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Measure Applications Partnership

Pre-Rulemaking Report

Public Comment Draft

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Summary

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for the primary purpose of providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment programs, and other purposes (see Appendix 1 for additional background on MAP; see Appendix 10 for MAP Coordinating Committee and Workgroup rosters). The MAP Pre-Rulemaking Report provides input on 368 measures under consideration by HHS for clinician, hospital, and post-acute care/long-term care performance measurement programs, indicating one of the following three conclusions for each measure (see Appendix 2 for MAP pre-rulemaking process):

- **Support the measure** – MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program (approximately 40% of the measures under consideration).
- **Support the direction of the measure** – MAP supports the measure concept, however, further development, testing, or implementation feasibility must be addressed before inclusion in the associated federal program (approximately 15% of the measures under consideration).
- **Do not support the measure** – Measure is not recommended for inclusion in the associated federal program (approximately 45% of the measures under consideration).

In addition to providing input to HHS on measures under consideration for 18 federal programs, the front end of the MAP Pre-Rulemaking Report provides the framework for aligned performance measurement that the MAP used to support its decision making and explains why alignment is important. The framework is founded on the National Quality Strategy (NQS), emphasizes person-centered measurement, includes Measure Selection Criteria, calls for measures across multiple levels in the healthcare system and for core measure sets as alignment tactics, and cites care coordination as an example of an opportunity for alignment across programs.

The MAP work represents the first time a public-private partnership has worked together in advance of federal healthcare rulemaking to provide upstream input on the optimal measures for use in particular programs. In the spirit of innovation, MAP welcomes the public's feedback on its recommendations included in the MAP Pre-Rulemaking Report.

Background information supportive of this report can be found on the NQF [website](#).

MAP Framework for Aligned Performance Measurement

MAP aspires toward performance measurement that is aligned across all parts of the healthcare delivery system and is focused on achieving the goals articulated under the NQS. The task is challenging because it goes hand-in-glove with other needed systemic changes, such as moving toward a more patient-centric perspective and a more integrated system that reliably delivers team-based care.

Specific challenges in achieving this framework for aligned performance measurement include:

- Focusing on health outcomes and cost as well as healthcare delivery;
- Supporting numerous accountability applications, such as public reporting, performance-based payment, and health information technology incentives tied to “meaningful use;” as well as clinical quality improvement and benchmarking;
- Holding public and private actors at all levels accountable, including the national, state, community, health plan, integrated system, individual facility, group practice, and individual clinicians;
- Encompassing many populations with differing needs, including the frail elderly, dual eligible beneficiaries, chronically ill adults and children, pregnant women and newborns, non-English-speaking and those with cultural differences, and healthy adults and children; and
- Promoting new types of integrated care delivery models focusing on team-based care (e.g., accountable care organizations, medical homes).

Measures currently used in public reporting and performance-based payment programs are frequently criticized for lack of alignment in both strategic focus and technical measurement specifications. Aligned performance measurement is important to send clear direction and strong incentives to providers and clinicians regarding desired health system change. To achieve the National Quality Strategy (NQS)—healthy people/communities, better care, affordable care—will require greater integration and coordination of services; processes to manage the entire patient episode across settings and over time to achieve the best outcomes at the lowest cost; multi-disciplinary team-based care; investment in health information technology to support clinician and patient decisions; and active engagement of patients and families in development and implementation of treatment plans. The current siloed delivery system is incapable of doing this. New organizational arrangements encompassing all types of providers and health professionals (e.g., ambulatory and inpatient, acute and long-term care, primary care and specialists, physicians, nurses and other professionals) and new relationships between clinicians and patients/families are needed. The most rapid progress will be made if all public and private payment and public reporting programs are strategically aligned to encourage the development of delivery system models capable of providing patient-centered, high value care.

In addition to strategic alignment of incentives across public and private sector accountability programs, technical alignment of performance measures is needed to minimize reporting burden. Wide variation exists in available data sources, as the health IT infrastructure is evolving parallel to, but not necessarily in tandem with, the increased use of performance measurement. For the consumers and purchasers who use measurement information to support healthcare decision making, alignment will decrease the confusion caused by mixed signals from coming from many uncoordinated approaches to performance measurement. For the healthcare providers who currently are burdened with collecting similar data to satisfy different reporting requirements, alignment will decrease frustration and administrative costs.

In moving toward aligned performance measurement, MAP’s guiding framework includes the following dimensions: priority areas defined by the NQS, a strong emphasis on person-centered measurement (e.g., pain

management measures applicable to chronically ill patients regardless of whether their care is provided in the community, hospital or long-term care setting), and a focus on longitudinal measurement (e.g., coordination within and across settings, measures of process, and patient-reported outcomes).

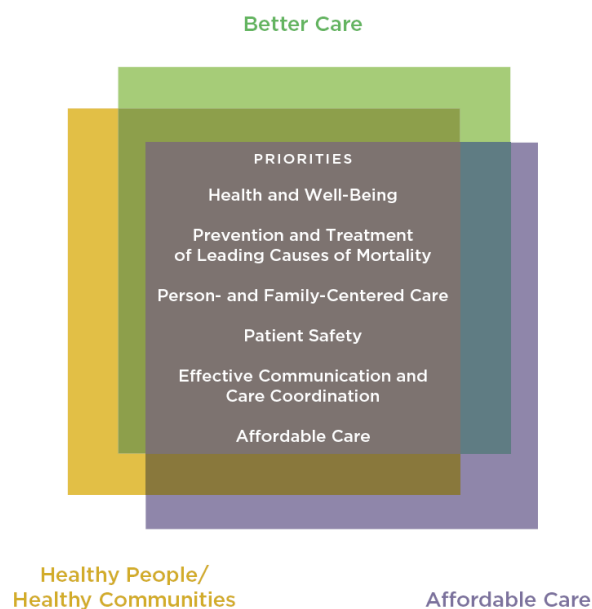
National Quality Strategy

The foundation for the MAP framework is the three aims of the NQS—healthy people/communities, better care, affordable care. In the first iteration of the NQS,ⁱ HHS also identified six national priorities:

- health and well-being;
- prevention and treatment of leading causes of mortality;
- person- and family-centered care;
- patient safety;
- effective communication and care coordination; and
- affordable care.

The aims and priorities are inextricably linked (Figure 1) and require measures that address the aims and priorities simultaneously. For example, measures of safety or care coordination that cross conditions encourage better care delivery, improved health outcomes, and fewer wasted resources.

Figure 1. HHS National Quality Strategy Aims and Priorities



Person-Centered Measurement

One of the NQS priorities, person- and family-centered care, is meant to better align health care with the needs and preferences of the individual and on producing the best outcomes for individuals and populations. MAP's vision for performance measurement, therefore, is centered on the person that health care providers are serving. Person-centered measurement encompasses two distinct concepts: measuring what is important to patients and construction of measures specific to patient populations rather than provider settings or diseases.

Person-centered measurement approaches start with what is of greatest interest and value to patients, including patient-reported measures of health status, quality of life, functional status, and experience with care, as well as measures of total cost of care and consumer out-of-pocket spending.ⁱⁱ Furthermore, collecting socio-demographic data at the person level is necessary to identify and reduce health care disparities, and would support monitoring of unintended adverse consequences of measurement with respect to vulnerable populations.

Current approaches to performance measurement tend to be disease-specific and capture what a specific provider did or did not do at a single point in time in a particular setting, rather than assessing whether the care was consistent with the individual's choices and resulted in better health outcomes over time. The development of disease- and provider-specific measures has led to a cacophony of measures that focus on the same concept but often with somewhat different specifications. Over time, shifting to person-centered measurement should lessen reporting burden.

These person-centered measurement approaches are largely absent and represent priority areas for measure development, testing, endorsement, and connection to related health IT infrastructure to fill the gaps.

MAP Measure Selection Criteria

MAP has developed Measure Selection Criteria to guide its evaluations of program measure sets. The criteria are intended to facilitate structured discussion and decision making processes. The iterative approach employed in developing the MAP Measure Selection Criteria allowed MAP in its entirety, as well as the public, to provide input on the criteria. Each MAP workgroup deliberated on draft criteria and advised the Coordinating Committee. Comments were received on the draft criteria through the public comment period for the Coordination Strategy for Clinician Performance Measurement report.ⁱⁱⁱ A Measure Selection Criteria Interpretive Guide also was developed to provide additional descriptions and direction on the meaning and use of the Measure Selection Criteria.

MAP Measure Selection Criteria and Interpretive Guide were finalized at the November 1, 2011, Coordinating Committee in-person meeting (see Appendix 3 for the MAP Measure Selection Criteria and Interpretive Guide). The following criteria were then used as a tool during the pre-rulemaking task:

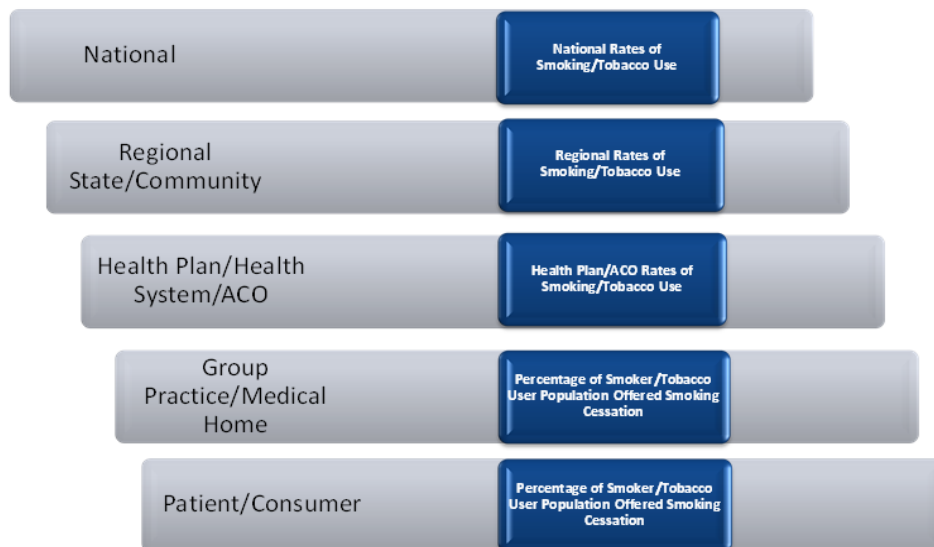
1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review.
2. The program measure set adequately addresses each of the NQS priorities.
3. The program measure set adequately addresses high-impact conditions relevant to the program's intended populations (e.g., children, adult non-Medicare, older adults, or dual eligible beneficiaries).
4. The program measure set promotes alignment with specific program attributes, as well as alignment across programs.
5. The program measure set includes an appropriate mix of measure types (e.g., process, outcome, structure, patient experience, and cost).
6. The program measure set enables measurement across the person-centered episode of care.
7. The program measure set includes considerations for healthcare disparities.
8. The program measure set promotes parsimony.

Measures Across Multiple Levels in the Healthcare System

MAP's framework for aligned performance measurement considers the use of measures across multiple layers of the health care system – specifically, “families” of related measures that are person-centered and flow from the NQS down through various levels of accountability (Figure 2). Using related measures at different levels creates the ability to drill down to and roll up information and engenders shared accountability across multiple providers and sectors. For example, measures of smoking cessation, under the NQS priority of prevention and treatment of leading causes of mortality, should reflect population measures of smoking rates at the national, state, and integrated system levels; whether individuals are supported to quit smoking at the provider level; and prevention of cardiovascular disease at the patient level.

Figure 2. Tobacco Use/Cessation Measures across Multiple Levels

National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.	
Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.	<ul style="list-style-type: none"> • Access to healthy foods • Access to recreational facilities • Use of tobacco products by adults and adolescents • Consumption of calories from fats and sugars • Control of high blood pressure • Control of high cholesterol
Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.	
Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.	



Core Measure Sets

In addition to relating across levels of analysis, performance measures also should relate across programs, settings, and public and private payers. Currently, public and private programs have similar aims, (e.g., public reporting, performance based payment) yet use varying measure sets, which introduces unnecessary burden, complexity, and costs for those who are reporting and using performance information for various purposes. As an initial step toward aligning measures for programs within settings, MAP identified initial sets of core measures, namely measures or measure concepts agreed on by MAP as most important and necessary for assessing meaningful aspects of the quality and cost of care. The MAP workgroups engaged in activities using the Measure Selection Criteria to evaluate existing program measure sets (i.e., Physician Value-Based Payment Modifier, Hospital Inpatient Quality Reporting, and Nursing Home and Home Health Compare sets, respectively). These assessments led to the identification of core measures, as well as the identification and prioritization of measure gap areas (see Clinician, Hospital, and PAC/LTC sections below for more information on core measure sets).

Ultimately, MAP envisions coalescence from setting-specific core measures to person-centered core measure concepts that would be reported by all providers. Core measures applied across settings and providers would enable rewards for joint accountability and, with more uniformity in measurement goals, could facilitate movement toward a common data platform. MAP also has identified alignment across public and private payers as essential. For example, the MAP Safety Workgroup specifically focused on measurement and data collection strategies across public and private payers and has recommended that HHS fund the development of a national core set of safety measures.

Opportunity for Alignment Across Programs: Care Coordination Illustration

The cross-cutting nature of the NQS priority “effective care coordination and communication” represents a strategic opportunity for measure alignment across multiple settings and programs. When care is poorly coordinated, patients who see multiple clinicians and care providers are at greater risk for medication errors, avoidable emergency department visits, and hospital admissions/readmissions. The effects of poorly coordinated care are particularly evident for people with chronic conditions who must navigate a disjointed, complex healthcare system to address their various health needs. When considering measures of care coordination, the need for bi-directional information exchange and shared accountability across providers has helped stimulate thinking beyond the traditional setting-based approach to measurement.

Throughout its pre-rulemaking analysis, MAP has encouraged further adoption of measures related to coordination of care, in particular those focused on care transitions, readmissions, and post-discharge medication reconciliation (Figure 3). For example, MAP supports the immediate inclusion of the 3-Item Care Transitions Measure (CTM-3), a patient-reported measure of the quality of preparation for care transitions, within the Inpatient Quality Reporting program for hospitals. The CTM-3 is currently endorsed for adults following an inpatient hospital stay, but could also be expanded to capture additional populations who are transitioning between other settings of care, including the continuum of PAC/LTC services. MAP also supports several discharge planning measures, including a Joint Commission measure assessing whether documentation that a Home Management Plan of Care was given to the patient or caregiver on discharge, and another measure assessing whether patients discharged from a hospital-based inpatient psychiatric setting had a continuing care plan created and whether it was transmitted to the next level of care.

Readmission measures can serve as an indicator of whether care coordination has been optimized. While considered an important measurement area, MAP points out the limited number of NQF-endorsed readmission measures within federal public reporting and performance-based payment programs. As such, the Hospital-Wide Readmission measure is supported by MAP for inclusion within the Inpatient Quality Reporting (IQR) program, but with the following caveats: the measure should complete its current NQF endorsement process where the measure denominator population has been expanded to all ages (not just age ≥ 65) to better reflect hospital-wide care when data permits; a methodology for distinguishing planned from unplanned readmissions should be incorporated to be consistent with other CMS disease-specific readmission measures; and HHS should monitor for

potential unintended consequences, such as inappropriate denial of care. MAP also notes that measures of avoidable hospital readmissions (as well as admissions and ER visits) are priority measure gaps within the PAC/LTC program measure sets. While hospital admission/readmission measures are a part of the Medicare Shared Savings Programs (MSSP), MAP's assessment indicates that clinician performance measurement programs focused on individual physicians and groups of clinicians have yet to include suitable shared accountability measures regarding readmissions.

Medication reconciliation is another key component of successful care coordination. While there are many measures regarding the appropriate use and adherence to specific medications, MAP highlighted opportunities to include measures of medication reconciliation at the time of transition between settings. Within the Meaningful Use for Eligible Professionals program, MAP supports the immediate inclusion of the NCQA measure Medication Reconciliation Post-Discharge measure (NQF#0554), which assesses whether elderly patients discharged from any inpatient facility had a reconciliation of the discharge medications with their current medication list following discharge. While not under consideration by HHS for specific programs within the PAC-LTC settings, MAP identified a related NCQA/AMA-PCPI medication reconciliation measure (NQF#0097) for further exploration of its use across all PAC/LTC settings. Within the Inpatient Psychiatric Quality Reporting Program, MAP also supports the immediate inclusion of HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications (NQF #0557) and HBIPS-5 (NQF #0558), a related measure. These measures from the Joint Commission together help identify the number of patients who are appropriately or inappropriately discharged with two routinely scheduled antipsychotic medications, a situation which puts the patient at risk for adverse drug events.

Care coordination is just one example of the opportunities for aligning performance measurement across setting and programs. MAP has also signaled that cost and affordability are important cross-cutting measurement areas, and have identified these areas as priorities for MAP alignment efforts.

Figure 3. Care Coordination Measures Across Settings

Performance Measurement Programs			
	Clinician	Hospital	Post-Acute Care/Long-Term Care
Care Transitions ¹	Support CTM-3 (NQF #0228) if successfully developed, tested, and endorsed at the clinician level	Support immediate inclusion of CTM-3 measure and urge for it to be included in the existing HCAHPS survey Support several discharge planning measures (i.e., NQF #0338, 0557, 0558)	Support CTM-3 if successfully developed, tested, and endorsed in PAC-LTC settings Identified specific measure for further exploration for its use in PAC-LTC settings (i.e., NQF #0326, 0647)
Readmissions ²	Readmission measures are a priority measure gap and serve as a proxy for care coordination	Generally supportive of the hospital-wide readmission measure but were split on supporting for immediate inclusion given the measure is still undergoing endorsement review	Identified avoidable admissions/readmissions (both hospital and ED) as priority measure gaps
Medication Reconciliation ³	Support inclusion of measures that can be utilized in an HIT environment including medication reconciliation measure (NQF #0554)	Recognition of the importance of medication reconciliation upon both admission and discharge, particularly with the dual eligible beneficiaries and psychiatric populations	Identified specific measure for further exploration for its use across all PAC-LTC settings (i.e., NQF #0097)

¹Care Transitions

0228 3-Item Care Transition Measure (CTM-3), University of Colorado Health Sciences Center

0338 Home Management Plan of Care Document Given to Patient/Caregiver, Joint Commission (TJC)

0557 HBIPS-6 Post-Discharge Continuing Care Plan Created, TJC

0558 HBIPS-7 Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge, TJC

0326 Advance Care Plan, NCOA

0647 Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care), AMA-PCPI

²Readmissions

Hospital-Wide Readmission (undergoing NQF endorsement process), CMS

MEASURE DESCRIPTION: Hospital-wide, all-cause, risk standardized readmission rate following hospitalization for all conditions and procedures, except those excluded.

³Medication Reconciliation

0097 **Medication Reconciliation**, NCOA

MEASURE DESCRIPTION: Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented.

Pre-Rulemaking Input

Contribution to Strategic Alignment: Dual Eligible Beneficiaries

HHS has identified the dual eligible beneficiary population as a priority consideration for MAP’s pre-rulemaking deliberations. While this is just one of many populations that could greatly benefit from a purposeful and person- and family-centered approach to care and quality measurement, this group provides an enlightening case study through which to illustrate MAP’s emerging framework for aligned performance measurement.

As discussed in MAP's interim report, [Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries](#), many of the poorest and sickest individuals in the health system are Medicare-Medicaid enrollees. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. The vulnerabilities of this heterogeneous group make its members particularly susceptible to shortfalls in healthcare quality. Moreover, care for the dual eligible beneficiary population is disproportionately expensive and presents an important opportunity to address the affordability aspect of the National Quality Strategy.

Federal measurement programs have traditionally focused on a single setting or type of healthcare, such as inpatient hospital care or skilled nursing facility care, rather than a population of consumers. In recognition that numerous, isolated programs have limited ability to reflect healthcare quality across the continuum, newer initiatives such as the Medicare Shared Savings Program have expanded the scope of measurement across settings and time while promoting shared accountability for a defined population. This is the beginning of a vital shift in healthcare delivery reform and performance-based payment policy.

Dual eligible beneficiaries are served in every part of the health and long-term care systems, but there is not currently a federal measurement program dedicated to monitoring the quality of their care. While CMS' Medicare-Medicaid Coordination Office and state demonstration grantees explore measurement options, MAP has helped to drive alignment across existing programs by considering the population's needs across settings of care. Specifically, MAP has examined measures under consideration for addition to existing programs and favored the use of those relevant to dual eligible beneficiaries.

Examining the best measurement approach for this population has yielded several principles which can be applied more broadly to promote alignment. For example, the challenge of compiling a program measure set that is adequately broad and deep, yet parsimonious, exists across the board. To streamline such sets while maximizing the applicability of individual measures to a patient population, cross-cutting outcome and composite measures could be emphasized over single process measures. Such an approach would minimize the use of condition-specific measures except for the highest-impact conditions such as cardiovascular disease, diabetes, or depression. Additional arrays of clinical measures can be used at the provider level to drive internal quality improvement efforts. In its ongoing work, the Dual Eligible Beneficiaries Workgroup will also be exploring opportunities to make measures more inclusive by broadening denominator statements as much as clinical evidence allows.

MAP identified the need to explore stratification of measures to reveal and reduce disparities in health care delivery and outcomes. Many measures can become sensitive to disparities if analyzed by gender, race/ethnicity, and socioeconomic status, among other factors. In order to enable that type of analysis, front-line practitioners should routinely collect data on the gender, race/ethnicity, and primary language of their patients. In the context of dual eligible beneficiaries, a starting place for stratification would be to select the most meaningful measures currently in use to stratify by "dual" and "non-dual" beneficiary status. Because of the heterogeneity in the dual eligible population, further stratification by meaningful subgroups, such as beneficiaries older and younger than

65, was recommended to the extent that there is sufficient sample size in the subgroups. MAP will continue to give attention to opportunities to address healthcare disparities through measure selection.

Specific measures deemed relevant to the dual eligible beneficiary population flowed from five high-leverage opportunity areas and a draft Dual Eligible Beneficiaries Core Measure Set generated by MAP (see Appendix 4). The five high-leverage opportunity areas for improvement through performance measurement include: quality of life, care coordination, screening and assessment, mental health and substance use, and structural measures. MAP also selected specific measures in each of the opportunity areas which, when taken together, form the beginning of a core set for evaluating the quality of care provided to the population. Work on the core set will continue through June 2012 to refine the selected measures, identify potential modifications, and prioritize gaps for future measure development.

Promoting measure selection relevant to the needs of dual eligible beneficiaries during MAP deliberations was a successful first step toward alignment across programs. For example:

- Seven measures from the draft Dual Eligible Beneficiaries Core Measure Set are finalized or under consideration for use in multiple programs;
- All ten measures in the draft core set already finalized for use in federal programs continued to be supported by MAP;
- All six measures in the draft core set under consideration for use in federal programs were supported for addition or for further exploration and refinement;
- One measure from the draft core set which had not been under consideration by HHS for use in a program was supported for addition; and
- Many additional measures related to the five high-leverage opportunity areas were discussed and supported.
- Ongoing work in this area presents MAP the opportunity to revisit the draft Dual Eligible Beneficiaries Core Measures set and consider replacing any measures that do not align.

MAP observed a high level of synergy in measure concepts and discussion themes between the dual eligible beneficiaries topic and the post-acute care/long-term care programs. This is not surprising, given the large portion of dual eligible beneficiaries that utilize long-term services and supports. Issues including pain management, measurement of functional status, patient experience, mental health, care coordination and care transitions were fundamental to both areas. MAP has also extensively discussed the need for goal-directed care that promotes the highest possible quality of life.

Alignment is also present in clinician measurement programs, as many measures in the draft Duals Core Set had previously been adopted by HHS for use in clinician measurement programs. These include an outcome measure of diabetes care and a check that patients have been screened for risk of a fall. Beyond the existing measures, MAP also supported the addition of new measures related to depression, care transitions, and patient experience.

Measure sets for hospital programs may benefit from the addition of more metrics that reflect the unique needs of dual eligible beneficiaries. From the perspective of dual eligible beneficiaries, there are measure gaps in

informed decision making, discharge planning, geriatric care, and other areas. MAP consistently regarded patient safety issues as paramount, but some MAP members observed that the measure sets are largely condition-specific. MAP will continue to explore the best approaches to pushing the boundaries of accountability beyond the hospital walls, such as measuring the extent of coordination with community support providers. MAP discussion on readmission measures revealed tension and uncertainty around the most appropriate way to measure these areas.

MAP will continue to pursue alignment across federal programs while ensuring that the unique needs of Medicare-Medicaid dual eligible beneficiaries receive attention and measurement. After the draft Dual Eligible Beneficiaries Core Measure Set is finalized in 2012, efforts to place the core measures in existing programs can be redoubled. In addition, MAP will seek to drive the cutting edge of measurement forward regarding care coordination and shared accountability, while keeping individual goals at the center of care delivery.

Clinician Performance Measurement Programs: Input on Measures

Clinician Core Measure Set and Priority Measure Gaps

MAP looked to the Physician Value-Based Payment Modifier measures as a starting point for the development of a core set of measures for clinician performance measurement programs. When evaluating the value-modifier measures against the MAP measure selection criteria, MAP determined that several critical gaps will need to be filled for the set of measures to be considered core (Appendix 5 contains the value-modifier measures and identified gaps). Several priority measure gaps persist across all of the federal clinician measurement programs:

- Patient experience
- Patient-reported outcomes, health-related quality of life
- Shared decision making, patient activation, care planning
- Care coordination
- Multiple chronic conditions
- End of life
- Cost including total cost, cost transparency, efficiency, and resource use
- Appropriateness

The clinician performance measurement programs allow clinicians to select a few measures from a larger menu of measures, resulting in a plethora of disease- and specialty-specific measures intended to encourage broad participation. The priority measure gaps represent cross-cutting concepts that are highly valued by consumers and could be reported by all clinicians. As these gaps are filled, MAP suggests a focus on cross-cutting measures in clinician performance measurement programs.

MAP noted that the Medicare Shared Savings Program (MSSP) is closer to an ideal set of clinician measures because it incorporates patient experience, focuses on cross-cutting priorities and high-impact conditions, and

addresses key quality outcomes. However, the MSSP is a shared accountability program and can incorporate broader population-level measures, while other clinician programs assess individual clinicians and group practices and are limited to measures at the individual- and group-levels of analysis. MAP recognizes that it is imperative to promote team-based care and shared accountability through population-level measurement, while also enhancing consumer information used to make health care decisions through individual-level measurement.

As an initial step toward addressing the patient experience measure gap, MAP advises the use of Clinician/Group—Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) across all clinician performance measurement programs. MAP recognizes that the lack of infrastructure in clinician practices may be a barrier to broad application of CG-CAHPS. Accordingly, MAP suggests exploring alternative methods for supporting implementation; for example, using interactive voice response (IVR) as a survey implementation method or providing time-limited federal subsidies for the costs of survey administration as is currently planned for MSSP. MAP also suggests that the Three-Item Care Transition Measure (CTM-3) be specified and tested for use in the ambulatory clinical office setting as a potential opportunity to address comprehensive care coordination.

Overall Input on Clinician Performance Measures

In addition to identifying gaps that persist across clinician performance measurement programs, MAP highlighted the need to promote alignment across federal programs and more broadly with the private sector by using the same or harmonized measures. MAP supports incorporating measures that are used in Medical Specialty Boards' maintenance of certification (MOC) programs and clinical registries to leverage use of measurement data. As a next step, MAP intends to review families of measures across settings (e.g., care coordination, high-impact conditions) to ensure that measures are harmonized across each level of the system and to achieve parsimonious measure sets. An initial starting point will be to seek alignment across measures that are used for the Hospital Outpatient Quality Reporting Program and clinician reporting programs.

Nearly half of all the measures under consideration by HHS for clinician programs lack specifications. In the absence of specifications or any additional information on current use or testing, MAP cannot support the inclusion of these measures. MAP seeks additional information on specifications and use of these measures so they can be more thoroughly considered in future iterations of MAP pre-rulemaking input. MAP also suggests that the measures that are not NQF-endorsed be submitted for endorsement. MAP does not support measures under consideration by HHS that have been submitted for endorsement and were not NQF-endorsed or are being retired; further, MAP suggests that any previously finalized measures that were submitted for endorsement and were not NQF-endorsed or are being retired be removed from program measure sets.

Information on the listing of measures can be found on the NQF [website](#).

Value-Based Payment Modifier Program (Value-Modifier)

Program Measure Set Characterization

The goal of the value-modifier is to adjust Medicare clinician payments based on the quality and cost of the care delivered. For additional program information, please see Appendix 6. Most of the Value-Modifier measures are NQF-endorsed; the measures address all NQS priorities with a mix of process and outcome measures, and one cost measure.

MAP Input on Measures

MAP supports the direction of all ten measures under consideration for the Value-Based Payment Modifier program. However, MAP noted that the majority of the measures under consideration by HHS have not yet been tested for individual clinician-level measurement, and therefore may have feasibility issues with regard to attribution and risk adjustment. In particular, the ambulatory sensitive condition measures (two previously finalized and four under consideration) would promote alignment with the MSSP and address key quality issues; however, these measures are specified for population-level reporting and individual clinicians are not likely to have sufficient sample size. The readmission and cost measures under consideration by HHS also address priority measure gaps, but measure specifications were not available for MAP's review.

Two of the measures under consideration are specified for individual-level reporting; however MAP noted different concerns. To achieve parsimony, the Use of Appropriate Medications for Asthma (NQF #0036) measure should be harmonized with another pharmacologic management of asthma measure that is in the finalized program measure set (NQF #0047); only one harmonized measure should be included in the program. The Post-Discharge Medication Reconciliation measure (NQF #0097) addresses the care coordination gap; however, the measure is difficult to report through claims and is best collected electronically. Additionally, a harmonized measure with eMeasure specifications (NQF #0554: Medication Reconciliation Post Discharge) was previously finalized for use in the Value-Modifier program measure set and is also under consideration by for the Meaningful Use program.

MAP Input on Measures Under Consideration: Value-Based Payment Modifier Program			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0036 Endorsed	Use of Appropriate Medications for Asthma	PQRS: Finalized, MU: Finalized, Value-Based Modifier: Under Consideration - Priority 3	VM: Support Direction. Should be harmonized with NQF #0047.

MAP Input on Measures Under Consideration: Value-Based Payment Modifier Program

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0097 Endorsed	Post-discharge Medication Reconciliation	PQRS: Finalized, MSSP: Finalized, Value-Based Modifier: Under Consideration - Priority 3	VM: Support Direction. Harmonized measure #554 is included in the finalized measure set. Data collection for this measure is best enabled in an HIT environment.
0279 Endorsed	Ambulatory Sensitive Conditions Admissions: Bacterial pneumonia (AHRQ Prevention Quality Indicator (PQI) #11)	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Should be specified and tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
0280 Endorsed	Ambulatory Sensitive Conditions Admissions: Dehydration (AHRQ Prevention Quality Indicator (PQI) #10)	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Should be specified and tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
0281 Endorsed	Ambulatory Sensitive Conditions Admissions: Urinary infections (AHRQ Prevention Quality Indicator (PQI) #12)	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Should be specified and tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
Not Endorsed (Composite combines endorsed measures 0727, 0638, 0274, and 0285)	Diabetes Composite	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Should be specified and tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
Not NQF Endorsed	All Cause Readmissions	Value-Based Modifier: Under Consideration - Priority 2	VM: Support Direction. Addresses a priority gap but needs to be tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
Not NQF Endorsed	30 Day Post-discharge provider visit	Value-Based Modifier: Under Consideration - Priority 2	VM: Support Direction. Addresses a priority gap but needs to be tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.
Not NQF Endorsed	Medicare Spending Per Beneficiary	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Addresses a priority gap but needs to be tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.

MAP Input on Measures Under Consideration: Value-Based Payment Modifier Program

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Total Per Capita Cost	Value-Based Modifier: Under Consideration - Priority 1	VM: Support Direction. Addresses a priority gap but needs to be tested for individual clinician-level measurement to ensure proper attribution and risk adjustment.

Additional Measure For Inclusion In the Value-Based Payment Modifier Program, Not Included in the HHS List

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	MSSP: Finalized	VM: Support PQRS: Support MU: Support

MAP Input On Finalized Measures: Value-Based Payment Modifier Program

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0277 Endorsed	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	MSSP: Finalized, Value-Based Modifier: Finalized	VM: Remove from measure set until specified and tested for individual clinician-level measurement.
0275 Endorsed	Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	MSSP: Finalized, Value-Based Modifier: Finalized	VM: Remove from measure set until specified and tested for individual clinician-level measurement.
0082 Endorsed (Retire Request)	Heart Failure: Patient Education	PQRS: Finalized, Value-Based Modifier: Finalized	PQRS: Remove from measure set Value Modifier: Remove from measure set
Submitted, Not Endorsed (Formerly # 0013)	Hypertension: Blood Pressure Measurement	Value-Based Modifier: Finalized	VM: Remove from measure set

MAP Input On Finalized Measures: Value-Based Payment Modifier Program

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Preventive Care and Screening: Blood Pressure Measurement	PQRS: Finalized, Value-Based Modifier: Finalized	VM: Submit for NQF-endorsement PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Condition-specific per capita cost measures for COPD, diabetes HF, and CAD	Value-Based Modifier: Finalized	VM: Submit for NQF-endorsement
Not NQF Endorsed	Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed	Value-Based Modifier: Finalized	VM: Submit for NQF-endorsement

Physician Quality Reporting System (PQRS)

Program Measure Set Characterization

PQRS is a clinician quality reporting program that provides incentive payments to clinicians who satisfactorily report data on quality measures. For additional program information, please see Appendix 6. The PQRS program contains 267 previously finalized measures, of which slightly more than half are NQF-endorsed. The finalized measures address all of the NQS priorities with mostly process measures and few outcome measures. Cost and patient experience measures are not included. A small portion of these measures enable measurement across the episode of care.

MAP Input on Measures

A goal of PQRS is to encourage broad clinician participation in performance measurement programs. Recognizing that clinician participation in PQRS remains low, MAP considered how to incorporate measures that would increase clinician participation while selecting measures that drive quality, are meaningful to consumers, and support parsimony. Accordingly, MAP was cautious in selecting measures to support for inclusion in PQRS, aiming to avoid non-discriminating, “low-bar” measures that would be difficult to remove from clinician performance measurement programs in the future.

Of the 153 measures under consideration by HHS, most (124) are not NQF-endorsed and came to MAP without specifications. Additionally, many of these measures did not appear to target clinician specialties currently unable to participate in PQRS because of a lack of relevant measures; therefore, MAP does not support the inclusion of these measures. MAP supports the addition of the measures under consideration by HHS that are NQF-endorsed to provide additional opportunities for reporting.

Emphasizing the need to achieve parsimony and promote alignment with private sector performance measurement programs, MAP supports the direction of nine measures that are used in maintenance of certification (MOC) programs and clinical registries, which would allow clinicians to report the same measure for multiple purposes. For example, the Patient Satisfaction with Overall Diabetes Care measure is used by the American Board of Internal Medicine (ABIM) for maintenance of certification. MAP also identified eight cross-cutting measures that address patient education and patient-satisfaction measure gaps, so MAP supports the direction of these measures. MAP suggests that these cross-cutting measures and measures used for MOC programs be submitted for endorsement to ensure that the measures are harmonized with other existing measures.

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0076 Endorsed	Optimal Vascular Care	PQRS: Under Consideration-Priority 2	PQRS: Support
0381 Endorsed	Oncology: Treatment Summary Documented and Communicated – Radiation Oncology	PQRS: Under Consideration-Priority 2	PQRS: Support
0465 Endorsed	Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	PQRS: Under Consideration-Priority 2	PQRS: Support
0493 Endorsed	Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures	PQRS: Under Consideration-Priority 2	PQRS: Support
0555 Endorsed	Monthly INR for Beneficiaries on Warfarin	PQRS: Under Consideration-Priority 2	PQRS: Support
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	PQRS: Under Consideration-Priority 2, MU: Under Consideration-Priority 2	PQRS: Support MU: Support
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	PQRS: Under Consideration-Priority 2, MU: Under Consideration-Priority 1	PQRS: Support MU: Support
0658 Endorsed	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	PQRS: Under Consideration-Priority 2	PQRS: Support
0670 Endorsed	Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients	PQRS: Under Consideration-Priority 2	PQRS: Support

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0671 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	PQRS: Under Consideration-Priority 2	PQRS: Support
0672 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	PQRS: Under Consideration-Priority 2	PQRS: Support
0710 Endorsed	Depression Remission at Twelve Months	PQRS: Under Consideration-Priority 2, MU: Under Consideration-Priority 1	PQRS: Support MU: Support. Addresses future focus of the program
0711 Endorsed	Depression Remission at Six Months	PQRS: Under Consideration-Priority 2, MU: Under Consideration-Priority 1	PQRS: Support MU: Support. Addresses future focus of the program
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	PQRS: Under Consideration-Priority 2, MU: Under Consideration-Priority 2	PQRS: Support MU: Support. Addresses future focus of the program
0729 Endorsed	Optimal Diabetes Care	PQRS: Under Consideration-Priority 2	PQRS: Support
Under Review; Recommended for Endorsement	Patients Admitted to ICU who Have Care Preferences Documented	PQRS: Under Consideration-Priority 2	PQRS: Support
ABIM measure in use and tested	Appropriate use of aspirin or other antiplatelet anticoagulant therapy	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	Counseling for Diet and Physical Activity	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	Patient satisfaction with overall diabetes care	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	American Board of Internal Medicine: Hypertension Composite	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	American Board of Internal Medicine: Preventive Cardiology Composite	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	American Board of Internal Medicine: Diabetes Composite	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
ABIM measure in use and tested	Diabetes documentation or screen test	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	Patient self-care support	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Promotes alignment with private sector programs.
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Functional Status Assessment	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Support Direction. Promotes Private sector alignment MU: Do Not Support
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- care coordination
Not NQF Endorsed	American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding diabetic foot care	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- patient education
Not NQF Endorsed	American Society of Plastic Surgeons/Physician Consortium for Performance Improvement/National Committee for Quality Assurance: Chronic Wound Care: Patient Education regarding long term compression therapy	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- patient education
Not NQF Endorsed	Patient satisfaction with physician care provided for age related macular degeneration	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- patient satisfaction
Not NQF Endorsed	Patient satisfaction with physician care provided for diabetic retinopathy	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- patient satisfaction
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Coordination of Care of Patients with Comorbid Conditions- Timely Follow Up (Paired Measure)	PQRS: Under Consideration-Priority 2	PQRS: Support Direction. Appears to address a key gap- care coordination

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Coordination of Post Discharge Care	PQRS: Under Consideration- Priority 2	PQRS: Support Direction. Appears to address a key gap- care coordination
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]:Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions— Timely Follow Up	PQRS: Under Consideration- Priority 2	PQRS: Support Direction. Appears to address a key gap- care coordination
Not NQF Endorsed	Cytopathology Turn-around-time	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	New Cancer Patient– Intervention Urgency	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Concordance Assessment Following Image- Guided Breast Biopsy	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Specimen orientation for Partial mastectomy or Excisional breast biopsy	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Surgeon assessment for hereditary cause of breast cancer	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Cecal Intubation	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Comprehensive Colonoscopy Documentation	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Endoscopic screening of those with colorectal cancer: Surveillance at one year following CRC resection (Draft)	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Endoscopic screening of those with colorectal cancer: Surveillance at three years after a clean exam at one year (Draft)	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Bone Marrow and FNA Direct Specimen Acquisition	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Barium swallow – inappropriate use (PCPI and NCQA measure to be updated by AGA)	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Biopsy for Barrett’s esophagus (PCPI and NCQA measure to be updated by AGA)	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2)	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	LDL cholesterol at goal	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	LDL poor control	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	LDL Superior Control	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Timing of lipid testing complies with guidelines	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Blood pressure at goal	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Blood pressure poor control	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Blood Pressure Superior Control	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Correct determination of ten-year risk for coronary death or MI	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Preventive Care and Screening: Lipid Screening	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Reevaluation of Treatment	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement:[DRAFT]: Atopic Dermatitis: Disease Assessment	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Moisture Care	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Documentation of support surface or offloading status for patients with serious pressure ulcers	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Documentation of venous compression at each visit for patients with venous stasis ulcers	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Vascular testing of patients with leg ulcers	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Topical Steroid Preparations	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement: [DRAFT]: Atopic Dermatitis: Overuse: Role of Antihistamine	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	The Endocrine Society DRAFT Follow-up Total Testosterone Measurement	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	The Endocrine Society DRAFT Total Testosterone Measurement	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Diabetes Pre-Diabetes Evaluation for Patients with DSP	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Documentation of offloading status for patients with diabetic foot ulcers	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Education of patient about the role of good glucose control in slowing progression of diabetic retinopathy	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Podiatry Exam	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Pre-procedure Assessment	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Assessment for Alarm Symptoms (PCPI and NCQA measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Chronic Medication Therapy - Assessment of GERD Symptoms (PCPI measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	GERD: Assessment for Alarm Symptoms (PCPINQA measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	GERD: Barium swallow – inappropriate use (PCPI measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	GERD: Upper endoscopy for patients with alarm symptoms (PCPINQA measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Upper endoscopy for patients with alarm symptoms (PCPI and NCQA measure to be updated by AGA)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Acute Bacterial Sinusitis	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Appropriate Diagnostic Testing for Chronic Sinusitis	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Computerized Tomography for Acute Sinusitis	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Multiple Antibiotics Prescribed for Acute Bacterial Sinusitis	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement :[DRAFT]: Adult Sinusitis: Plain Film Radiography for Acute Sinusitis	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Academy of Otolaryngology-Head and Neck Surgery/Physician Consortium for Performance Improvement:[DRAFT]: Adult Sinusitis: Watchful Waiting for Acute Bacterial Sinusitis: Initial Observation Without Antibiotics for Patients With Mild Illness	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Ophthalmologic exam	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Registry Participation Measure	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Screening for Alcohol Misuse	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Follow Up Assessment of Depression Care	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Continuation of Antidepressant Medications	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Patient Education	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Screening for Depression	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Assessment of Patient History	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Identification of Implanted Prosthesis in Operative Report	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Physical Examination	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Preoperative Antibiotic Infusion with Proximal Tourniquet	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Radiographic Evidence of Arthritis	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis : Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: Calcium Intake Assessment and Counseling	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: Current Level of Alcohol Use and Advice on Potentially Hazardous Drinking Prevention	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: DXA Scan	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: Pharmacologic Therapy	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: Status of Participation in Weight-bearing Exercise and Weight-bearing Exercise Advice	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Osteoporosis: Vitamin D Intake Assessment and Counseling	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms	PQRS: Under Consideration- Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria-Electrodiagnostic Study	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Querying about Falls for Patients with DSP	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Blood Pressure Management	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack or Ischemic Stroke	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Lipid Management	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Nurse Anesthetists/Certified Registered Nurse Anesthetists/National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT]: Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Administered Initiated (Paired Measure)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Querying about Pain and Pain Interference with Function	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Physician Consortium for Performance Improvement: Preventive Care and Screening: Obesity Screening	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Smoking Status and Cessation Advice and Treatment	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Smoking status and cessation support	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Submitted, Withdrawn (formerly #1367)	Optimal Asthma Care	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support.
Under Review	Medication Management for People With Asthma	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support.
Not NQF Endorsed	Assessment of Asthma Risk - Emergency Department Inpatient Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Asthma Discharge Plan – Emergency Department Inpatient Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Assessment of Asthma Risk - Emergency Department Inpatient Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan – Emergency Department Inpatient Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Pharmacologic Therapy for Persistent Asthma —Ambulatory Care Setting	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Submitted, Not Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support.
Not NQF Endorsed	Nephropathy Assessment for Eligible Patients	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement : Adult Kidney Disease: Catheter Use for ≥ 90 Days	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Arteriovenous Fistula Rate	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Pediatric Kidney Disease: Adequacy of Volume Management	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Adequacy of Volume Management	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Under review; Not Recommended for Endorsement	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support.
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Transplant Referral	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Equipment Evaluation for Pediatric CT Imaging Protocols	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Images Available for Patient Follow-up and Comparison Purposes	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Reporting to a Radiation Dose Index Registry	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of a Standardized Nomenclature for CT Imaging Description	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Appropriateness: Follow-up CT Imaging for Incidental Pulmonary Nodules According to Recommended Guidelines	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

MAP Input on Measures Under Consideration: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Board of Radiology/American Board of Medical Specialties/American College of Radiology/Physician Consortium for Performance Improvement: [DRAFT] Radiation Dose Optimization: Utilization of Pediatric CT Imaging Protocols	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Post-Anesthetic Transfer of Care Measure: Procedure Room to Intensive Care Unit	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Static Ultrasound in elective internal jugular vein cannulation	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Testing for Clostridium difficile — Inpatient Measure	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Venous Thromboembolic and Cardiovascular Risk Evaluation	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Maintenance of Intraoperative Normothermia	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Prevention of Post-Operative Nausea and Vomiting – Multimodal therapy (pediatric)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided
Not NQF Endorsed	Prevention of Post-Operative Nausea and Vomiting -Multimodal therapy (adults)	PQRS: Under Consideration-Priority 2	PQRS: Do Not Support. Specifications not provided

Additional Measures for Inclusion in the Physician Quality Reporting System (PQRS), Not Included in the HHS List

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	MSSP: Finalized	VM: Support PQRS: Support MU: Support

MAP Input on Finalized Measures: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Functional Status Assessment	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Barrett's Esophagus	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Radical Prostatectomy Pathology Reporting	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Measure #M119a: Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Measure #M119b: Preventive Care and Screening: Cholesterol – Risk-Stratified Fasting LDL	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Preventive Care and Screening: Blood Pressure Measurement	PQRS: Finalized, Value-Based Modifier: Finalized	VM: Submit for NQF-endorsement PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)	PQRS: Finalized, MU: Under Consideration-Priority 3	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers (overuse measure)	PQRS: Finalized	PQRS: Submit for NQF- endorsement
Not NQF Endorsed	Wound Care: Use of Compression System in Patients with Venous Ulcers	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Referral for Otologic Evaluation for Patients with History of Active Drainage from the Ear within the Previous 90 days	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	PQRS: Finalized	PQRS: Submit for NQF-endorsement

MAP Input on Finalized Measures: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Psychiatric Disorders or Disturbances Assessment	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Preventive Care and Screening: Unhealthy Alcohol Use Screening	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Functional Outcome Assessment in Chiropractic Care	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Annual Parkinson's Disease Diagnosis Review	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Documentation of Etiology of Epilepsy or Epilepsy Syndrome	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Parkinson's Disease Medical and Surgical Treatment Options Reviewed	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Parkinson's Disease Rehabilitative Therapy Options	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Seizure Type(s) and Current Seizure Frequency(ies)	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Dementia: Caregiver Education and Support	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Risks of Driving	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Safety Concerns	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Functional Status Assessment	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Staging of Dementia	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Cognitive Assessment	PQRS: Finalized, MU: Under Consideration-Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Cognitive Impairment or Dysfunction Assessment	PQRS: Finalized	PQRS: Submit for NQF-endorsement

MAP Input on Finalized Measures: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Dementia: Management of Neuropsychiatric Symptoms	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Dementia: Neuropsychiatric Symptom Assessment	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Dementia: Screening for Depressive Symptoms	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Querying about Sleep Disturbances	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Counseling for Women of Childbearing Potential with Epilepsy	PQRS: Finalized	PQRS: Submit for endorsement
Not NQF Endorsed	Elder Maltreatment Screen and Follow-Up Plan	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Asthma: Tobacco Use: Intervention - Ambulatory Care Setting	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Asthma: Tobacco Use: Screening - Ambulatory Care Setting	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Assessment of Adherence to Positive Airway Pressure Therapy	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Positive Airway Pressure Therapy Prescribed	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Assessment of Sleep Symptoms	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Severity Assessment at Initial Diagnosis	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Adult Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)	PQRS: Finalized	PQRS: Submit for NQF-endorsement
Not NQF Endorsed	Adult Kidney Disease (CKD): Plan of Care Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)	PQRS: Finalized	PQRS: Submit for NQF-endorsement
0082 Endorsed (Retire Request)	Heart Failure: Patient Education	PQRS: Finalized, Value-Based Modifier: Finalized	PQRS: Remove from measure set Value Modifier: Remove from measure set
0084 Endorsed (Retire Request)	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	PQRS: Finalized	PQRS: Remove from measure set
0094 Endorsed (Retire Request)	Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation	PQRS: Finalized	PQRS: Remove from measure set
0095 Endorsed (Retire Request)	Assessment Mental Status for Community-Acquired Bacterial Pneumonia	PQRS: Finalized	PQRS: Remove from measure set

MAP Input on Finalized Measures: Physician Quality Reporting System (PQRS)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0447 Endorsed (Retire Request)	Functional Communication Measure - Motor Speech	PQRS: Finalized	PQRS: Remove from measure set
Submitted, Not Endorsed (formerly# 0065)	Coronary Artery Disease (CAD): Symptom and Activity Assessment	PQRS: Finalized	PQRS: Remove from measure set
Submitted, Not Endorsed	Acute Otitis Externa (AOE): Pain Assessment	PQRS: Finalized	PQRS: Remove from measure set
Submitted, Not Endorsed (formerly # 0246)	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	PQRS: Finalized, MU: Under Consideration-Priority 3,	PQRS: Remove from measure set MU: Do Not Support
Submitted, Not Endorsed (Formerly # 0466)	Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	PQRS: Finalized	PQRS: Remove from measure set
Under review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	PQRS: Finalized, MU: Under Consideration-Priority 1	PQRS: Remove from measure set MU: Do Not Support
Under review; Not Recommended for Endorsement	Pregnancy Test for Female Abdominal Pain Patients:	PQRS: Finalized	PQRS: Remove from measure set

Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

Program Measure Set Characterization

The Meaningful Use program incentivizes physicians to demonstrate meaningful use of electronic health records by reporting clinical quality measures, among other requirements. For additional program information, please see Appendix 6. The finalized Meaningful Use program comprises NQF-endorsed measures that address all of the NQS priorities except for person-and family-centered care. Similar to other programs, the Meaningful Use program is heavily populated by process measures and does not contain cost or patient experience measures. A small number of measures enable measurement across the episode of care. All of the previously finalized measures align with at least one other federal clinician program, which contributes to parsimony.

MAP Input on Measures

MAP noted that a focus of the Meaningful Use program is to encourage HIT adoption to enhance interoperability and enable electronic data collection for use in improving the delivery of care. MAP considered whether Meaningful Use clinical measures should be very broad, including both cross-cutting and disease-specific

eMeasures; or alternatively, whether the measures should be limited to patient-centered, cross-cutting measures (e.g., across diseases/conditions, specialties, settings) that enhance interoperability and coordination from a patient perspective. Ultimately, MAP concluded that it supports both measurement approaches to encourage a more robust HIT infrastructure. Initially, the meaningful use measures should be broad to generally encourage eMeasurement. Over time, as HIT becomes more effective and interoperable, the Meaningful Use program should have a greater focus on HIT-sensitive measures, which help elucidate if electronic health records are changing care processes.

MAP reviewed 92 measures under consideration, of which MAP supports the inclusion of 67 clinical quality measures that are NQF-endorsed, assuming eMeasure specifications become available. Measures without e-specifications will need to be re-tooled as an eMeasure prior to inclusion in the program. MAP has identified 5 HIT-sensitive, cross-cutting measures as examples of measures that should be the future focus of the Meaningful Use program. Those measures are Medication Reconciliation Post-Discharge (NQF #0554); Screening for Clinical Depression and Follow-up Plan (NQF #0418); Depression Remission at Twelve Months (NQF #0710); Depression Remission at Six Months (NQF #0711); and Depression Utilization of the PHQ-9 Tool (NQF #0712).

Twenty-five measures under consideration by HHS for the Meaningful Use program are not NQF-endorsed. MAP suggests that these measures be submitted for endorsement.

To reduce clinician burden, MAP suggests that HHS establish a process in the Meaningful Use program that will allow clinicians to receive credit for electronically reporting measures through PQRS, provided the measures are in the Meaningful Use program.

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0418 Endorsed	Screening for Clinical Depression and Follow-up Plan	PQRS: Finalized MU: Under Consideration - Priority 3, MSSP: Finalized	MU: Support. Addresses future focus of the program
0554 Endorsed	Medication Reconciliation Post-Discharge	MU: Under Consideration - Priority 3, Value-Based Modifier: Under Consideration - Priority 3	MU: Support. Addresses future focus of the program
0710 Endorsed	Depression Remission at Twelve Months	PQRS: Under Consideration - Priority 2, MU: Under Consideration - Priority 1	PQRS: Support MU: Support. Addresses future focus of the program
0711 Endorsed	Depression Remission at Six Months	PQRS: Under Consideration - Priority 2, MU: Under Consideration - Priority 1	PQRS: Support MU: Support. Addresses future focus of the program

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	PQRS: Under Consideration - Priority 2, MU: Under Consideration - Priority 2	PQRS: Support MU: Support. Addresses future focus of the program
0022 Endorsed	Drugs to be Avoided in the Elderly	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0045 Endorsed	Osteoporosis: Communication with the Physician Managing On-going Care Post-Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0046 Endorsed	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0048 Endorsed	Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	PQRS: Finalized, MU: Under Consideration - Priority 2	MU: Support
0050 Endorsed	Osteoarthritis (OA): Function and Pain Assessment	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0051 Endorsed	Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0058 Endorsed	Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0060 Endorsed	Annual Pediatric hemoglobin A1C testing	MU: Under Consideration - Priority 1	MU: Support
0066 Endorsed	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	PQRS: Finalized, MU: Under Consideration - Priority 3, Value-Based Modifier: Finalized	MU: Support
0069 Endorsed	Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment	PQRS: Finalized, MU: Under Consideration - Priority 3, Value-Based Modifier: Finalized	MU: Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0098 Endorsed	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0100 Endorsed	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0101 Endorsed	Falls: Screening for Fall Risk	PQRS: Finalized, MU: Under Consideration - Priority 3, MSSP: Finalized, Value-Based Modifier: Finalized	MU: Support
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	PQRS: Finalized, MU: Under Consideration - Priority 3, Value-Based Modifier: Finalized	MU: Support
0103 Endorsed	Major Depressive Disorder (MDD): Diagnostic Evaluation	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0104 Endorsed	Major Depressive Disorder (MDD): Suicide Risk Assessment	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0106 Endorsed	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	MU: Under Consideration - Priority 1	MU: Support
0107 Endorsed	Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	MU: Under Consideration - Priority 1	MU: Support
0108 Endorsed	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	MU: Under Consideration - Priority 3	MU: Support
0110 Endorsed	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	MU: Under Consideration - Priority 1	MU: Support
0112 Endorsed	Bipolar Disorder: Level-of-function evaluation	MU: Under Consideration - Priority 1	MU: Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0239 Endorsed	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in All Patients)	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0271 Endorsed	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0312 Endorsed	LBP: Repeat Imaging Studies	MU: Under Consideration - Priority 1	MU: Support
0321 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0322 Endorsed	Back Pain: Initial Visit	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0323 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0383 Endorsed	Oncology: Medical and Radiation – Plan of Care for Pain	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0384 Endorsed	Oncology: Medical and Radiation – Pain Intensity Quantified	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0388 Endorsed	Prostate Cancer: Three-Dimensional (3D) Radiotherapy	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0399 Endorsed	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0400 Endorsed	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0401 Endorsed	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0403 Endorsed	Medical Visit	MU: Under Consideration - Priority 2	MU: Support
0405 Endorsed	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0406 Endorsed	HIV/AIDS: Adolescent and Adult Patients with HIV/AIDS Who Are Prescribed Potent Antiretroviral Therapy	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0412 Endorsed	Hepatitis B Vaccination	MU: Under Consideration - Priority 1	MU: Support
0507 Endorsed	Stenosis Measurement in Carotid Imaging Studies	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0508 Endorsed	Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0510 Endorsed	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0513 Endorsed	Use of Contrast: Thorax CT	MU: Under Consideration - Priority 3	MU: Support
0519 Endorsed	Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	MU: Under Consideration - Priority 3	MU: Support
0561 Endorsed	Melanoma: Coordination of Care	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0562 Endorsed	Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0564 Endorsed	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0565 Endorsed	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0608 Endorsed	Pregnant women that had HBsAg testing.	MU: Under Consideration - Priority 1	MU: Support
0653 Endorsed	Acute Otitis Externa (AOE): Topical Therapy	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
0654 Endorsed	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration - Priority 2	MU: Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants – Avoidance of inappropriate use	PQRS: Under Consideration - Priority 2, MU: Under Consideration - Priority 2	PQRS: Support MU: Support
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids – Avoidance of inappropriate use	PQRS: Under Consideration - Priority 2, MU: Under Consideration - Priority 1	PQRS: Support MU: Support
1335 Endorsed	Children who have dental decay or cavities	MU: Under Consideration - Priority 1	MU: Support
1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	MU: Under Consideration - Priority 1	MU: Support
1401 Endorsed	Maternal Depression Screening	MU: Under Consideration - Priority 1	MU: Support
1419 Endorsed	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	MU: Under Consideration - Priority 2	MU: Support
1525 Endorsed	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	MU: Under Consideration - Priority 1	MU: Support
382 Endorsed	Oncology: Radiation Dose Limits to Normal Tissues	PQRS: Finalized, MU: Under Consideration - Priority 3	MU: Support
Under review	Falls: Plan of Care	PQRS: Finalized, MU: Under Consideration - Priority 2	MU: Support, if NQF-endorsed
Under review	Falls: Risk Assessment	PQRS: Finalized, MU: Under Consideration - Priority 2	MU: Support, if NQF-endorsed
Under review	Adult Kidney Disease: Patients on Erythropoiesis Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL	MU: Under Consideration - Priority 2	MU: Support, if NQF-endorsed
Under review, recommended (#1633)	Adult Kidney Disease: Blood Pressure Management	MU: Under Consideration - Priority 2	MU: Support, if NQF-endorsed
Under review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	PQRS: Finalized, MU: Under Consideration - Priority 1	PQRS: Remove from measure set MU: Do Not Support
Submitted, Not Endorsed (formerly # 0246)	Stroke and Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	PQRS: Finalized, MU: Under Consideration - Priority 3	PQRS: Remove from measure set MU: Do Not Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Measure in use in ACRheum registry	Rheumatoid Arthritis (RA): Functional Status Assessment	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Support Direction. Promotes Private sector alignment MU: Do Not Support
Not NQF Endorsed	Depression screening and follow-up assessment using patient self-reported process	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Dementia: Caregiver Education and Support	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Risks of Driving	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Safety Concerns	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Functional Status Assessment	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Staging of Dementia	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Cognitive Assessment	PQRS: Finalized, MU: Under Consideration - Priority 2	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Chronic Wound Care: Patient education regarding long term compression therapy	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Chronic Wound Care: Patient Education regarding diabetic foot care	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (overuse measure)	PQRS: Finalized, MU: Under Consideration - Priority 3	PQRS: Submit for NQF-endorsement MU: Do Not Support
Not NQF Endorsed	Communication of Diagnostic Imaging Findings	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Diagnostic Imaging Reports	MU: Under Consideration - Priority 2	MU: Do Not Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Functional status assessment for complex chronic conditions	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Functional Status assessment for knee and hip replacement	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Glaucoma Screening in Older Adults	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Measure tracking longitudinal change of blood pressure (BP)	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Preventive Care and Screening: Blood Pressure Measurement	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Risk Assessment during Annual Wellness Visit	MU: Under Consideration - Priority 1	MU: Do Not Support
Not NQF Endorsed	Risk management resulting from Annual Wellness Visit	MU: Under Consideration - Priority 1	MU: Do Not Support
Not NQF Endorsed	Lipid control using Framingham risk score	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Closing the referral loop: receipt of specialist report	MU: Under Consideration - Priority 2	MU: Do Not Support
Not NQF Endorsed	Measure of adverse drug event (ADE) reporting	MU: Under Consideration - Priority 2	MU: Do Not Support

Additional Measure For Inclusion In the Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Not Included in the HHS List

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0005	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	MSSP: Finalized	VM: Support PQRS: Support MU: Support

Medicare Shared Savings Program (MSSP)

Program Measure Set Characterization

The MSSP is a shared-accountability program with the aim of facilitating cooperation among providers, improving quality of care, and reducing unnecessary costs. There are no new measures under consideration by HHS for MSSP with respect to 2012 federal rulemaking. All of the previously finalized measures except three are NQF-endorsed. The measures address all of the NQS priorities except making care more affordable. The measure set is comprised of process, outcome, and patient experience measures, but lacks cost measures. Approximately half of the measures within this set enable measurement across the episode of care and are also used in other federal programs.

MAP Input on Measures

In comparison to the other federal clinician performance measurement programs, the MSSP measure set is a step closer to the ideal measure set as it addresses patient experience, cross-cutting priorities as well as high-impact conditions, and key quality outcomes. MAP suggests that the program measure set be further aligned with Medicare Advantage program measure set and private-sector measurement efforts for health plans and Accountable Care Organizations. Additionally, while MAP recognizes that the MSSP program is designed to generate cost savings, the measure set should incorporate cost measures to encourage transparency.

Program-Specific Measure Gaps

In addition to the gaps identified across all clinician programs, the MSSP measure set could be improved by addressing community supports and patient-reported measures of health and functional status.

MAP Input on Finalized Measures: Medicare Shared Savings Program (MSSP)			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Proportion of adults 18 years and older who have had their BP measured within the preceding 2 years (used in Value-based modifier with different specs)	MSSP: Finalized	MSSP: Submit for NQF-endorsement
Not NQF Endorsed	% of PCPs who Successfully Qualify for an EHR Incentive Program Payment	MSSP: Finalized	MSSP: Submit for NQF-endorsement

MAP Input on Finalized Measures: Medicare Shared Savings Program (MSSP)			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Risk-Standardized, All Condition Readmission	MSSP: Finalized	MSSP: Submit for NQF-endorsement

Hospital Performance Measurement Programs: Input on Measures

Hospital Core Measure Set

MAP identified a hospital core measure set including 38 existing measures and a number of gap areas (see Appendix 7 for hospital core measure set). In order to develop this core set, MAP evaluated the CMS Hospital Inpatient Quality Reporting (IQR), Hospital Outpatient Quality Reporting (OQR), and Hospital Value-Based Purchasing (VBP) Program measures using the draft measure selection criteria. While constructing the hospital core set, MAP also identified a number of measure gap areas for future development, testing, and endorsement. Those specific gap areas include:

- Transitions in care/communication
- Cost of care and efficiency
- Disparities-sensitive
- Patient-reported outcomes
- Composites – containing outcome and process measures, all-payer mortality rates
- Serious reportable events, particularly medication errors/adverse drug events
- Nursing-sensitive
- Emergency Department visits – trauma, access
- Behavioral health, specifically major depression
- Condition-specific measures for high-impact conditions: Alzheimer’s disease, atrial fibrillation, chronic obstructive pulmonary disease (COPD)

Through development of the hospital core set, two major themes arose regarding the measures that should be included. MAP members suggested that “clusters” of measures should be created. These would be made up of outcomes measures grouped with the process measures that most directly tie to those outcomes, based on the evidence. Measure clusters would support the need to report on patient outcomes while providing performance information that hospitals can use to improve processes. Additionally, as noted in its prior work, MAP continued to support the idea that, whenever possible and appropriate, measures should include all-conditions, all-payers, and all-patients. This would allow the hospital core measure set to be applied broadly, beyond federal programs,

and within the private sector. All of these deliberations about the core set helped to inform MAP's subsequent discussion of the seven federal programs specific to the hospital setting.

Overall Input Across Hospital Programs

As MAP reviewed measures for the federal programs for the hospital setting, a number of major themes emerged across the programs.

Alignment

Fostering better alignment among hospital programs and across other settings of care was a top priority. To the greatest extent possible and appropriate, hospital performance measurement programs should use the same performance measures. This is particularly true for measures of cross-cutting areas such as safety and care coordination, but also for condition-specific measures (e.g., including the cancer measures from the PPS-exempt Cancer Hospital Quality Reporting Program in OQR).

There are opportunities for greater harmonization of hospital program measures with those used in clinician and PAC/LTC programs. As more clinicians become affiliated with hospitals, it becomes necessary to ensure they are being held to the same standards as those who are not. It is also important to coordinate the approaches toward hospital and clinician Meaningful Use. Another opportunity for measure alignment among settings is transitions of care, especially between the hospital and post-acute care settings.

MAP recognizes that attribution is a major challenge to measurement across settings. When there is a question of the most appropriate setting for accountability, a suggested method would be to identify both primary and secondary accountable entities to signal the shared accountability, while assigning primary responsibility. The tobacco and alcohol measures (TAM) under consideration for IQR are examples, as hospital acute care may not be the most appropriate setting for tobacco and alcohol screening and follow-up.

Care Coordination

A major gap area consistently identified throughout MAP's work is measures of care coordination and transitions. Regarding readmission measures, MAP wrestled with issues of purpose and parsimony. MAP ultimately resolved to support inclusion of both a readmission measure that crosses conditions and readmission measures that are condition-specific. The group concluded that the condition-specific measures are useful for provider improvement, while the all-condition measure adds value for consumer and purchaser decision making. Also related to readmission measurement, concerns were raised regarding potential unintended consequences; specifically, when considering all-cause readmissions, appropriate risk-adjustment and exclusion of planned readmissions should be consistently applied to these measures. Additionally, monitoring for any blocking of necessary readmissions or increase of patients returning to the hospital under an observation status is critical. With readmissions being addressed by multiple programs, it is essential that there is a clear understanding of how any incentives or penalties will be applied to providers. These are all necessary steps to understand the

implications of applying readmissions measures generally and in particular, to understand the impact on hospitals serving vulnerable populations.

Safety

Patient Safety is a high priority area for all stakeholder groups represented within MAP, and MAP strongly supported the use of NQF-endorsed safety measures. The reliability of measures using secondary diagnosis codes from administrative claims for reporting complications and healthcare-acquired conditions (HACs) was called into question, and the National Healthcare Safety Network (NHSN) was identified as the preferred alternative source for information about complications. When calculating patient safety measures, there was agreement that measures of true “never events” should not be risk adjusted while other safety measures should include this measurement component.

Composite Measures

Composite measures can provide a comprehensive picture of patient care for a specific condition like diabetes or for an institution more broadly, such as a complication index. MAP generally supports the concept of composites; however, when MAP reviewed specific composite measures, members raised implementation issues, concerns about the methodology used for weighting the components, and questions about the usefulness of aggregated information. Without the ability to parse out the individual component scores within a composite measure, it is difficult for providers to determine the specific aspects of care that require improvement. Additionally, inclusion of a composite measure as well as individual measures found within that composite in more than one program could result in double jeopardy for providers.

Measurement of Small Hospitals

Another challenge for performance measurement and public reporting raised by MAP is very low patient volumes for small rural and critical access hospitals (CAH). These providers make up a large portion of the healthcare system and it is important that their patients receive the same quality of care as those in larger hospitals. Composite measures may be particularly useful for measuring the performance of small hospitals, as composites could increase the volume of patients for the measure. The ongoing work in measurement for small volume hospitals should continue.

Hospital Program Measure Gaps

Though there are many measures included in the seven federal hospital performance measurement programs, MAP identified a number of measurement gap areas. The gaps among the programs overlap significantly with the gaps identified by MAP when establishing the hospital core measure set. High priority gaps for hospital programs include:

- Cost—total cost of care, episode, transparency, efficiency
- Appropriateness—admissions, treatment

- Care coordination—transitions of care, readmissions, hand-off communication, follow-up
- Patient-reported outcomes—patient and family experience of care and engagement, patient and family preferences, shared decision making
- Disparities in care
- Special populations—behavioral health, child health, maternal health

Information on the listing of measures can be found on the NQF [website](#).

Hospital Inpatient Quality Reporting

Program Measure Set Characterization

The Hospital Inpatient Quality Reporting (IQR) Program is a pay for reporting program. The majority of the measures included in the program are NQF-endorsed. All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular disease are well-addressed, while other priorities such as affordable care and person- and family-centered care are less so. Measures related to six high-impact conditions are included in the program measure set. The set contains a mix of all measure types, although there are very few measures of cost or patient experience within the program.

MAP Input on Measures

MAP reviewed 22 new measures under consideration for the IQR program (see table below). MAP supports nine measures under consideration:

- MAP supports inclusion of the CTM-3 measure and three condition-specific (AMI, Heart Failure and Pneumonia) 30-Day Post Discharge Transition Composites in the IQR. Public reporting of the transition composites, which contain weighted readmissions components, was seen to add value to the existing condition-specific 30-day readmission measures already being reported. Since these readmission measures are calculated by CMS, there is no added burden to providers from adding the transitions composite measures to the program set.
- MAP also supports the addition of the Hospital-Wide Readmission measure contingent on receipt of NQF-endorsement. MAP acknowledges the current program set only includes readmission information for a limited number of conditions and recognizes the importance of purchasers and consumers having access to this broader all-condition information. While this measure is specified for all adults, it is understood that the measure will initially be calculated with Medicare data only. MAP encourages reporting on all adults as soon as possible.
- MAP supports the addition of both Hip and Knee Complication and Readmission Rate measures, contingent on NQF-endorsement. However, when reviewing the measures, a concern was raised about the all-cause approach of the readmission measure because a readmission may not necessarily be related to the procedure.

- Although there are a number of heart failure process measures in the set, MAP also supports the inclusion of Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (NQF# 0083) as the measure is strongly tied to improved outcomes.
- Finally, MAP agreed Elective Delivery Prior to 39 Completed Weeks Gestation (NQF #0469) should be included in IQR as well. MAP appreciates this move toward greater alignment given that this measure is under consideration for hospital Meaningful Use and also used in Medicaid, private payer, and The Joint Commission measurement efforts.

MAP supports the direction of ten measures under consideration for IQR:

- Specifications were not provided for the Combination Medical Therapy for LVSD measure. MAP agreed that a combination measure could have potential for inclusion in IQR, but without seeing specifications, could only support the direction of this measure.
- When reviewing the eight Tobacco and Alcohol Measures (TAM 1-8), which have been recently submitted to an NQF endorsement project, MAP agreed that these measures should go through the entire NQF-endorsement process prior to further consideration. Though these measures show promise and would fill an important gap in the program set, they may be more appropriate for the outpatient setting, could be challenging to implement, and it will be necessary to monitor that the measures are not used to discriminate against patients who screen positively.
- MAP supports the direction of the Safe Surgery Checklist, but agreed that a structural measure of surgical safety may not be the optimal driver for improvement. While recognizing the importance of a surgical checklist in encouraging better practice and communication, MAP encourages exploration of alternative measures more proximal to desired outcomes. For these reasons, MAP believes this measure should be removed from OQR.

MAP does not support three measures under consideration for IQR. The Heart Failure: Symptom and Activity Assessment (NQF #0077) measure has not been recommended for continued NQF endorsement and does not support the MAP's desire to move toward outcome measures. MAP does not support the inclusion in IQR of the Heart Failure: Counseling Regarding ICD for Patients with LVSD or the Heart Failure: Symptom Management measures due to issues of parsimony given the large number of heart failure measures previously finalized for the program set.

MAP suggests removing a number of finalized measures from the IQR program set. MAP does not support retaining HF-1 Discharge Instructions (NQF #0136) within the program set as this measure has not been recommended for continued NQF endorsement. For the same reason, MAP supports the removal of this measure from the Hospital VBP program and does not support its addition to hospital Meaningful Use program. Acknowledging the importance of patient safety in healthcare and of publicly reporting safety data, MAP suggests the CMS HACs be removed from the IQR measure set and replaced with NQF-endorsed measures. Similarly, MAP did not support the addition of these HACs within the Hospital VBP program measure set.

MAP Input on Measures Under Consideration: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0083 Endorsed	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	IQR: Under Consideration-Priority 3	Support. Strongly tied to outcomes
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	IQR: Under Consideration-Priority 2	Support
0469 Endorsed	Elective Delivery Prior to 39 Completed Weeks Gestation	IQR: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3	Support
0698 Endorsed	AMI 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration-Priority 2	Support
0699 Endorsed	HF 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration-Priority 2	Support
0707 Endorsed	Pneumonia 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration-Priority 2	Support
1550 Recommended for Endorsement	Hospital-level Risk-Standardized Complication Rate (RSCR) following elective primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	IQR: Under Consideration-Priority 1	Support
1551 Recommended for Endorsement	Hospital-level 30-day all-cause Risk-Standardized Readmission Rate (RSRR) following elective primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	IQR: Under Consideration-Priority 1	Support
1789 Submitted	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	IQR: Under Consideration-Priority 1	Support
1651 Submitted	TAM-1 Tobacco Use Screening	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1654 Submitted	TAM-2 Tobacco Use Treatment Provided or Offered	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1656 Submitted	TAM-3 Tobacco Use Treatment Management at Discharge	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1657 Submitted	TAM-4 Tobacco Use: Assessing Status after Discharge	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion

MAP Input on Measures Under Consideration: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1661 Submitted	TAM-5 Alcohol Use Screening	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1663 Submitted	TAM-6 Alcohol Use Brief Intervention Provided or Offered	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1664 Submitted	TAM-7 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
1665 Submitted	TAM-8 Alcohol and Drug Use: Assessing Status After Discharge	IQR: Under Consideration-Priority 2	Support Direction. Measure should complete NQF endorsement process prior to inclusion
Not NQF Endorsed	Heart Failure: Combination Medical Therapy for LVSD	IQR: Under Consideration-Priority 2	Support Direction. Support measure concept but need specifications.
Not NQF Endorsed	Safe Surgery Checklist	IQR: Under Consideration-Priority 1	Support Direction. Support the concept but need specifications.
0077 Endorsed (NQF endorsement to be removed)	Heart failure: Symptom and Activity Assessment	IQR: Under Consideration-Priority 2	Do Not Support. Measure not recommended for continued NQF endorsement
Not NQF Endorsed	Heart Failure: Counseling Regarding ICD for Patients with LVSD	IQR: Under Consideration-Priority 2	Do Not Support. Heart Failure sufficiently represented in IQR
Not NQF Endorsed	Heart failure: Symptom Management	IQR: Under Consideration-Priority 2	Do Not Support. Heart Failure sufficiently represented in IQR

MAP Input on Finalized Measures: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0136 Endorsed (NQF endorsement to be removed)	HF-1 Discharge Instructions	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Remove from IQR. Not recommended for continued NQF endorsement
Not NQF Endorsed	Air Embolism	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Blood Incompatibility	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Falls and Trauma	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Foreign Body Left During Procedure	IQR: Finalized, VBP: Finalized	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Manifestations of Poor Glycemic Control	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Pressure Ulcer Stages III and IV	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Vascular-Catheter Associated Infection	IQR: Finalized, VBP: Under Consideration-Priority 3	Not support for IQR. Should be replaced with an NQF-endorsed measure

Hospital Value-Based Purchasing

Program Measure Set Characterization

In FY 2013, Medicare will begin basing a portion of hospital reimbursement on performance through the Hospital Value-Based Purchasing (VBP) Program. The majority of the measures previously finalized for this program are NQF-endorsed. All NQS priorities are addressed; safer care and prevention/treatment of cardiovascular disease are well-addressed while other priorities, such as affordable care and supporting better health in communities, are less so. Measures related to five high-impact conditions are included in the program measure set. The set includes very few measures of cost or patient experience.

MAP Input on Measures

MAP reviewed 13 measures under consideration for the Hospital VBP program (see table below). MAP supports the inclusion of two additional measures related to patient safety: CLABSI (NQF #0139) and SCIP-Inf-10 Preoperative Temperature Management (NQF #0452). Also, MAP supports the addition of AMI–10 Statin Prescribed at Discharge (NQF #0639) to the VBP program as there is still a performance gap in this area.

Though measures of cost have been identified as a high-priority gap area, MAP could not support the inclusion of the Medicare Spending per Beneficiary measure at this time. However, MAP strongly supports the direction of this measure pending additional specification and testing. MAP encourages harmonization with the similar measure concept under consideration within the Physician Value-Based Payment Modifier program.

MAP does not support several of the measures under consideration by HHS for the Hospital VBP program. While MAP is very supportive of HHS’ efforts to improve patient safety and recognizes the importance of reporting measures related to HACs, MAP advises that the HAC rates under consideration for VBP be replaced with NQF-endorsed measures addressing the same safety events. The CMS HACs have never been submitted to NQF for endorsement and there are concerns about the scientific acceptability of these measures. MAP does not support the inclusion of the Mortality for Selected Medical Conditions (Composite) (NQF #0530) or Complication/Patient Safety for Selected Indicators (Composite) (NQF #0531) measures due to concerns about the reliability of the data sources for these measures. While not advising tying these measures to payment, MAP agrees that these measures should remain in the IQR program and be publicly reported.

MAP Input on Measures Under Consideration: Hospital Value-Based Purchasing			
NQF Measure Number and Status	Measure Title	Program Alignment	MAP Conclusion
0139 Endorsed	Central Line Associated Bloodstream Infection	IQR: Finalized, VBP: Under Consideration-Priority 3	Support
0452 Endorsed	SCIP INF–10: Surgery Patients with Perioperative Temperature Management	IQR: Finalized, VBP: Under Consideration-Priority 3	Support
0639 Endorsed	AMI–10 Statin prescribed at discharge	IQR: Finalized, VBP: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3	Support
Not NQF Endorsed	Medicare Spending per Beneficiary	IQR: Finalized, VBP: Under Consideration-Priority 3	Support Direction. Support measure concept but need specifications
Not NQF Endorsed	Air Embolism	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure

MAP Input on Measures Under Consideration: Hospital Value-Based Purchasing

NQF Measure Number and Status	Measure Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Blood Incompatibility	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Falls and Trauma	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Manifestations of Poor Glycemic Control	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure
Not NQF Endorsed	Vascular-Catheter Associated Infection	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure
0530 Endorsed	Mortality for Selected Medical Conditions (Composite)	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Measure should not be tied to payment but should be reported in IQR
0531 Endorsed	Complication/Patient Safety for Selected Indicators (Composite)	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Measure should not be tied to payment but should be reported in IQR
Not NQF Endorsed	Pressure Ulcer Stages III and IV	IQR: Finalized, VBP: Under Consideration-Priority 3	Do Not Support. Should be replaced with an NQF-endorsed measure

MAP Input on Finalized Measures: Hospital Value-Based Purchasing

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0136 Endorsed (NQF endorsement to be removed)	HF-1 Discharge Instructions	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Do Not Support. Not recommended for continued NQF endorsement
Not NQF Endorsed	Foreign Body Left During Procedure	IQR: Finalized, VBP: Finalized	Do Not Support. Should be replaced with an NQF-endorsed measure

Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

Program Measure Set Characterization

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (Meaningful Use) provides incentive payments to eligible hospitals and CAHs as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Nearly all of the measures included in the program are NQF-endorsed. All NQS priorities are addressed, although some, such as care coordination and affordable care, are addressed to a lesser extent. Measures related to five high impact conditions are included in the program measure set. The set contains only process and outcome measures.

MAP Input on Measures

MAP reviewed 36 measures under consideration for the Meaningful Use program (see table below). MAP agrees that measures selected for the Meaningful Use program should represent the future of measurement. As such, MAP suggests measures should demonstrate how EHRs facilitate information exchange between institutions and longitudinal tracking of care, such as delta measures that monitor incremental changes in a patient's condition over time.

MAP supports 27 measures under consideration. Recognizing the importance of addressing high-impact conditions, MAP supports the addition of measures relating to AMI (four measures), pneumonia (two measures), and stroke (one measure). MAP also supports the addition of measures that address previously-defined gap areas in the program set: maternal/child health (five measures), pediatric care (five measures), and emergency department care (one measure). Stressing the importance of patient safety, MAP supports the inclusion of seven of the Surgical Care Improvement Project (SCIP) measures. Finally, recognizing the significance of immunizations in the prevention of illness, MAP supports the inclusion of IMM-1 Pneumonia Immunization and IMM-2 Flu Immunization in the Meaningful Use program set, pending NQF endorsement.

MAP does not support the inclusion of eight measures under consideration by HHS for Meaningful Use. At this time, data collection in IQR has been suspended for four of these measures, three AMI measures and one SCIP measure, and two maternal care measures are not recommended for continued endorsement. MAP also does not support an additional maternal care measure, Exclusive Breastfeeding at Hospital Discharge (0480), as breastfeeding is an issue of patient choice. Lastly, HHS did not provide specifications for the combined HF-2 & HF-3 measure and MAP members were concerned that the second component of the measure would only apply to a portion of population, so MAP does not believe the combined measure should be added to the Meaningful Use program set.

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

NQF Measure Number and Status	Measure Title	Program Alignment	MAP Conclusion
0142 Endorsed	AMI–2 Aspirin prescribed at discharge	IQR: Finalized, Meaningful Use: Under consideration-priority 3	Support
0143 Endorsed	Use of relievers for inpatient asthma	Meaningful Use: Under consideration-priority 2	Support
0144 Endorsed	Use of systemic corticosteroids for inpatient asthma	Meaningful Use: Under consideration-priority 2	Support
0147 Endorsed	PN–6 Appropriate initial antibiotic selection	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0148 Endorsed	PN–3b Blood culture performed in the emergency department prior to first antibiotic received in hospital	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0163 Endorsed	AMI–8a Timing of receipt of primary percutaneous coronary intervention (PCI)	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0164 Endorsed	AMI–7a Fibrinolytic (thrombolytic) agent received within 30 minutes of hospital arrival	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0218 Endorsed	SCIP–VTE-2: Surgery patients who received appropriate VTE prophylaxis within 24 hours pre/post-surgery	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0284 Endorsed	SCIP Cardiovascular-2: Surgery Patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0300 Endorsed	SCIP INF–4: Cardiac surgery patients with controlled 6AM postoperative serum glucose	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0338 Endorsed	Home Management Plan of Care Document Given to Patient/Caregiver	Meaningful Use: Under consideration-priority 1	Support
0341 Endorsed	PICU Pain Assessment on Admission	Meaningful Use: Under consideration-priority 1	Support
0342 Endorsed	PICU Periodic Pain Assessment	Meaningful Use: Under consideration-priority 1	Support
0434 Endorsed	STK-1 Venous Thromboembolism (VTE) Prophylaxis	IQR: Finalized, Meaningful Use: Under consideration-priority 3	Support
0453 Endorsed	SCIP INF–9: Postoperative urinary catheter removal on post-operative day 1 or 2 with day of surgery being day zero	IQR: Finalized, Meaningful Use: Under consideration-priority 3	Support

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

NQF Measure Number and Status	Measure Title	Program Alignment	MAP Conclusion
0469 Endorsed	Elective delivery prior to 39 completed weeks gestation	IQR: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3	Support
0484 Endorsed	Proportion of infants 22 to 29 weeks gestation treated with surfactant who are treated within 2 hours of birth.	Meaningful Use: Under consideration-priority 1	Support
0485 Endorsed	Neonatal Immunization	Meaningful Use: Under consideration-priority 2	Support
0496 Endorsed	OP-18/ED-3: Median Time from ED Arrival to ED Departure for Discharged ED Patients.	OQR: Finalized, Meaningful Use: Under consideration-priority 3	Support
0527 Endorsed	SCIP INF-1 Prophylactic antibiotic received within 1 hour prior to surgical incision	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0528 Endorsed	SCIP INF-2: Prophylactic antibiotic selection for surgical patients	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0529 Endorsed	SCIP INF-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Support
0639 Endorsed	AMI-10 Statin prescribed at discharge	IQR: Finalized, VBP: Under Consideration-Priority 3, Meaningful Use: Under consideration-priority 3	Support
0716 Endorsed	Healthy Term Newborn	Meaningful Use: Under consideration-priority 1	Support
1354 Endorsed	Hearing screening prior to hospital discharge (EHDI-1a)	Meaningful Use: Under consideration-priority 2	Support
1653 Submitted	IMM-1 Pneumonia Immunization	IQR: Finalized, Meaningful Use: Under consideration-priority 3	Support
1659 Submitted	IMM-2 Flu Immunization	IQR: Finalized, Meaningful Use: Under consideration-priority 3	Support
0132 Endorsed	Aspirin at arrival for acute myocardial infarction (AMI)	Meaningful Use: Under consideration-priority 3	Do Not Support. Data collection on this measure has been suspended in IQR
0136 Endorsed (NQF endorsement to be removed)	HF-1 Discharge instructions	IQR: Finalized, VBP: Finalized, Meaningful Use: Under consideration-priority 3	Do Not Support. Not recommended for continued NQF endorsement
0137 Endorsed	ACEI or ARB for left ventricular systolic dysfunction- Acute Myocardial Infarction (AMI) Patients	Meaningful Use: Under consideration-priority 3	Do Not Support. Data collection on this measure has been suspended in IQR

MAP Input on Measures Under Consideration: Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

NQF Measure Number and Status	Measure Title	Program Alignment	MAP Conclusion
0160 Endorsed	Beta-blocker prescribed at discharge for AMI	Meaningful Use: Under consideration-priority 3	Do Not Support. Data collection on this measure has been suspended in IQR
0301 Endorsed	SCIP-INF-6- Surgery patients with appropriate hair removal	Meaningful Use: Under consideration-priority 3	Do Not Support. Data collection on this measure has been suspended in IQR
0480 Endorsed	Exclusive Breastfeeding at Hospital Discharge	Meaningful Use: Under consideration-priority 1	Do Not Support. Measure is considered an issue of patient choice.
0481 Endorsed (NQF endorsement to be removed)	First temperature measured within one hour of admission to the NICU.	Meaningful Use: Under consideration-priority 1	Do Not Support. Measure not recommended for continued NQF endorsement.
0482 Endorsed (NQF endorsement to be removed)	First NICU Temperature < 36 degrees C	Meaningful Use: Under consideration-priority 1	Do Not Support. Measure not recommended for continued NQF endorsement.
Not NQF Endorsed	HF-2 & HF-3 to be combined into a single new measure.	Meaningful Use: Under consideration-priority 3	Do Not Support. No specifications provided and concerns that the second component of the measure would only apply to a portion of population.

Hospital Outpatient Quality Reporting

Program Measure Set Characterization

The Hospital Outpatient Quality Reporting Program (OQR) is a pay for reporting program for outpatient hospital services. The majority of the measures included in the program are NQF-endorsed. All NQS priorities are addressed, with safer care covered the most heavily. Supporting better health in communities, making care more affordable, and person- and family-centered care are addressed to a lesser extent. Measures related to six high-impact conditions are included in the program measure set. The majority of the measures in the program are process measures.

MAP Input on Measures

The program measure set contains 26 finalized measures. MAP identified this program as a major opportunity for cross-setting alignment; specifically, the measures used within this set should be harmonized with those included in clinician reporting programs. There were no measures under consideration by HHS for the OQR program. However, MAP supported the removal of seven measures from this program (see table below). Four of the

measures, OP-9, OP-10, OP-14, and OP-15, previously had been submitted for NQF endorsement, but were not endorsed. MAP supports the direction of these measures as imaging is an important area for measurement. As noted above in the IQR section, MAP recognizes the value of a surgical checklist, but believes this measure needs further development. There are two additional measures, OP-20 and OP-22, for which NQF endorsement will be removed due to challenges encountered in measure testing. MAP supports the direction of these measures, but determined they should not be retained in the OQR program set until they are further developed.

MAP Input On Finalized Measures: Hospital Outpatient Quality Reporting			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0498 Endorsed (NQF endorsement to be removed)	OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional	OQR: Finalized	Support Direction. Important concept but measure needs further development
0499 Endorsed (NQF endorsement to be removed)	OP-22: ED–Patient Left Without Being Seen	OQR: Finalized	Support Direction. Important concept but measure needs further development
Not NQF Endorsed	OP-9: Mammography Follow-Up Rates	OQR: Finalized	Support Direction. Important concept but measure needs further development
Not NQF Endorsed	OP-10: Abdomen CT-Use of contrast material: - for diagnosis of calculi in the kidneys, ureter, and/or urinary tract - excluding calculi of the kidneys, ureter, and/or urinary tract	OQR: Finalized	Support Direction. Important concept but measure needs further development
Not NQF Endorsed	OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	OQR: Finalized	Support Direction. Important concept but measure needs further development
Not NQF Endorsed	OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache	OQR: Finalized	Support Direction. Important concept but measure needs further development
Not NQF Endorsed	OP-25: Safe Surgery Checklist	OQR: Finalized	Support Direction. Important concept but measure needs further development

Program-Specific Measure Gaps

In addition to the measure gaps across the hospital programs noted above, MAP identified priority measure gaps specific to the OQR program:

- 3-item Care Transition Measure (CTM-3)
- Patient safety

- Risk-adjusted outcomes
- Weight and diabetes management

Ambulatory Surgical Center Quality Reporting

Program Measure Set Characterization

The Ambulatory Surgical Center (ASC) Quality Reporting Program is a pay for reporting program. All of the measures included within the program measure set are NQF-endorsed. The NQS priority of safer care is the primary focus of the set; no high impact conditions are directly addressed. The set only contains process and outcome measures; no cost, patient experience, or structural measures are included.

MAP Input on Measures

The program measure set contains six finalized measures. Although there were no new measures under consideration, MAP engaged in a high-level review of the existing measures within the program. MAP agrees strongly that ASCs should be held to the same standard as acute care hospital outpatient procedures and believes there should be greater alignment among surgical programs. An important area for expansion within this program measure set is the inclusion of care transitions and patient experience of care measures to support patient-centeredness and to ensure that patients are provided adequate follow-up instructions. The program set should also contain measures of the appropriateness of procedures. MAP suggests that SCIP measures be considered for the program set.

Program-Specific Measure Gaps

In addition to the measure gaps across the hospital programs noted above, MAP identified priority measure gaps specific to the ASC reporting program:

- Risk-adjusted outcomes
- SCIP measures
- Surgical CAHPS

Inpatient Psychiatric Hospital Quality Reporting

Program Measure Set Characterization

The Affordable Care Act established a new pay for reporting program for psychiatric hospitals and psychiatric units. All of the measures under consideration for this program measure set are NQF-endorsed. Three NQS priorities are addressed: safer care, effective care coordination, and person and family-centered care. The set includes only process measures and does not directly address any high impact conditions.

MAP Input on Measures

MAP reviewed six measures under consideration for the Inpatient Psychiatric Hospital Quality Reporting program (see table below). MAP supports the inclusion of all six measures into the program set. However, MAP raises caution about HBIPS-4 and HBIPS-5 because it may not always be appropriate to discontinue antipsychotic medications during a brief hospitalization for patients who arrive on multiple antipsychotics. MAP appreciates the alignment of this program measure set with The Joint Commission measures for Inpatient Psychiatric Hospitals.

MAP Input On Measures Under Consideration: Inpatient Psychiatric Hospital Quality Reporting			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0552 Endorsed	HBIPS-4: Patients discharged on multiple antipsychotic medications	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support
0557 Endorsed	HBIPS-6 Post discharge continuing care plan created	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support
0558 Endorsed	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support
0560 Endorsed	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support
0640 Endorsed	HBIPS-2 Hours of physical restraint use	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support
0641 Endorsed	HBIPS-3 Hours of seclusion use	Inpatient Psychiatric Quality Reporting: Under Consideration- Priority 1	Support

Program-Specific Measure Gaps

In addition to the measure gaps across the hospital programs noted above, MAP identified priority measure gaps specific to the Inpatient Psychiatric Hospital Quality Reporting program:

- Coordination between inpatient psychiatric care and alcohol/substance abuse treatment centers
- Outcome measures for after care – patients keeping follow up appointments
- Monitoring of metabolic syndrome for patients on antipsychotic medications
- Primary care follow up after discharges for psychiatric episodes

PPS-Exempt Cancer Hospital Quality Reporting

Program Measure Set Characterization

The PPS-Exempt Cancer Hospital Quality Reporting program is a new program established by the Affordable Care Act requiring the 11 PPS-exempt cancer hospitals to publicly report quality data. The measures under consideration by HHS for this program set include three NQF-endorsed measures and two measures recommended for endorsement in a current NQF endorsement maintenance project. Safer care and treatment/prevention of leading causes of morbidity and mortality (expanding the definition beyond cardiovascular disease) are represented; however, no other NQS priorities are addressed in this starter set. Two high impact conditions, breast cancer and colon cancer, are addressed. The program set contains only process and outcome measures; no cost or patient experience measures are included.

MAP Input on Measures

MAP reviewed five measures under consideration for the PPS-Exempt Cancer Hospital Quality Reporting program (see table below). MAP supports the inclusion of all five of the measures under consideration by HHS into this program set. MAP acknowledges that this is a limited starter set for measuring cancer care and expects to see this program expand within the coming years. MAP emphasizes the need for continued development of measures to fill the numerous gaps. Moving forward, it is also important to align quality measurement for PPS-exempt cancer hospitals with measurement in other settings where cancer patients receive care. MAP advises that cancer care measures should be included within the IQR measure set and that IQR measures should be applied to PPS-exempt cancer hospitals as a next step.

MAP Input On Measures Under Consideration: PPS-Exempt Cancer Hospital Quality Reporting			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0220 Endorsed	Adjuvant hormonal therapy	PPS Exempt Cancer Hospital Quality Reporting: Priority-1	Support
0223 Endorsed	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	PPS Exempt Cancer Hospital Quality Reporting: Priority-1	Support
0559 Endorsed	Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c, or Stage II or III hormone receptor negative breast cancer.	PPS Exempt Cancer Hospital Quality Reporting: Priority-1	Support

MAP Input On Measures Under Consideration: PPS-Exempt Cancer Hospital Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
PSM-001-10 Submitted	PSM-001-10 - National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	PPS Exempt Cancer Hospital Quality Reporting: Priority-3	Support
PSM-003-10 Submitted	PSM-003-10 - National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	PPS Exempt Cancer Hospital Quality Reporting: Priority-3	Support

Program-Specific Measure Gaps

In addition to the measure gaps across the hospital programs noted above, MAP identified priority measure gaps specific to the PPS-Exempt Cancer Hospital Quality Reporting program:

- Outcome measures , particularly measures of survival
- Health and well-being
- Patient Safety
- Prevention and screening
- Treatment of lung, prostate, gynecological, and pediatric cancers

Post-Acute Care/Long-Term Care Performance Measurement Programs: Input on Measures

Post-Acute/Long-Term Care Core Set of Measure Concepts

MAP developed a set of 12 core measure concepts that should be used to assess care across all PAC/LTC programs, particularly inpatient rehabilitation facilities, long-term care hospitals, nursing homes, and home health agencies. In reviewing existing measures utilized across post-acute and long-term care programs, MAP employed the NQS priorities as a roadmap to identify the six highest-leverage areas for measurement: function, goal attainment, patient and family engagement, care coordination, safety and cost/access. Within these areas, priority measure concepts identified are specific, yet flexible to allow for customization to address the unique care needs within each PAC/LTC program.

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none"> • Functional and cognitive status assessment • Mental Health
Goal Attainment	<ul style="list-style-type: none"> • Establishment of patient/family/caregiver goals • Advanced care planning and treatment
Patient Engagement	<ul style="list-style-type: none"> • Experience of care • Shared decision making
Care Coordination	<ul style="list-style-type: none"> • Transition planning
Safety	<ul style="list-style-type: none"> • Falls • Pressure ulcers • Adverse drug events
Cost/Access	<ul style="list-style-type: none"> • Inappropriate medicine use • Infection rates • Avoidable admissions

MAP used the PAC/LTC core concepts to guide its evaluation of the federal program measure sets and measures under consideration by HHS. Though the PAC/LTC core concepts were developed for nursing homes, home health agencies, inpatient rehabilitation facilities, and long-term care hospitals, MAP determined that many of these concepts also apply to end stage renal disease facilities and hospice care. Appendix 8 illustrates how PAC/LTC program measure sets align with the core concepts. For additional information on the development and application of the MAP PAC/LTC Care Core Measure Concepts please see the (link) [MAP PAC/LTC Coordination Strategy Report](#).

Overall Input Across for Post-Acute Care and Long-Term Care Performance Programs

Many of the PAC/LTC core concepts are gaps across all of the federal PAC/LTC performance measurement programs. Functional status is a high priority gap across all programs as assessing function and change in function over time is a baseline for tailoring care for individuals and population subsets. A second prominent gap is measures that incorporate the patient, family, and caregiver experience and their involvement in shared decision making. Family and/or caregiver participation in care delivery becomes even more important when patients are not able to participate in their own care planning. An additional prominent gap is measures that assess if care goals are established using a shared decision-making process and if those goals are attained. Many measures in PAC/LTC programs evaluate if assessments and reassessments occurred, there is a lack of measures understanding how providers use assessment information to tailor goals. Other priority gaps include:

- Establishing and attaining care goals
- Care coordination
- Cost
- Mental health

While the nursing home and home health performance measurement programs are long established, the requirement to report performance measures is new for other PAC/LTC providers. Accordingly, these providers

have few measures that are finalized or on the list of measures under consideration by HHS. Some measure gaps in these programs could potentially be addressed by adapting existing performance measures from Nursing Home Compare or Home Health Compare, also promoting alignment. As an initial step to promote alignment across all PAC/LTC programs, MAP suggests that the Three-Item Care Transition Measure (CTM-3) be specified and tested for use across all PAC/LTC programs to address comprehensive care coordination.

Information on the listing of measures can be found on the NQF [website](#).

CMS Nursing Home Quality Initiative and Nursing Home Compare

Program Measure Set Characterization

Nursing homes are required to collect and submit the Minimum Data Set (MDS) data which is used to generate 18 NQF-endorsed quality measures that are reported on Nursing Home Compare. For additional program information, please see Appendix 6. The Nursing Home Compare program measure set contains a mix of process and outcome measures that addresses two National Quality Strategy priorities, safety and prevention and treatment of leading causes of mortality and morbidity. The measure set lacks measures that represent other NQS priorities, including cost and experience of care measures.

MAP Input on Measures

There are no measures under consideration on the HHS list for 2012 federal rulemaking for Nursing Home Compare. In reviewing the previously finalized measures for Nursing Home Compare, MAP suggests that the measure set incorporate additional measures for short-stay residents to reflect the increase of this type of nursing home care. To promote alignment across programs, potential short-stay measures should align with measures selected for use in inpatient rehabilitation facilities. MAP also suggests including Nursing Home-CAHPS measures in the program to address patient experience.

Additional Measures for Inclusion in the Nursing Home Quality Initiative and Nursing Home Compare, Not Included in the HHS List			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0691 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument	NA	Support
0692 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	NA	Support
0693 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument	NA	Support

Home Health Quality Reporting

Program Measure Set Characterization

Medicare-certified home health agencies (HHAs) are required to collect and submit the Outcome Assessment Information Set (OASIS) data that is used to generate quality measures, a subset of which are reported on the Home Health Compare website. Currently, 23 of the 97 OASIS quality measures have been finalized for reporting on Home Health Compare. For additional program information, please see Appendix 6. All of the measures in the set are NQF-endorsed except for one. Emergency Department Use without Hospitalization was endorsed and had a specification change that will require a maintenance review. The program measure set addresses nearly all of the NQS priorities utilizing process, outcome, and experience of care measures. Cost measures are not included in the measure set.

MAP Input on Measures

There are no measures under consideration on the HHS list for 2012 federal rulemaking for Home Health Compare. In reviewing the previously finalized measures for Home Health Compare, MAP suggests adding Increase in Number of Pressure Ulcers (NQF #0181) to the program measure set. This measure is currently collected by HHAs through OASIS but is not publicly reported. While three other pressure ulcer process measures are publicly reported on Home health compare, this is an outcomes measure that is highly indicative of poor quality. MAP also noted recent attempts to include shared decision making in Home Health-CAHPS and suggests continuing to explore opportunities to assess shared decision making.

Additional Measure for Inclusion in Home Health Compare, Not Included in the HHS List			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0181 Endorsed	Increase in Number of Pressure Ulcers	Home Health Quality Reporting: Finalized	Support

Inpatient Rehabilitation Facilities Quality Reporting

Program Measure Set Characterization

Beginning in 2014, inpatient rehabilitation facilities (IRFs) will be required to report quality information. Failure to report quality data will result in a 2% reduction in the annual payment update for IRFs. For additional program information, please see Appendix 6. The program measure set includes two finalized NQF-endorsed outcome measures that address safer care; Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU)

Patients (NQF # 0138) and Percent of Residents with Pressure Ulcers that Are New or Worsened (short-stay) (NQF # 0678). The measure set lacks measures that represent the other NQS priorities and measures of process, cost, or experience. One of the measures in the set enables measurement across the episode of care. Both measures are used or finalized for use in other programs, thereby promoting alignment.

MAP Input on Measures

MAP supports the direction of all eight measures under consideration on the HHS list as each measure represents important aspects of care provided in IRFs. Four measures under consideration could be applied to IRFs, but the measures are not specified or tested for use in IRFs. For example, Incidence of Venous Thromboembolism (VTE), Potentially Preventable (NQF #0376) addresses a PAC/LTC core measure concept that is also a statutory requirement for IRF quality reporting, but the measure is only specified for the hospital setting. Similarly, MAP supports the direction of patient immunization measures (NQF #0680, 0682). In addition, MAP notes that the patient immunization measures may not be appropriate for acutely ill patients, and patients coming from hospitals are likely to have received immunizations in the hospital.

Four measures under consideration address a PAC/LTC core concept, but the measures need additional refinement to be applicable to IRFs; accordingly, MAP supports the direction of these measures. For example, Pain Management (NQF #0625) addresses a key component of functional status, which is a PAC/LTC core concept; however, this measure is not appropriate for IRFs as the measure is limited to patients who are medicated and does not address people with ongoing pain. A pain management measure more applicable to the IRF setting should assess whether pain is appropriately managed for all patients who experience pain, particularly if pain is interfering with their activities.

Similarly, MAP supports the direction of the functional status measures under consideration, but that lack specifications. MAP has previously noted that functional status assessment, specifically change in function over time, is a core concept across all PAC/LTC programs. In the absence of specifications and testing information, MAP cannot support the inclusion of the measures at this time, but encourages further exploration and refinement of these measures.

Finally, MAP highlighted that assessing access to community supports and to appropriate level of care are additional priority gaps specific to IRFs.

MAP Input On Measures Under Consideration: Inpatient Rehabilitation Facilities Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0376 Endorsed	Incidence of Venous Thromboembolism (VTE), Potentially Preventable	IRF: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs
0431 Endorsed	Staff Immunization	IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs
0675 Endorsed	The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction for IRF and LTCH. Pain management is needed; however, the measure is limited to patients who are medicated and does not address people with ongoing pain. The pain management measure reported by HHAs may be better and should be explored for application to IRFs and LTCHs.
0680 Endorsed	Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs
Not NQF Endorsed	Functional Outcome Measure (change from)	IRF: Under Consideration- Priority 1	Support Direction. Addresses a core concept but lacks specifications
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	IRF: Under Consideration- Priority 1,LTCH: Under Consideration- Priority 1	Support Direction. Addresses a core concept but lacks specifications
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	IRF: Under Consideration- Priority 1,LTCH: Under Consideration- Priority 1	Support Direction. Addresses a core concept but lacks specifications

Long-Term Care Hospital Quality Reporting

Program Measure Set Characterization

Beginning in 2014, long-term care hospitals (LTCHs) will be required to report quality information. Failure to report quality data will result in a 2% reduction in the annual payment update for LTCHs. For additional program information, please see Appendix 6. The program measure set includes three finalized NQF-endorsed outcome measures that address safer care; Urinary Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients (NQF # 0138), Central Line Catheter-Associated Blood Stream Infection (CLABSI) (NQF # 0139), and Percent of Residents with Pressure Ulcers that are New or Worsened (short-stay) (NQF # 0678)The measure set lacks measures that represent other NQS priorities as well as process, cost, and experience of care measures.

MAP Input on Measures

MAP supports the direction of all eight measures under consideration on the HHS list as each measure represents important aspects of care provided in LTCHs. The measures address PAC/LTC core concepts, but need to be specified and tested for LTCHs. Supporting alignment, six measures under consideration are also under consideration for IRFs.

MAP supports the direction of two measures under consideration solely for LTCHs, but both measures require additional refinement to be applicable. For example, MAP supports a physical restraints measure for LTCHs, such as Percent of Residents Who Were Physically Restrained-Long Stay (NQF #0687); however, additional consideration should be given to assessing number of days restrained, use of chemical restraints, and patient characteristics (e.g., acuity level, intubation) that may affect the decision to use physical restraints.

In addition to addressing gaps in the PAC/LTC core measure concepts for LTCHs, MAP indicated that measures for this program should also address delirium and the percent of patients returning to the community.

MAP Input on Measures under Consideration: Long-Term Care Hospital Quality Reporting			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0302 Endorsed	Ventilator Bundle	LTCH: Under Consideration- Priority 1	Support Direction. Requires specification and testing for use in LTCHs
0431 Endorsed	Staff Immunization	IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs

MAP Input on Measures under Consideration: Long-Term Care Hospital Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0675 Endorsed	The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction for IRF and LTCH. Pain management is needed; however, the measure is limited to patients who are medicated and does not address people with ongoing pain. The pain management measure reported by HHAs may be better and should be explored for application to IRFs and LTCHs.
0680 Endorsed	Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration- Priority 3,LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs
0687 Endorsed	Percent of Residents Who Were Physically Restrained (Long Stay)	Nursing Home: Finalized, LTCH: Under Consideration- Priority 3	Support Direction. Requires specification and testing for use in LTCHs
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	IRF: Under Consideration- Priority 1,LTCH: Under Consideration- Priority 1	Support Direction. Addresses a core concept but lacks specification
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	IRF: Under Consideration- Priority 1,LTCH: Under Consideration- Priority 1	Support Direction. Addresses a core concept but lacks specification

Hospice Quality Reporting

Program Measure Set Characterization

Beginning in 2014, hospice providers will be required to report quality information. Failure to report quality data will result in a 2% reduction in the annual payment update. For additional program information, please see Appendix 6. The Hospice Quality Reporting program measure set contains two measures; Comfortable Dying (NQF # 0209), which is NQF-endorsed and Hospice administers a quality assessment and performance improvement (QAPI) program containing at least three indicators related to patient care which is not NQF-endorsed. Both

finalized measures are outcome measures addressing two of the NQS priorities, care coordination and person- and family- centered care.

MAP Input on Measures

MAP supports the inclusion of all six measures under consideration as they address key aspects of hospice care. However, MAP suggests that hospice measurement needs to be broader, incorporating aspects beyond clinical care. Accordingly, prominent measure gaps include avoidable acute admissions and unnecessary end-of-life care. One measure under consideration, Family Evaluation of Hospice Care (NQF #0208), incorporates family involvement and experience, and should be applied to assess hospice care across all providers. Finally, MAP notes the need to move beyond the Medicare hospice benefit and identify patient-centered measures that broadly assess end-of-life preferences and care.

MAP Input on Measures under Consideration: Hospice Quality Reporting			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0208 Endorsed	Family Evaluation of Hospice Care (FEHC)	Hospice: Under Consideration- Priority 2	Support
1617 Recommended for Endorsement	Patients Treated with an Opioid who are Given a Bowel Regimen	Hospice: Under Consideration- Priority 2	Support
1634 Recommended for Endorsement	Hospice and Palliative Care – Pain Screening	Hospice: Under Consideration- Priority 2	Support
1637 Recommended for Endorsement	Hospice and Palliative Care – Pain Assessment	Hospice: Under Consideration- Priority 2	Support
1638 Recommended for Endorsement	Hospice and Palliative Care – Dyspnea Treatment	Hospice: Under Consideration- Priority 2	Support
1639 Recommended for Endorsement	Hospice and Palliative Care – Dyspnea Screening	Hospice: Under Consideration- Priority 2	Support

End Stage Renal Disease Quality Improvement

Program Measure Set Characterization

The End Stage Renal Disease (ESRD) Quality Initiative promotes improving the quality of care provided to ESRD patients through the End Stage Renal Disease Quality Incentive Program (ESRD QIP) and by public reporting on the Dialysis Facility Compare website. For additional program information please see Appendix 6. The finalized measure set includes 16 measures, the majority of which are NQF-endorsed. Two of the NQS priorities are addressed: safer care and person- and family-centered care. Nearly all the measures in the set are process and outcome measures; cost measures are not included.

MAP Input on Measures

MAP reviewed five measures under consideration and supports the inclusion of three measures that address statutory requirements and important clinical management issues. MAP does not support the inclusion of Vascular Access Infection to the program measure set as this measure is duplicative of an NQF-endorsed measure under consideration that MAP supports instead, NHSN Bloodstream Infection (NQF #1460). MAP supports the direction of the kt/V Dialysis Adequacy measure but advises that the composite should be tested to ensure feasibility prior to inclusion in the program.

MAP suggests removing two measures from the finalized measure set as NQF endorsement was recently removed: Assessment of Iron Stores (formerly NQF #0252) no longer meets the NQF-endorsement importance criterion; and Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose (formerly NQF #0248) assesses an intermediate outcome for which an outcome measure exists, the measure was not NQF-endorsed for harmonization issues.

Additionally, MAP proposes that the measure set address aspects of care beyond clinical care for dialysis patients. The measure set should address care coordination, physical and mental comorbidities, shared decision making, patient experience, and cost. As an initial step to addressing patient goals and preferences, MAP suggests the inclusion of assessment of health-related quality of life (NQF #0260 Physical & Mental Functioning: Percentage of Dialysis Patients Who Receive a Quality of Life Assessment Using the KDQOL-36 at Least Once Per Year. MAP also suggests that currently available depression screening measures be explored for application in ESRD facilities.

MAP Input on Measures under Consideration: End Stage Renal Disease Quality Improvement			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1423 Endorsed	Minimum spKt/V for Pediatric Hemodialysis Patients	ESRD: Under Consideration-Priority 1	Support
1454 Endorsed	Proportion of Patients with Hypercalcemia	ESRD: Under Consideration-Priority 1	Support
1460 Endorsed	Bloodstream Infection in Hemodialysis Outpatients	ESRD: Under Consideration-Priority 1	Support
Composite Not Endorsed. Composite combines endorsed measures #0249, 0318	Kt/V Dialysis Adequacy Measure	ESRD: Under Consideration-Priority 1	Support Direction. Composite should be tested to ensure feasibility
Not NQF Endorsed	Vascular Access Infection	ESRD: Under Consideration-Priority 1	Do Not Support. Duplicative of an NQF-endorsed measure under consideration, NQF #1460 NHSN Blood Stream Infection

MAP Input on Finalized Measures: End Stage Renal Disease Quality Improvement			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not Endorsed (formerly NQF #0248)	Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose	ESRD: Finalized	Do Not Support. This measure recently lost NQF-endorsement as it is an intermediate outcome to NQF#249. The steering committee recommended incorporation to #249.
Not Endorsed (formerly NQF #0252)	Assessment of Iron Stores	ESRD: Finalized	Do Not Support. This measure recently lost NQF-endorsement as it failed to meet the importance criteria.
Additional Measure for Inclusion in the End Stage Renal Disease Quality Improvement, Not Included in the HHS List			
NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0260 Endorsed	Assessment of Health-related Quality of Life in Dialysis Patients	NA	Support

Path Forward

In its first year, MAP has generated not only program- and measure-specific recommendations to HHS, but also broader coordination strategies for performance measurement across public- and private-sector programs. In addition to this 2012 Pre-Rulemaking Report, MAP will concurrently submit a PAC/LTC Coordination Strategy Report to HHS on February 1, 2012. On June 1, 2012, MAP will deliver a Hospice Coordination Strategy, a PPS-Exempt Cancer Hospital Coordination Strategy, and a Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Final Report to HHS. These forthcoming reports will complement previous MAP reports delivered on October 1, 2011: [Coordination Strategy for Clinician Performance Measurement](#), [Coordination Strategy for Healthcare-Acquired Conditions and Readmissions Across Public and Private Payers](#), [Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries \(interim report to HHS\)](#).

Throughout this work, MAP has identified and prioritized measure gaps that need to be filled. One high priority gap is person- and family-centered measures to assess the experiences of individuals as they transition among settings through periods of illness and health over time. MAP has repeatedly highlighted the lack of cost and appropriate use of services measures as another high priority gap area, despite our nation’s unsustainable health care expenditures and the impact on affordability of health care. These and other measure gaps may be arrayed across a spectrum from “true gaps,” where no measures exist, to implementation gaps, where measures exist but have not been deemed adequate or feasible to be incorporated into performance measurement programs. Resolving the gaps will require different strategies: defining measure concepts for true gaps; identifying funding

for measure development, testing, and endorsement; assigning stewardship for measure development and maintenance; constructing test beds; building a common data platform for efficient collection and reporting of data, including patient-reported data; and ensuring alignment of measurement across public and private programs.

MAP has also emphasized the need to establish feedback loops with HHS and the private sector regarding the actual use, implementation experience, and impact of performance measures. Assessing the qualitative and quantitative impact of measures in the field would provide new and important information for future MAP analyses and decision making. This would inform MAP's understanding of the effects of its past recommendations, including any potential unintended consequences, and allow future decision making to be more data-driven.

MAP's work is targeted toward the achievement of the three-part aim of the National Quality Strategy (NQS): better healthcare delivery, better health outcomes, and reduced waste. In pursuit of these aims, MAP has identified significant opportunities to further integrate its work with that of the National Priorities Partnership (NPP) in pursuit of mutual objectives defined by the NQS. Undertaking joint NPP and MAP planning to outline a MAP strategy with a 3-5 year planning horizon will provide a more coordinated approach to measure application.

ⁱ Department of Health and Human Services (HHS), *Report to Congress: National Strategy for Quality Improvement in Health Care*, Washington, DC: DHHS; 2011. Available at www.healthcare.gov/center/reports/nationalqualitystrategy032011.pdf. Last accessed August 2011.

ⁱⁱ National Quality Forum (NQF), *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, Washington, DC: NQF, 2010. Available at www.qualityforum.org/Publications/2010/01/Measurement_Framework_Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx. Last accessed December 2011.

ⁱⁱⁱ National Quality Forum (NQF), Measure Application Partnership (MAP), *Coordination Strategy for Clinician Performance Measurement*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx. Last accessed December 2011.