

Cost and Efficiency, Fall 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

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Welcome



Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please direct your browser to: https://nqf.webex.com/nqf/j.php?MTID=m6e1428eb2d3823b8f7d2358c3c2fefd2
 - Meeting number: 173 389 6954; Password: CEFall2020!
- Optional: Dial 1-844-621-3956 and enter passcode 173 389 6954
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
 - Chat box: to message NQF staff or the group
 - Raise hand: to be called upon to speak
- We will conduct a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at efficiency@qualityforum.org



Cost and Efficiency Project Team



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Taroon Amin, PhD, NQF Consultant



Agenda

- Attendance
- Review and Discuss Public Comments
- Related and Competing Measure Discussion
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance



Cost and Efficiency Fall 2020 Cycle Standing Committee

Kristine Martin Anderson, MBA (Co-chair)

Sunny Jhamnani, MD (Co-chair)

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Alefiyah Mesiwala, MD, MPH

Pamela Roberts, PhD, MSHA, OTR/L

Mahil Senathirajah, MBA

Matthew Titmuss, DPT

Sophia Tripoli, MPH

Danny van Leeuwen, RN, MPH

Review and Discuss Public Comments



2158 Medicare Spending Per Beneficiary (MSPB) Hospital

- Measure Steward: Acumen, LLC (Centers for Medicare & Medicaid Services)
 - Maintenance measure

Brief Description of Measure:

- The MSPB Hospital measure evaluates hospitals' risk-adjusted episode costs relative to the risk-adjusted episode costs of the national median hospital.
- Specifically, the MSPB Hospital measure assesses the cost to Medicare for Part A and Part B services performed by hospitals and other healthcare providers during an MSPB Hospital episode, which is comprised of the periods 3-days prior to, during, and 30-days following a patient's hospital stay.
- The MSPB Hospital measure is not condition specific and uses standardized prices when measuring costs. Beneficiary populations eligible for the MSPB Hospital calculation include Medicare beneficiaries enrolled in Medicare Parts A and B who were discharged between January 1 and December 1 in a calendar year from shortterm acute hospitals paid under the Inpatient Prospective Payment System (IPPS).



2158 Medicare Spending Per Beneficiary (MSPB) Hospital

- Measure Steward: Acumen, LLC (Centers for Medicare & Medicaid Services)
 - Maintenance measure
- Standing Committee Recommendation for Endorsement Votes (Total Votes 16): Yes: 13; No: 3
- Summary of Comment Received: (one comment received)
 - The commenter questioned whether the revisions to the measure specifications are appropriate and if the testing results produce performance scores that are reliable and valid for facility-level reporting.
 - They were concerned with the risk adjustment approach for determining whether to include social risk factors.

Related and Competing Discussion



Related and Competing Measures

If a measure meets the four criteria **and** there are endorsed/new related measures (same measure focus **or** same target population) or competing measures (both the same measure focus **and** same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.

The National Quality Forum. Measure Evaluation Criteria and Guidance for Evaluating Measure for Endorsement. September 2019; 32-33.



Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee will not be asked to select a best-in-class measure if all related and completing measures are not currently under review. Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.



2158 Related Measures

 3574: Medicare Spending Per Beneficiary (MSPB) Clinician (this measure is no longer NQF-endorsed) (CSAC Not Approved) (Acumen, LLC)

Medicare Spending Per Beneficiary (MSPB) PAC measures:

- 3561: Medicare Spending Per Beneficiary Post Acute Care Measure for Inpatient Rehabilitation Facilities (Acumen, LLC)
- 3562: Medicare Spending Per Beneficiary Post Acute Care Measure for Long-Term Care Hospitals (Acumen, LLC)
- 3563: Medicare Spending Per Beneficiary Post Acute Care Measure for Skilled-Nursing Facilities (this measure is no longer NQFendorsed) (CSAC Not Approved) (Acumen, LLC)
- 3564: Medicare Spending Per Beneficiary Post Acute Care Measure for Home Health Agencies (this measure is no long NQF-endorsed) (CSAC Not Approved) (Abt Associates)

NQF Member and Public Comment

Next Steps



Activities and Timeline – Fall 2020 Cycle *All times ET

Meeting	Date, Time*
CSAC Review	- June 29 (9:00 AM – 5:00 PM) - June 30 (9:00 AM – Noon)
Appeals Period (30 days)	July 7 – August 5



Project Contact Info

Email: efficiency@qualityforum.org

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Project page: http://www.qualityforum.org/Cost and Efficiency.aspx

 SharePoint site: https://share.qualityforum.org/portfolio/CostEfficiency/SitePages/H ome.aspx -

THANK YOU.

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