early discontinuance of lines are recommended. These efforts result in decreased morbidity and mortality and reduced healthcare costs.     * *Public comments received:* 1     * *Workgroup Rationale:* MAP was supportive of including this structural measure in the IQR program. Workgroup members noted that participation in a patient safety culture survey is an important element to building a system of quality improvement within health care facilities. While some MAP members noted that ideally results of a patient safety culture survey would be made publiclly available, the group agreed that there are limitations to reporting the results of the tools currently used such as the use of two different surveys that can not be cross-referenced.     * *Workgroup Recommendation:* Support     * *Notes:* 11. **Timely Evaluation of High-Risk Individuals in the Emergency Department** (MUC ID: X1234)     * *Description:* Median time from emergency department (ED) arrival to provider evaluation for individuals triaged at the two highest levels based on a five-level triage system (e.g., triaged as “immediate” or “emergent”).     * *Public comments received:* 2     * *Workgroup Rationale:* MAP has previously stressed the importance of ED throughput measures as important markers of efficiency and safety which can dramatically impact patient experience.This measure in particular would address severely ill patients being admitted to the ED. The MAP encouraged continued development of this e-measure it may have the potential to capture important clinical data.     * *Workgroup Recommendation:* Encourage continued development     * *Notes:* |
|  | Measures for Discussion: Outpatient Quality Reporting Program |
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|  | Programs under consideration: Hospital Outpatient Quality Reporting Program |
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|  | 1. **Administrative Communication** (MUC ID: E0291)    * *Description:* Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that administrative information was communicated to the receiving facility within prior to departure    * *Public comments received:* 3    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 2. **Vital Signs** (MUC ID: E0292)    * *Description:* Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that the entire vital signs record was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 4    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 3. **Medication Information** (MUC ID: E0293)    * *Description:* Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that medication information was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 4    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 4. **Patient Information** (MUC ID: E0294)    * *Description:* Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that patient information was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 2    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 5. **Physician Information** (MUC ID: E0295)    * *Description:* Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that physician information was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 3    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 6. **Nursing Information** (MUC ID: E0296)    * *Description:* Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that nursing information was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 3    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 7. **Procedures and Tests** (MUC ID: E0297)    * *Description:* Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that procedure and test information was communicated to the receiving FACILITY within 60 minutes of departure    * *Public comments received:* 3    * *Workgroup Rationale:* The MAP agreed to support this measure conditional on condensing the components into one measure and endorsement as one comprehensive measure. This measure would help to address a previously identified gap around improving care coordination and would help ensure vital information is transferred between sites of care. These measures are the Emergency Department Transfer Communication Measure set which consists of seven components that focus on communication between facilities around the transfer of patients. The measure set assists in filling the workgroup identified priority gap of enhancing care coordination efforts. After the Hospital Workgroup meeting, the measure developer clarified that the measure has been updated to include all the components in a comprehensive measure. The Coordinating Committee will be asked to consider supporting this measure without conditions.    * *Workgroup Recommendation:* Conditional support    * *Notes:* |
|  | Measures for Discussion: Hospital Value-Based Purchasing Program |
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|  | Programs under consideration: Hospital Value-Based Purchasing Program |
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|  | 1. **National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome** (MUC ID: S0138)    * *Description:* CAUTI can be minimized by a collection of prevention efforts. These include reducing the number of unnecessary indwelling catheters inserted, removing indwelling catheters at the earliest possible time, securing catheters to the patient´s leg to avoid bladder and urethral trauma, keeping the urine collection bag below the level of the bladder, and utilizing aseptic technique for urinary catheter insertion. These efforts will result in decreased morbidity and mortality and reduce healthcare costs. Use of this measure to track CAUTIs through a nationalized standard for HAI monitoring, leads to improved patient outcomes and provides a mechanism for identifying improvements and quality efforts.    * *Public comments received:* 7    * *Workgroup Rationale:* MAP conditionally supported the implementation of an updated version of a measure currently in the VBP program but noted caution that the measure should be publically reported prior to use in a payment or penalty program to allow for some experience in the measure for CMS and providers. This update was recently reviewed and recommended by the NQF Safety Standing Committee. Implementing this updated measure would extend the measure to hospital settings outside the ICU and add another risk adjustment methodology. The two risk adjustment methodologies are: Standardized Infection Ratio (SIR) uses a stratification approach to compare CAUTIs incidence rates. For example, the stratification can be by the hospital’s patient care location as the predicted number of CAUTIs in a medical ICU may be different then a general medical/surgical unit. Adjusted Ranking Metric (ARM) uses a more complex Bayesian estimation technique to account for the small sample sizes that may be present in the strata described in the SIR above. To adjust for this potentially low precision and/or reliability due to sample size, a statistical adjustment is made to the numerator. Expanding the measure from the ICU to other locations in the hospital significantly adjusts the measure and experience is needed. The MAP also acknowledged concerns raised by providers specializing in the treatment of spinal cord injuries and encouraged further consideration on the trade-offs of including these patients in this measure population. Finally, several MAP members noted that the ARM calculation is very difficult to replicate without coefficients from CDC and urged CDC and CMS to make all elements of the calculation transparent. MAP also cautioned that CMS should take steps to minimize confusion when implementing updates to measures currently being used.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 2. **National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome** (MUC ID: S0139)    * *Description:* CLABSI can be minimized through proper management of the central line. Efforts to improve central line insertion and maintenance practices, with early discontinuance of lines are recommended. These efforts result in decreased morbidity and mortality and reduced healthcare costs.    * *Public comments received:* 1    * *Workgroup Rationale:* MAP conditionally supported the implementation of an updated version of this measure currently in the VBP Program but they noted caution that the measure should be publically reported prior to use in a payment or penalty program to allow for some experience in the measure for CMS and providers. This update was recently reviewed and recommended by the NQF Safety Standing Committee. Implementing this updated measure would extend the measure to hospital settings outside the ICU and add another risk adjustment methodology. The two risk adjustment methodologies are: Standardized Infection Ratio (SIR) uses a stratification approach to compare CLABSI incidence rates. For example, the stratification can be by the hospital’s patient care location as the predicted number of CLABSIs in a medical ICU may be different then a NICU. Adjusted Ranking Metric (ARM) uses a more complex Bayesian estimation technique to account for the small sample sizes that may be present in the strata described in the SIR above. To adjust for this potentially low precision and/or reliability due to sample size, a statistical adjustment is made to the numerator. MAP noted that expanding the measure from the ICU to other locations in the hospital significantly adjusts the measure and measure use experience is needed. MAP also cautioned that CMS should take steps to minimize confusion when implementing updates to measures currently being used.    * *Workgroup Recommendation:* Conditional support    * *Notes:* 3. **Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following pneumonia hospitalization** (MUC ID: E0468)    * *Description:* The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of pneumonia. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.    * *Public comments received:* 2    * *Workgroup Rationale:* MAP conditionally supported this measure pending NQF review of the updates to this measure and continued endorsement. MAP reviewed a revised version of this measure that would expand the cohort of patients included in the measure to include patients with a primary diagnosis of aspiration pneumonia and sepsis. The MAP noted that pneumonia mortality remains an important area of hospital quality and this expanded measure could potentially reduce coding biases. This high-impact fully specified, tested and endorsed outcome measure is already in use in several public and private programs including IQR.    * *Workgroup Recommendation:* Conditional support    * *Notes:* |
|  | Measures for Discussion: Ambulatory Surgical Centers Quality Reporting Program |
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|  | Programs under consideration: Ambulatory Surgical Centers Quality Reporting Program |
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|  | 1. **Ambulatory surgery patients with appropriate method of hair removal** (MUC ID: E0515)    * *Description:* Percentage of ASC admissions with appropriate surgical site hair removal.    * *Public comments received:* 1    * *Workgroup Rationale:* MAP did not support this measure since this measure is topped out with limited performance variation among providers. Measures of appropriate hair removal have been removed from IQR. This measure is not in, nor planned to be, in another program.    * *Workgroup Recommendation:* Do not support    * *Notes:* |
|  | Measures for Discussion: Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs) |
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|  | Programs under consideration: Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (CAHs) |
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|  | 1. **Adverse Drug Events: - Inappropriate Renal Dosing of Anticoagulants** (MUC ID: X3323)    * *Description:* Percentage of patient-drug days with administration of anticoagulants requiring renal dosing with at least one error in renal dosing    * *Public comments received:* 5    * *Workgroup Rationale:* MAP members agreed that this measure addresses a critical gap in adverse drug events. Anticoagulants are a high risk class of drugs that should be administered carefully to renal patients, for whom the effects of many drugs differ from non-renal patients. MAP encouraged further development of this measure at the facility level, testing, and submission to NQF for endorsement. MAP encouraged the developers to fully specify this as an e-Measure, and NQF should review the e-measure for endorsement. This measure is also under review for the Hospital Inpatient Quality Reporting program.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 2. **Perinatal Care Cesarean section (PC O2) Nulliparous women with a term, singleton baby in vertex position delivered by cesarean section** (MUC ID: X1970)    * *Description:* This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position who are delivered by a cesarean section. PC O2 is also part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).    * *Public comments received:* 2    * *Workgroup Rationale:* MAP encouraged continued development of a maternal/child health disparities sensitive outcome e-measure. Members noted that this measure is included in the MAP Safety Family of Measures and also under review for the Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals program. The original specification is NQF-endorsed (0471 – PC-02 Cesarean Section); however this version of the measure is not fully specified as an e-Measure and has not been reviewed as an e-Measure for endorsement.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 3. **Timely Evaluation of High-Risk Individuals in the Emergency Department** (MUC ID: X1234)    * *Description:* Median time from emergency department (ED) arrival to provider evaluation for individuals triaged at the two highest levels based on a five-level triage system (e.g., triaged as “immediate” or “emergent”).    * *Public comments received:* 2    * *Workgroup Rationale:* MAP has previously stressed the importance of ED throughput measures as important markers of efficiency and safety which can dramatically impact patient experience.This measure in particular would address severely ill patients being admitted to the ED. The MAP encouraged continued development of this e-measure it may have the potential to capture important clinical data. This measure is also under review for the Hospital Inpatient Quality Reporting program.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* |
|  | Measures for Discussion: Inpatient Psychiatric Facilities Quality Reporting Program |
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|  | Programs under consideration: Inpatient Psychiatric Facilities Quality Reporting Program |
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|  | 1. **Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)** (MUC ID: E0648)    * *Description:* Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge    * *Public comments received:* 4    * *Workgroup Rationale:* MAP was supportive of this measure and noted that this fully specified and tested NQF-endorsed process measure contributes to the efficient use of measurement resources and addresses a critical program objective and is highly impactful to patients by improving person-centered by facilitating care coordination and has the potential to reduce readmission. While the group was supportive, they did note caution since this measure may be duplicative of an existing measure, HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level Care Provider upon Discharge, which is developed and specified for psychiatric facilities. Several members of the MAP encouraged a selection of a best in class measure or a harmonized metric by an appropriate Standing Committee between this measure and HBIPS-7 for the purposes for reporting and accreditation. Further, members also noted that this measure should be specified for use in all acute-care settings facilities, as appropriate.    * *Workgroup Recommendation:* Support    * *Notes:* |
|  | Measures for Discussion: Hospital Readmission Reduction Program |
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|  | Programs under consideration: Hospital Readmission Reduction Program |
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|  | 1. **Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following pneumonia hospitalization** (MUC ID: E0506)    * *Description:* The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal diagnosis of pneumonia. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 18 and over. CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.    * *Public comments received:* 3    * *Workgroup Rationale:* MAP supported a revised version of the measure that would expand the cohort of patients included in the measure to include patients with a primary diagnosis of aspiration pneumonia for use in HRRP. While MAP members agreed that this is a high-impact outcome measure, part of the MAP Safety Family of Measures, and in use in several public and private programs, they did express caution. The MAP noted that this measure should be considered for SDS adjustment in the upcoming NQF trial period, reviewed for the empirical and conceptual relationship between SDS factors and pneumonia readmissions, and endorsed with appropriate SDS adjustment as determined by NQF standing committees. MAP also cautioned that CMS carefully implement updated versions of measures to minimize confusion among providers, consumers, and purchasers trying to understand the results of the measure and make decisions based off of these results.    * *Workgroup Recommendation:* Support    * *Notes:* |
|  | Measures for Discussion: Hospital-Acquired Condition (HAC) Reduction Program |
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|  | Programs under consideration: Hospital-Acquired Condition (HAC) Reduction Program |
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|  | 1. **National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome** (MUC ID: S0138)    * *Description:* CAUTI can be minimized by a collection of prevention efforts. These include reducing the number of unnecessary indwelling catheters inserted, removing indwelling catheters at the earliest possible time, securing catheters to the patient´s leg to avoid bladder and urethral trauma, keeping the urine collection bag below the level of the bladder, and utilizing aseptic technique for urinary catheter insertion. These efforts will result in decreased morbidity and mortality and reduce healthcare costs. Use of this measure to track CAUTIs through a nationalized standard for HAI monitoring, leads to improved patient outcomes and provides a mechanism for identifying improvements and quality efforts.    * *Public comments received:* 9    * *Workgroup Rationale:* MAP supported the implementation of an updated version of this measure currently in the HAC Reduction Program. This update was recently reviewed and recommended by the NQF Safety Standing Committee. Implementing this updated measure would extend the measure to hospital settings outside the ICU and add another risk adjustment methodology. The two risk adjustment methodologies are: Standardized Infection Ratio (SIR) uses a stratification approach to compare CAUTIs incidence rates. For example, the stratification can be by the hospital’s patient care location as the predicted number of CAUTIs in a medical ICU may be different then a general medical/surgical unit. Adjusted Ranking Metric (ARM) uses a more complex Bayesian estimation technique to account for the small sample sizes that may be present in the strata described in the SIR above. To adjust for this potentially low precision and/or reliability due to sample size, a statistical adjustment is made to the numerator. While the group was supportive they noted caution that the measure should be publically report prior to use in a payment or penalty program to allow for some experience in the measure for CMS and providers. Expanding the measure from the ICU to other locations in the hospital significantly adjusts the measure and experience is needed. MAP also acknowledged concerns raised by providers specializing in the treatment of spinal cord injuries and encouraged further consideration on the trade-offs of including these patients in this measure population. Finally, several MAP members noted that the ARM calculation is very difficult to replicate without coefficients from CDC and urged CDC and CMS to make all elements of the calculation transparent.    * *Workgroup Recommendation:* Support    * *Notes:* 2. **National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome** (MUC ID: S0139)    * *Description:* CLABSI can be minimized through proper management of the central line. Efforts to improve central line insertion and maintenance practices, with early discontinuance of lines are recommended. These efforts result in decreased morbidity and mortality and reduced healthcare costs.    * *Public comments received:* 1    * *Workgroup Rationale:* MAP was supportive of the implementation of an updated version of a measure currently in the HAC Reduction Program. This update was recently reviewed and recommended by the NQF Safety Standing Committee. Implementing this updated measure would extend the measure to hospital settings outside the ICU and add another risk adjustment methodology. The two risk adjustment methodologies are: Standardized Infection Ratio (SIR) uses a stratification approach to compare CLABSI incidence rates. For example, the stratification can be by the hospital’s patient care location as the predicted number of CLABSIs in a medical ICU may be different then a NICU. Adjusted Ranking Metric (ARM) uses a more complex Bayesian estimation technique to account for the small sample sizes that may be present in the strata described in the SIR above. To adjust for this potentially low precision and/or reliability due to sample size, a statistical adjustment is made to the numerator. MAP noted that expanding the measure from the ICU to other locations in the hospital significantly adjusts the measure and measure use experience is needed.    * *Workgroup Recommendation:* Support    * *Notes:* |
|  | Measures for Discussion: PPS-Exempt Cancer Hospital Quality Reporting Program |
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|  | Programs under consideration: PPS-Exempt Cancer Hospital Quality Reporting Program |
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|  | 1. **National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure** (MUC ID: E1716)    * *Description:* Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility    * *Public comments received:* 2    * *Workgroup Rationale:* The measure was conditionally supported, pending? stratification for cohorts of cancer patients (BMT, Hematologic, and Solid tumor). This measure addresses the critical program objectives of PPS-Exempt Cancer HQPR, has been tested for the appropriate level of analysis, is NQF endorsed, and supports alignment across programs. This measure would promote alignment between programs assessing general acute care and cancer hospitals (IQR and PCHQR). This measure is included in the MAP Safety Family of Measures.    * *Workgroup Recommendation:* Conditional support    * *Notes:* |
|  | *Finalizing Workgroup Recommendations for All Hospital Programs* |
|  | This section of the meeting finalizes the hospital workgroup recommendations for:   * [Inpatient Quality Reporting Program](#MeasureListIQR) * [Hospital Value-Based Purchasing Program](#MeasureListHVBP) * [Hospital Readmission Reduction Program](#MeasureListHRRP) * [Hospital-Acquired Condition Reduction Program](#MeasureListHACR) * [Hospital Outpatient Quality Reporting Program](#MeasureListOQR) * [Ambulatory Surgical Centers Quality Reporting Program](#MeasureListASCQ) * [Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals](#MeasureListMUHC) * [PPS-Exempt Cancer Hospital Quality Reporting Program](#MeasureListPCHQ) * [Inpatient Psychiatric Facilities Quality Reporting Program](#MeasureListIPFQ) |
| 11:05 am | Opportunity for Public Comment |
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| 11:20 am | **MAP Pre-Rulemaking Recommendations for the Medicare Shared Savings Program** |
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|  | *Programmatic and Broader Themes Identified During Measure Review* |
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|  | *MSSP Measures Identified for Discussion* |
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|  | Programs under consideration: Medicare Shared Savings Program |
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|  | 1. **Payment-Standardized Medicare Spending Per Beneficiary (MSPB)** (MUC ID: E2158)    * *Description:* The MSPB Measure assesses the cost of services performed by hospitals and other healthcare providers during an MSPB hospitalization episode, which comprises the period immediately prior to, during, and following a patient’s hospital stay. Beneficiary populations eligible for the MSPB calculation include Medicare beneficiaries enrolled in Medicare Parts A and B who were discharged from short-term acute hospitals during the period of performance.[Note: Description differs from older version of measure listed on QPS.]    * *Public comments received:* 3    * *Workgroup Rationale:* MAP was supportive of this cost/resource measure that captures services delivered between 3 days prior to an acute inpatient hospital admission through the period 30 days after discharge. As a MAP identified high-value measurement area, this measure seeks incentive hospitals to improve care coordination and reduce fragmentation across the health care delivery system. MAP noted that this measure also promotes alignment across quality measurement reporting programs since it is used in the Hospital Inpatient Quality Reporting program, and the Hospital Value-Based Purchasing program. This measure is included in the MAP Affordability Family of Measures along with MAP Duals Family of Measures.    * *Workgroup Recommendation:* Support    * *Notes:* 2. **Closing the Referral Loop - Critical Information Communicated with Request for Referral** (MUC ID: X3283)    * *Description:* Percentage of referrals sent by a referring provider to another provider for which the referring provider sent a CDA-based Referral Note that included the type of activity requested, reason for referral, preferred timing, problem list, medication list, allergy list, and medical history    * *Public comments received:* 3    * *Workgroup Rationale:* MAP encourages continued development of these care coordination measures (X3283, X3302,X3466, X3465) for MSSP.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 3. **Functional Status Outcomes for Patients Receiving Primary Total Knee Replacements** (MUC ID: X3482)    * *Description:* Average change in functional status assessment score for 19 years and older with primary total knee arthroplasty (TKA) in the 180-270 days after surgery compared to their initial score within 90 days prior to surgery.    * *Public comments received:* 4    * *Workgroup Rationale:* MAP encourages continued development of this high-value outcome measure for a procedure frequently performed in the Medicare population. MAP hopes this measure will be available for use very soon.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* 4. **Functional Status Assessments and Goal Setting for Chronic Pain Due to Osteoarthritis** (MUC ID: X3053)    * *Description:* Percentage of patients 18 years of age and older with a diagnosis of hip or knee osteoarthritis for whom a score from one of a select list of validated pain interference assessment tools was recorded at least twice during the measurement period and for whom a care goal was documented and linked to the initial assessment.    * *Public comments received:* 1    * *Workgroup Rationale:* MAP encourages continued development of this measure for patients with osteoarthritis-a prevalent condition in the Medicare population.    * *Workgroup Recommendation:* Encourage continued development    * *Notes:* |
|  | *Finalizing Workgroup Recommendations for MSSP* |
|  | This section of the meeting finalizes the workgroup recommendations for: [Medicare Shared Savings Program](#MeasureListMSSP) |
| 12:15 pm | Opportunity for Public Comment |
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| 12:30 pm | Working Lunch |
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| 1:30 pm | Round-Robin Discussion: Improving MAP’s Processes |
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| 2:30 pm | Opportunity for Public Comment |
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| 2:45 pm | Closing Remarks |
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| 3:00 pm | Adjourn |
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