Measure Applications Partnership (MAP)

Uniform Data System for Medical Rehabilitation
Annual Conference

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Senior Program Director
National Quality Forum

August 9, 2012
Overview

- MAP Background
- MAP Framework for Aligned Performance Measurement
- MAP Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care
- MAP Pre-Rulemaking Input on Measures for Inpatient Rehabilitation Facilities
MAP Background
To improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;

- Endorsing national consensus standards for measuring and publicly reporting on performance; and

- Promoting the attainment of national goals through education and outreach programs.
Measure Applications Partnership

Statutory Authority

Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.
MAP Structure

- MAP Coordinating Committee
- Strategy Task Force

Subgroups:
- Hospital Workgroup
- Clinician Workgroup
- PAC/LTC Workgroup
- Dual Eligible Beneficiaries Workgroup

Task Forces:
- Cardiovascular and Diabetes Task Force
- Safety and Care Coordination Task Force
- Future Task Forces
# MAP Coordinating Committee Membership

<table>
<thead>
<tr>
<th>Organizational Members</th>
<th>Co-chairs</th>
<th>Subject Matter Experts</th>
<th>Federal Government Members</th>
<th>Accreditation/Certification Liaisons</th>
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<tbody>
<tr>
<td>AARP</td>
<td>George Isham, MD, MS</td>
<td>Richard Antonelli, MD, MS</td>
<td>Agency for Healthcare Research and Quality</td>
<td>American Board of Medical Specialties</td>
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<tr>
<td>Academy of Managed Care Pharmacy</td>
<td>Elizabeth McGlynn, PhD, MPP</td>
<td>Bobbie Berkowitz, PhD, RN, CNAA, FAAN</td>
<td>Centers for Disease Control and Prevention</td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td>AdvaMed</td>
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<td>Joseph Betancourt, MD, MPH</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>The Joint Commission</td>
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<td>AFL-CIO</td>
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<td>Ira Moscovice, PhD</td>
<td>Health Services and Resources Administration</td>
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<td>America’s Health Insurance Plans</td>
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<td>Harold Pincus, MD</td>
<td>Office of Personnel Management/FEHBP</td>
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<tr>
<td>American College of Physicians</td>
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<td>Carol Raphael, MPA</td>
<td>Office of the National Coordinator for HIT</td>
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<td>American College of Surgeons</td>
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<td>American Nurses Association</td>
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<td>Catalyst for Payment Reform</td>
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<td>Consumers Union</td>
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<td>Federation of American Hospitals</td>
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<td>LeadingAge</td>
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<td>Maine Health Management Coalition</td>
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<td>National Association of Medicaid Directors</td>
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<td>National Partnership for Women and Families</td>
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<td>Pacific Business Group on Health</td>
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**Measure Applications Partnership**

*CONVENE BY THE NATIONAL QUALITY FORUM*
## Measure Applications Partnership

### Initial Tasks

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<th>Performance Measurement Coordination Strategies</th>
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<tr>
<td>Coordination Strategy for Clinician Performance Measurement</td>
<td>Reports submitted October 1, 2011</td>
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<tr>
<td>Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Interim Report</td>
<td>Report submitted February 1, 2012</td>
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</table>

**Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care**

**Coordination Strategy for PPS-Exempt Cancer Hospital Performance Measurement**

**Coordination Strategy for Hospice Performance Measurement**

**Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Final Report**

### Annual Pre-rulemaking Input to HHS

| MAP Pre-Rulemaking Report | Report submitted February 1, 2012 |

Reports can be found at this link on the [NQF website](#).
## Measure Applications Partnership

### Upcoming Work

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Date Due to HHS</th>
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<tbody>
<tr>
<td>Outline of Approach to MAP Strategic Plan</td>
<td>June 1, 2012</td>
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<tr>
<td>• <strong>MAP Strategic Plan for Aligning Performance Measurement</strong></td>
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<tr>
<td>• <strong>Refined MAP Measure Selection Criteria and High-Impact Conditions</strong></td>
<td>October 1, 2012</td>
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<tr>
<td>• <strong>Families of Measures:</strong></td>
<td></td>
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<tr>
<td>- Cardiovascular Health &amp; Diabetes + cost of care implications</td>
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<tr>
<td>- Patient Safety &amp; Care Coordination + cost of care implications</td>
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<tr>
<td>Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Interim Report</td>
<td>December 28, 2012</td>
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<tr>
<td>MAP Pre-Rulemaking Input</td>
<td>February 1, 2013</td>
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<tr>
<td>Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Final Report</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>• Cost of care (e.g., total cost, resource use, appropriateness)</td>
<td>TBD - 2013</td>
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<tr>
<td>• Families of Measures: Population Health, Patient and Family Engagement, and Mental Health</td>
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MAP Framework for Aligned Performance Measurement
GOAL: Achieve improvement, transparency, and value, in pursuit of the aims, priorities and goals of the National Quality Strategy

Objectives:
- Improve outcomes in high-leverage areas for patients and their families (i.e., progress towards realization of the NQS)
- Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value
- Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden
HHS National Quality Strategy Aims and Priorities

- Working with communities to promote wide use of best practices to enable healthy living
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Ensuring that each person and family are engaged as partners in their care
- Making care safer by reducing harm caused in the delivery of care
- Promoting effective communication and coordination of care
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models
Families of Measures and Core Measure Sets to Align Performance Measurement Across Federal Programs and Public and Private Payers and to encourage best use of available measures in specific HHS and private sector programs

- Family of measures – “related available measures and measure gaps for specific topic areas that span programs, care settings, levels of analysis, and populations” (e.g., care coordination family of measures, diabetes care family of measures)

- Core measure set – “available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations” (e.g., care coordination family of measures, diabetes care family of measures)
Families of Measures:
Populating Core Measure Sets

- Safety
- Prevention & Treatment: Diabetes
- Cost

Families of Measures

PAC/LTC
Core Measure Sets

Subtopics of Measurement
1. Measures are NQF-endorsed or meet the requirements for expedited review
2. Adequately addresses each of the National Quality Strategy (NQS) priorities
3. Adequately addresses high-impact conditions relevant to the program’s intended population(s)
4. Promotes alignment with specific program attributes, as well as alignment across programs
5. Includes an appropriate mix of measure types
6. Enables measurement across the person-centered episode of care
7. Includes considerations for healthcare disparities
8. Promotes parsimony
MAP Performance Measurement
Coordination Strategy for Post-Acute Care and Long-Term Care
Elements of a Performance Measurement
Coordination Strategy

- Alignment Challenges
- Measures and measurement issues
  - Priority areas for measurement
  - Core measure concepts across PAC/LTC settings
  - Identification of priority measure gap concepts
- Data sources and HIT implications
- Pathway for improving measure application
PAC/LTC Measure Alignment Considerations

Need to balance customizing measures for each setting with alignment across settings:

- Distinct types of care and levels of care across post-acute care and long-term care settings
- Multiple provider types with varying payment structures (particularly differing requirements between Medicare and Medicaid)
- Similar measure concepts should be standardized across settings; however, additional measures should address the unique qualities of each setting
- Use of multiple assessment tools to capture similar information
## PAC/LTC High-Leverage Opportunities and Core Measure Concepts

<table>
<thead>
<tr>
<th>Highest-Leverage Areas for Performance Measurement</th>
<th>Core Measure Concepts</th>
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</table>
| Function                                          | • Functional and cognitive status assessment  
• Mental health                                    |
| Goal Attainment                                   | • Establishment of patient/family/caregiver goals  
• Advanced care planning and treatment             |
| Patient Engagement                                | • Experience of care  
• Shared decision-making                           |
| Care Coordination                                 | • Transition planning |
| Safety                                            | • Falls  
• Pressure ulcers  
• Adverse drug events                             |
| Cost/Access                                       | • Inappropriate medicine use  
• Infection rates  
• Avoidable admissions                             |
PAC/LTC Priority Measure Gaps

- Functional status
- Patient-reported measures
  - Patient experience
  - Shared-decision making
  - Establishment of patient/family/caregiver goals
- Care coordination
  - Communication across settings
  - Transition planning
- Cost, overuse
- Mental health
MAP Data Platform Principles

- **A standardized measurement data collection and transmission infrastructure** is needed across all payers and settings to support data flow and reduce data collection burden.
  - New tools or data collection systems must build on or replace current processes to avoid additional burden

- **A library of all data elements needed for all PAC/LTC measures** should be created and maintained.
  - CARE tool could potentially be used across all PAC and LTC settings, replacing current tools
  - CARE tool should align with the Quality Data Model and requires additional field testing

- **Data collection should occur during the course of care**, when possible, to minimize burden and maximize the use of data in clinical decision making.
  - Enable capture of patient goals and preferences, monitor progress on care plan

- **Systematic review of data and feedback loops** should be implemented to ensure data integrity and to inform continuous improvement of data validity and measure specifications.

- **Timely feedback of measurement results** is imperative to support improvement, inform purchaser and consumer decision making, and monitor cost shifting.
MAP Pre-Rulemaking Input on Measures for Inpatient Rehabilitation Facilities
Pre-Rulemaking Input

- Provided input on over 350 measures under consideration by HHS for nearly 20 Federal performance measurement programs:
  - **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
    » 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
      - For nearly 70% of the measures within the do not support category, MAP did not have enough information to complete its evaluation, so could not support those measures at this time
<table>
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<tr>
<th>Federal Program for Pre-rulemaking</th>
<th>MAP Workgroup</th>
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<tr>
<td>Value-Based Payment Modifier</td>
<td>Clinician Workgroup</td>
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<tr>
<td>Physician Quality Reporting System</td>
<td>Hospital Workgroup</td>
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<td>Medicare and Medicaid EHR Incentive Program for Eligible Professionals</td>
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<td>Medicare Shared Savings Program</td>
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<td>Hospital Inpatient Quality Reporting</td>
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<td>Hospital Value-Based Purchasing</td>
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<tr>
<td>Hospital Outpatient Quality Reporting</td>
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<tr>
<td>Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs</td>
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<tr>
<td>Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting</td>
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<td>Inpatient Psychiatric Facility Quality Reporting</td>
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<td>Ambulatory Surgical Center Quality Reporting</td>
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<td>Home Health Quality Reporting</td>
<td>PAC/LTC Workgroup</td>
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<tr>
<td>Nursing Home Quality Initiative and Nursing Home Compare Measures</td>
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<td>Inpatient Rehabilitation Facility Quality Reporting</td>
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<td>Long-Term Care Hospital Quality Reporting</td>
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<td>Hospice Quality Reporting</td>
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<tr>
<td>End Stage Renal Disease Quality Management</td>
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Pre-Rulemaking Input – General Themes

- The National Quality Strategy (NQS) provides the guiding framework for MAP decision making and is reflected as a key component of the MAP Measure Selection Criteria.

- MAP adopted a person-centered approach to measure selection, encouraging broader use of patient-reported measures such as the Clinician Group-Consumer Assessment of Healthcare Providers (CG-CAHPS).

- Many high priority measurement gaps were identified, including measures of patient experience, functional status, shared decision making, care coordination, cost, appropriateness of care, and mental health.

- Program measure sets generally lack measures of cost.

- Measures used in federal programs should promote team-based care and shared accountability through population-level measurement, as exemplified by the Medicare Shared Savings Program.
Important measures of changes in functional status; whether personalized care goals are established and attained; and patient, family, and caregiver experience are limited, if not entirely absent, from PAC/LTC programs.

Measure gaps can potentially be addressed by adapting existing performance measures from Nursing Home Compare or Home Health Compare, which would also promoting alignment.

Measure set should address aspects of care beyond clinical care:
- Include assessment of health-related quality of life measure
- Explore available depression screening measures
Inpatient Rehabilitation Facilities (IRFs) Quality Reporting Program

- Beginning in 2014, IRFs will be required to report quality information or incur a 2 percent reduction in the annual payment update for IRFs.

- The program measure set includes two finalized NQF-endorsed outcome measures:
  - NQF #0138 Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients
  - NQF #0678 Percent of Residents with Pressure Ulcers that are New or Worsened (short-stay)
MAP had supported the direction of all 8 measures on HHS’ list of measures under consideration:

- Address important aspects of care provided in IRFs
- Measures were either lacking specifications, had not been specified/tested in the IRF setting, or were too limited in scope
- None of these measures were proposed by HHS
### Pre-Rulemaking Measures Under Consideration

<table>
<thead>
<tr>
<th>NQF Measure #/Status</th>
<th>Measures under consideration</th>
<th>MAP Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0376 Endorsed</td>
<td>Incidence of Venous Thromboembolism (VTE), Potentially Preventable</td>
<td>Support Direction. Requires specification and testing for use in IRFs.</td>
</tr>
<tr>
<td>0431 Endorsed</td>
<td>Staff Immunization</td>
<td>Support Direction. Requires specification and testing for use in IRFs and long-term care hospitals (LTCHs.)</td>
</tr>
<tr>
<td>0675 Endorsed</td>
<td>The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)</td>
<td>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.</td>
</tr>
<tr>
<td>0680 Endorsed</td>
<td>Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)</td>
<td>Support Direction. Requires specification and testing for use in IRFs and LTCHs.</td>
</tr>
<tr>
<td>0682 Endorsed</td>
<td>Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</td>
<td>Support Direction. Requires specification and testing for use in IRFs and LTCHs.</td>
</tr>
<tr>
<td>Not NQF Endorsed</td>
<td>Functional Outcome Measure (change from)</td>
<td>Support Direction. Addresses a core concept but lacks specifications.</td>
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<tr>
<td>Not NQF Endorsed</td>
<td>Functional Outcome Measure (change in mobility)</td>
<td>Support Direction. Addresses a core concept but lacks specifications.</td>
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<tr>
<td>Not NQF Endorsed</td>
<td>Functional Outcome Measure (change in self-care)</td>
<td>Support Direction. Addresses a core concept but lacks specifications.</td>
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</table>
In the CY 2013 OPPS/ASC proposed rule HHS is proposing to:

- Retain exiting measures
  - NQF #0138 Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure—measure was recently endorsed for use in IRFs
  - NQF #0678 Percent of Residents with Pressure Ulcers that are New or Worsened—NQF consideration for expansion to IRFs is still in progress

- Streamline rulemaking process
  - Substantial updates to measures (i.e., fundamental changes) will be considered through the rulemaking process
  - Any measure that has been adopted for use in the IRF QRP will remain in effect until the measure is actively removed, suspended, or replaced
  - Removed measures will go through the annual rulemaking process
Ways to Participate in MAP Activities

- Visit the NQF website
- Attend MAP committee and workgroup meetings
  - All meetings are open to NQF members
  - Upcoming Meetings:
    » Coordinating Committee In-Person Meeting, August 14-15, 2012
  - Materials located on NQF website
- Public comment periods for reports
- Annual nomination process for new MAP members
Thank You!

Measure Applications
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