

MEASURE APPLICATIONS PARTNERSHIP

PRE-RULEMAKING REPORT:

Input on Measures Under Consideration by HHS for 2012 Rulemaking

FINAL REPORT



NATIONAL
QUALITY FORUM

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EXECUTIVE SUMMARY

In past years, The Department of Health and Human Services (HHS) has issued draft rules one healthcare program at a time, inclusive of proposed measures within that program; the market responds via comments; final rules are issued and measures intended to gauge performance are implemented. This process has run smoothly but has not deliberately encouraged a cross-program look at measures in use by the federal government—missing valuable opportunities to create a fully coordinated vision for performance measurement and send strong, unified signals to the healthcare market about incentives and which performance goals to align with. Importantly, the private sector has largely been the recipient of federal rulemaking, with limited ability to provide real world input that could prove beneficial to the optimal shape of rules with respect to selection of measures.

The Measure Applications Partnership (MAP) is in its first year of existence as a public-private partnership. MAP derives its statutory authority from the Affordable Care Act (ACA), and represents an important innovation in the regulatory process. Convened by the National Quality Forum (NQF), the MAP's primary purpose is to provide input to HHS on selecting performance measures for public reporting, performance-based payment programs, and other purposes. Made up of more than 60 organizations representing major stakeholder groups, 40 individual experts, and nine federal agencies, the composition of MAP participants is noteworthy. Its diverse, public-private nature ensures future federal strategies and rulemaking with respect to measure selection is informed upstream by varied, thoughtful organizations that are invested in the outcomes of the measurement decisions made.

Two months ago, HHS published an extensive list of measures under consideration by the agency for use in clinician, hospital, and post-acute

care/long-term care performance measurement programs in 2012. MAP's charge with respect to these measures: evaluate them pre-rulemaking, and provide input back by February 1, 2012 to HHS on which measures could be optimally deployed in 2012 federal rules for improvement and accountability purposes.

The MAP, using Measure Selection Criteria that were shaped over six months, went measure by measure to winnow the pool down to a focused core set it feels represents the most beneficial for use in public reporting and performance based payment programs. More simply put, the measures MAP supports for use in 2012 hold the most promise for incentivizing performance that will lead to marked improvement in health and healthcare. This work required a deliberate but expedient process, conducted first in segments within each of MAP's smaller workgroups, and then synthesized in this report by the MAP Coordinating Committee, whose charge is to finalize the input on behalf of the Partnership.

The MAP Pre-Rulemaking Report indicates one of the following three conclusions for each measure or measure concept:

Support the measure

MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program (approximately 40 percent 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 percent of the measures under consideration).

Do not support the measure

Measure is not recommended for inclusion in the associated federal program (approximately 45 percent of the measures under consideration).

- » *For nearly 70 percent 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.*

MAP carefully weighed many potential measures that came before it within the extensive list put forward by HHS for consideration. In those, there were several measure ideas that offer promise for meeting important measurement gaps – such as patient experience or cost – but lacked enough specificity, testing, or proof of implementation feasibility to be considered a fully cooked measure for use in public reporting or performance-based payment programs. Precision matters in measurement, and with performance-based

payment on the line in some cases, MAP signaled in its report where it saw promising signs of innovation within measure development but not enough specificity to greenlight the idea for adoption in 2012 federal rulemaking. In these cases, MAP hopes the measure development community takes its input as inspiration to push its measure ideas to the next level of specificity and testing to ensure their work could be considered for future use in federal rules. It also hopes that HHS finds in this segment of input strong signals for where measure development dollars could be focused, to yield the kind of measures that would fill critical gaps.

In addition to providing input to HHS on measures under consideration for nearly 20 federal programs, the front end of this 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.

This report offers a pioneering approach to selecting measures for use in federal healthcare programs. Its results, in the form of input on which measures should be used in 2012 federal rules for nearly 20 different healthcare programs and in articulating a vision and case for enhanced measure alignment, is positive proof that public-private sector collaboration can accelerate our ability to achieve the triple aim that underpins our National Quality Strategy: healthier people and communities, better care, and more affordable

care. Creating a measurement strategy and implementation plan that is crosscutting and coordinated across settings of care, federal/state/private programs, levels of measurement analysis, payer type and points in time is not an overnight prospect, but important, unprecedented steps in the direction of strategic alignment were taken in crafting this report and the input contained within it.

In addition to this new pre-rulemaking report, MAP has presented to HHS measurement coordination strategy reports on patient safety, clinician performance, and the dual eligible beneficiaries population. Future reports will include focused discussion on the long-term care and post-acute care environment, hospice, cancer hospitals, and a second report on the dual eligible beneficiaries' population. These MAP reports taken in totality are intended to help elucidate the highest leverage points available to the federal government to accelerate improvement; streamline its signals to the market about what matters most with respect to performance; and make strategic investments in its work for the ultimate goal of helping patients and creating a system that generates more value for all.

Humbled by the task at hand, and inspired by a vision of achieving a safer, more value-drive healthcare system, MAP offers this report with gratitude to the many who devoted hours of their time to rise to this important, but somewhat daunting challenge and set of deliberations. MAP is pleased to have the opportunity to help facilitate the federal government's challenging and critical transition from volume to performance-based pay and public reporting, a critical part of delivering higher-quality, more affordable care for patients and communities.

Key Findings of the MAP Pre-Rulemaking Report

- 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. Gaps can be “implementation” gaps where appropriate measures exist but are not included in a given program, or “development” gaps where the desired measures are extremely limited or do not currently exist.
- Program measure sets generally lack measures of cost, and MAP supported the direction of the Medicare Spending per Beneficiary for the Hospital Value Based Purchasing program pending further specifications and testing.
- 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. For population-level measures, MAP encourages exploration of attribution at the individual clinician or facility level, which would yield meaningful information for consumer and purchaser decision making.

- Composite measures offer a comprehensive picture of patient care for a specific condition or an overall institution. Composite measures should also allow for examination of individual component scores to assist providers in addressing the specific care improvement opportunities.
- Measures should align across programs addressing similar settings of care, for example, encouraging greater overlap between Hospital Inpatient Quality Reporting and PPS-exempt Cancer Hospital Reporting Program measures. Similarly, there should be a focus on synchronized “families” of measures across care settings where comparable care is provided, such as the Hospital Outpatient Quality Reporting and the Physician Quality Reporting System.
- 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.
- Over time, as Health IT becomes more effective and interoperable, the Meaningful Use program should have a greater focus on health IT-sensitive measures (i.e., measures that provide information on whether electronic health records are changing care processes) and health IT-enabled measures (i.e., measures that require data from multiple settings/providers or are longitudinal and would require an health IT-enabled collection platform to be fully operational).
- Federal programs should augment measure alignment between public and private sectors, including the utilization of existing Maintenance of Certification (MOC) requirements and clinical registries in clinician performance measurement programs.
- 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.
- MAP needs 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.
- 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.

GLOSSARY

- **Support the measure**—MAP supports the measure for inclusion in the associated federal program during the 2012 rulemaking cycle for that program
- **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
- **Do not support the measure**—Measure is not recommended for inclusion in the associated federal program at this time
- **Finalized Measures**—Measures that have been finalized through previous rulemaking
- **Measure Under Consideration**—Measures that CMS is considering for 2012 rulemaking
- **Category 1:** High Priority for MAP Review; not currently in any other CMS program
- **Category 2:** Medium Priority for MAP Review; not currently in any other CMS program
- **Category 3:** Currently included in one or more CMS programs, but under consideration for another CMS program
- **LTCH:** Long-Term Care Hospital Quality Reporting
- **MSSP:** Medicare Shared Savings Program
- **MU:** Meaningful Use. This is an abbreviation for both the Medicare and Medicaid EHR Incentive Program for Eligible Professionals and the Medicare and Medicaid EHR Incentive Programs for Hospitals and CAHs
- **OQR:** Hospital Outpatient Quality Reporting
- **PQRS:** Physician Quality Reporting System
- **VBP:** Hospital Value-Based Purchasing
- **VM:** Value-Based Payment Modifier (Value-Modifier)

Organization Abbreviations

Program Abbreviations

- **ASC:** Ambulatory Surgical Center Quality Reporting
- **ESRD QIP:** End State Renal Disease Quality Improvement Program
- **HHC:** Home Health Compare
- **IQR:** Hospital Inpatient Quality Reporting
- **IRF:** Inpatient Rehabilitation Facility Quality Reporting
- **AAMC:** Association of American Medical Colleges
- **AANS:** American Association of Neurological Surgeons
- **ABIM:** American Board of Internal Medicine
- **ACC:** American College of Cardiology
- **ACG:** American College of Gastroenterology
- **ACRheum:** American College of Rheumatology
- **ACS:** American Cancer Society
- **AGA:** American Gastroenterological Association
- **AHA:** American Hospital Association
- **AJCC:** American Joint Committee on Cancer
- **AMA:** American Medical Association
- **AMRPA:** American Medical Rehabilitation Providers Association

- **ANA:** American Nurses Association
- **APTA:** American Physical Therapy Association
- **ASGE:** American Society for Gastrointestinal Endoscopy
- **CAPC:** Center to Advance Palliative Care
- **CMS:** Centers for Medicare and Medicaid Services
- **FAH:** Federation of American Hospitals
- **GNYHA:** Greater New York Hospital Association
- **HHS:** Department of Health and Human Services
- **IHA:** Iowa Hospital Association
- **NCHPC:** The National Coalition for Hospice and Palliative Care
- **NCQA:** National Committee for Quality Assurance
- **NPP:** National Priorities Partnership
- **NPWH:** National Partnership for Women & Families
- **NQF:** National Quality Forum
- **NYCDHMH:** New York City Department of Health and Mental Hygiene
- **PCPI:** Physician Consortium for Performance Improvement
- **SHM:** Society of Hospital Medicine
- **CTM-3:** Three-Item Care Transitions Measure
- **EHR:** Electronic Health Record
- **HACs:** Healthcare-Acquired Conditions
- **HBIPS:** Hospital-Based Inpatient Psychiatric Services
- **HHA:** Home Health Agency
- **IT:** Information Technology
- **MAP:** Measure Applications Partnership
- **MOC:** Maintenance of Certification
- **NHSN:** National Healthcare Safety Network
- **NQS:** National Quality Strategy
- **OASIS:** Outcome Assessment Information Set
- **PAC/LTC:** Post-Acute Care/ Long -Term Care
- **PHQ-9:** Patient Health Questionnaire-9
- **QAPI:** Quality Assessment and Performance Improvement
- **TAM:** Tobacco and Alcohol Measures

Other Abbreviations

- **CAH:** Critical Access Hospital
- **CAHPS:** Consumer Assessment of Health Providers and Systems
- **CG-CAHPS:** Clinician/Group—Consumer Assessment of Healthcare Providers and Systems

INTRODUCTION

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. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for various uses (see Appendix 1 for ACA Section 3014).

MAP’s careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—is designed to provide HHS with thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration by HHS for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way. (see Appendix 2 for additional background on MAP; see Appendix 3 for MAP Coordinating Committee and Workgroup rosters).

The MAP Pre-Rulemaking Report provides input on over 350 measures under consideration by HHS for nearly twenty clinician, hospital, and post-acute care/long-term care performance measurement programs, indicating one of the following three conclusions for each measure (see Appendix 4 for MAP pre-rulemaking process):

- **Support the measure**—MAP supports the measure for inclusion in the associated federal program during the 2012 rulemaking cycle for that program (approximately 40 percent of the measures under consideration).

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In addition to providing input to HHS on measures under consideration for nearly twenty federal programs, the front end of this 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 this 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 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; defining and clearly assigning accountability to the appropriate stakeholders within the healthcare system; investment in health information technology (IT) to support clinician and patient decisions; and active engagement of patients and families in development and implementation of treatment goals. 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, and patient-reported outcomes).

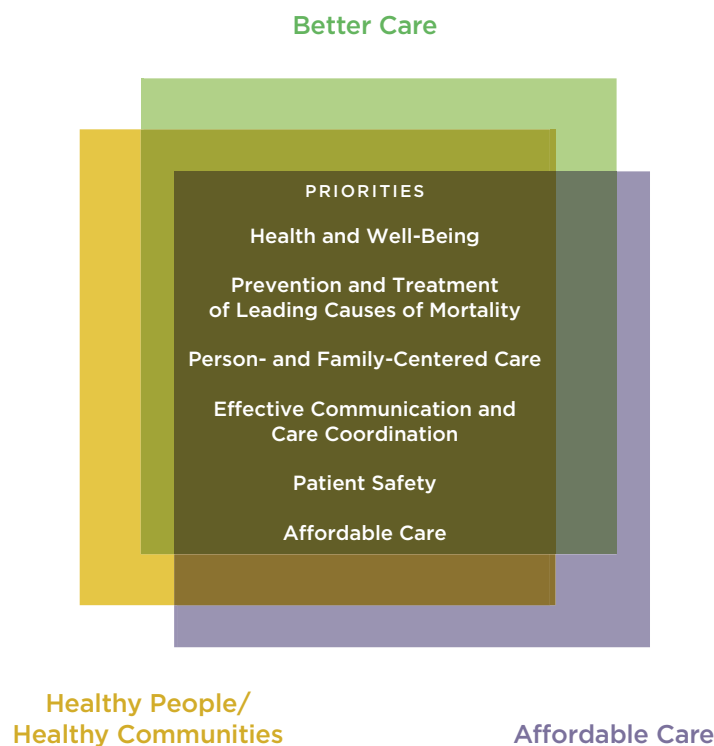
National Quality Strategy

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,¹ 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



MAP Measure Selection Criteria

MAP has developed Measure Selection Criteria to guide its evaluations of program measure sets. The term “measure set” can refer to a collection of measures—for a program, condition, procedure, topic, or population. For the purposes of MAP’s pre-rulemaking analysis, we qualify the term measure set as a “program measure set” to indicate the collection of measures used in a given federal public reporting or performance-based payment program .

The Measure Selection 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.³ 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.

The MAP Measure Selection Criteria and Interpretive Guide were finalized at the November 1, 2011, Coordinating Committee in-person meeting (see Appendix 5 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.

Public commenters supported the MAP Measure Selection Criteria and noted that the tool served MAP well in its pre-rulemaking activities.

Person-Centered Measurement

One of the NQS priorities, person- and family-centered care, is meant to better align healthcare with the needs and preferences of the individual and on producing the best outcomes for individuals and populations in accordance with their values and preferences. MAP's vision for performance measurement, therefore, is centered on the person that healthcare 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, care coordination and transitions, and experience with care, as well as measures of total cost of care and consumer out-of-pocket spending.² Furthermore, collecting socio-demographic data at the person level is necessary to identify and reduce healthcare 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 and be more meaningful to consumers and purchasers of care.

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. Measure gaps include "implementation gaps," where appropriate measures exist but are not included in a given program, as well as "development gaps," where the desired measures are extremely limited or do not currently exist. For example, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a standardized, publicly reported survey of patients' perspectives of hospital care, but is not applied across all federal hospital public reporting and performance-based payment programs (implementation gap regarding patient experience measures). In contrast, measures of shared decision making are absent from federal public reporting and payment programs given the limited number of validated performance measures addressing this area (development gap regarding shared decision making measures).

Public comments emphasized the importance of addressing the different types of measure gaps through concerted federal and private collaboration and support. A prioritized and well-funded approach to addressing measure gaps is needed to advance the state of performance measurement beyond our current plethora of disease- and setting-specific measures.

Measures Across Multiple Levels in the Healthcare System

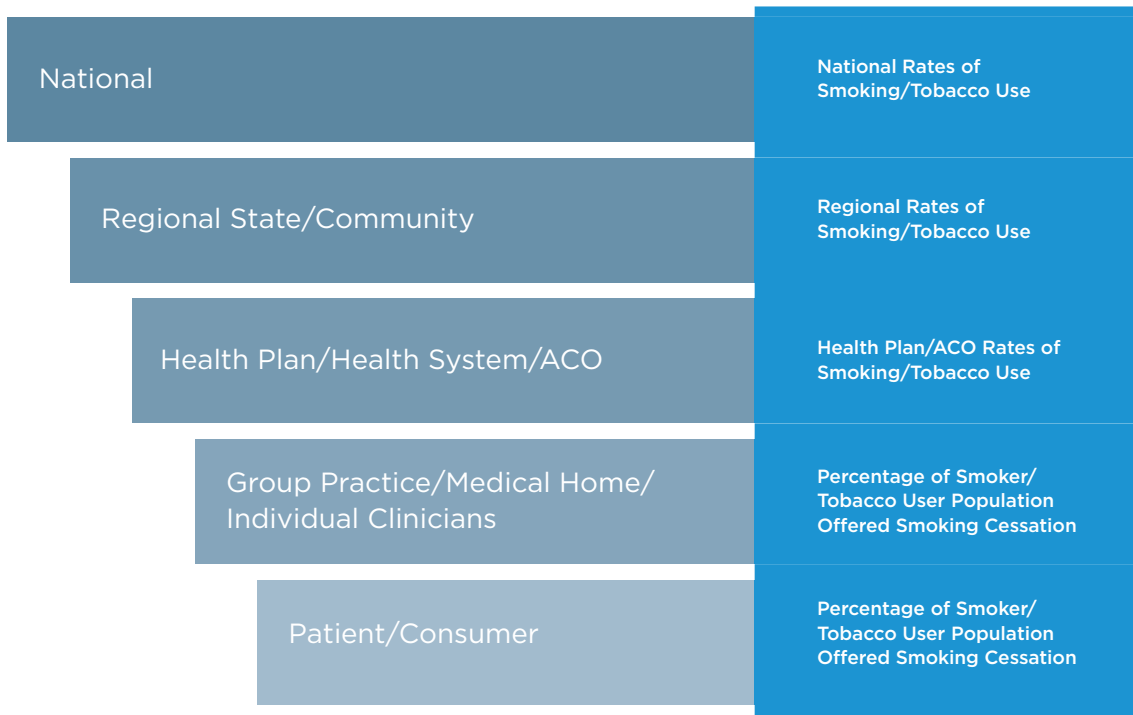
MAP's framework for aligned performance measurement considers the use of measures across multiple layers of the healthcare system—specifically, "families" of related measures that are person-centered and flow from the NQS down through various levels of accountability (Figure 2). Using related measures 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 illustrative 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, Hospital Value Based Purchasing, Hospital Outpatient 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). Through consideration of key measures and gaps for a given setting, MAP could better determine whether measures under consideration for federal rulemaking represent a valuable addition.

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. The Figure 3 illustration uses the care coordination measures supported by MAP for inclusion in programs under 2012 federal rulemaking. 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 post-acute care and long-term care (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 Centers for Medicare & Medicaid Services (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 emergency room (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 Program (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 National Committee for Quality Assurance (NCQA) Medication Reconciliation measure (NQF #0097), 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 recommended further exploration of NQF #0097 within 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 Settings			
	Clinician	Hospital	Post-Acute Care/ Long-Term Care
Care Transitions¹	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)
Readmissions²	Readmission measures are a Priority measure gap and serve as a proxy for care coordination	Supported the inclusion of both a readmission measure that crosses conditions and readmission measures that are condition-specific.	Identified avoidable admissions/readmissions (both hospital and ER) as Priority measure gaps
Medication Reconciliation³	Support inclusion of measures that can be utilized in a health IT environment including medication reconciliation measure (NQF #0097)	Recognized of the importance of medication reconciliation upon both admission and discharge, particularly with the dual eligible beneficiaries and psychiatric populations	Identified potential measures for further exploration for its use across all PAC-LTC settings (i.e., NQF #0097)

1 Care Transitions

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

0326 Advance Care Plan, NCQA

0338 Home Management Plan of Care Document Given to Patient/Caregiver, The 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

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

2 Readmissions

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.

3 Medication Reconciliation

0097 Medication Reconciliation, NCQA

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.

Opportunity for Alignment Across Programs: 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 related 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 enrolled in both Medicare and Medicaid. 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. Because of these and other factors, care for the dual eligible beneficiary population is disproportionately expensive and presents an important opportunity to address the affordability aspect of the NQS.

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 inclusion 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 an entire patient population, cross-cutting outcome and composite measures could be emphasized over measures that focus on a single process. Such an approach would minimize the use of condition-specific measures in public reporting and performance-based payment, 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 healthcare delivery and outcomes. Many measures can identify disparities if analyzed by gender, race/ethnicity, disability status, 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 6). The five high-leverage opportunity areas for improvement through performance measurement are: 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 by HHS for use in multiple programs;

- All 10 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 that 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 care that promotes the highest possible quality of life by responding to individuals’ goals and preferences.

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, the measure sets are largely condition-specific and there are measure gaps in informed decision-making, discharge planning, geriatric care, and other areas. 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 by MAP 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.

PRE-RULEMAKING INPUT

Clinician Performance Measurement Programs: Input on Measures

Clinician Core Measure Set and Priority Measure Gaps

As an initial step in identifying measure alignment opportunities, MAP looked to the Physician Value-Based Payment Modifier measures 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 7 contains the value-modifier measures and identified gaps). Several priority measure development and implementation gaps persist across all of the federal clinician measurement programs:

- Patient-reported outcomes, health-related quality of life
- Shared decision-making, patient activation, care planning
- Care coordination
- Multiple chronic conditions
- Palliative and end-of-life care
- 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 many clinicians. As these gaps are filled, MAP suggests a focus on cross-cutting measures in clinician performance measurement programs.

MAP noted that the 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 healthcare decisions through individual-level measurement.

As an initial step toward addressing the lack of patient experience measures in some federal programs, 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 the MSSP. While several public commenters agreed with MAP's advice to apply CG-CAHPS across all clinician performance measurement programs,

others cautioned that CG-CAHPS should not be incorporated into other programs until implementation experience with CG-CAHPS in the Medicare Shared Savings program can be assessed. Commenters are interested in the value of the data generated, as well as implementation issues. 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 Across Clinician Programs

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 measure alignment across the Hospital Outpatient Quality Reporting program and clinician reporting programs.

Nearly half of all the measures under consideration by HHS for clinician programs either lack specifications, or have specifications that were not readily available for review by MAP. In the absence of specifications or any additional information on current use or testing, MAP cannot support the inclusion of these measures at this time. MAP seeks additional information on specifications and use of these measures so the measures can be more thoroughly considered in future iterations of MAP pre-rulemaking input. Several public commenters provided or offered to provide additional specifications for certain measures. MAP appreciates receiving the information (see

Appendix 12 for specifications submitted through public comment) to inform its future activities.

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. Several public commenters highlighted measures under consideration and finalized measures with outdated specifications, noting that these measures were recently updated as part of NQF-endorsement maintenance efforts. MAP will work with HHS to ensure that they are aware of the updated specifications. Several commenters noted the importance of NQF endorsement as a measure selection criterion, while other commenters questioned whether NQF endorsement is too stringent a criterion, particularly as many clinical subspecialties are just beginning to participate in performance measurement programs.

Value-Based Payment Modifier Program

PROGRAM MEASURE SET CHARACTERIZATION

The goal of the value-modifier is to adjust Medicare clinician payments based on the quality of care furnished compared to cost. The Value-Based Payment Modifier program will be phased in over a two-year period beginning 2015, where by 2017 the program will be applied to the majority of clinicians. For additional program information, please see Appendix 8. 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 seven 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 potentially preventable hospital admissions for 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. Commenters noted that the value-modifier program represents a substantial opportunity to incorporate measures that support collaboration and coordination among providers; as such, development and incorporation of measures that assess appropriate patient-level outcomes for the population of patients treated

by a provider are critical to the program’s success. Other commenters reiterated that issues of individual-level vs. group-level attribution need to be addressed before some measures can be used in the value-modifier program.

The readmission and cost measures under consideration by HHS for the Value-Based Payment Modifier program also address priority measure gaps, but measure specifications were not available for MAP’s review.

In reviewing the finalized measures MAP discussed two measures which address pharmacologic management for asthma (NQF #0036 and NQF #0047) noting that the measures should be harmonized in order to achieve parsimony in the program measure set.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0279 Endorsed	Ambulatory Sensitive Conditions Admissions: Bacterial Pneumonia (AHRQ Prevention Quality Indicator (PQI) #11)	Value-Based Modifier: Under Consideration—Category 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—Category 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—Category 1	VM: Support Direction. Should be specified and 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 Endorsed (Composite combines endorsed measures 0272, 0638, 0274, and 0285)	Diabetes Composite	Value-Based Modifier: Under Consideration—Category 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—Category 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. VM: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion.
Not NQF Endorsed	30 Day Post-discharge Provider Visit	Value-Based Modifier: Under Consideration—Category 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—Category 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. VM: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion. Public comments received from the Iowa Hospital Association did not support MAP's conclusion.

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
0275 Endorsed	Ambulatory Sensitive Conditions Admissions: Chronic obstructive pulmonary disease (AHRQ Prevention Quality Indicator (PQI) #5)	MSSP: Finalized, Value-Based Modifier: Finalized	VM: Do not support. Remove from measure set until specified and tested for individual clinician-level measurement.
0277 Endorsed	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure (AHRQ Prevention Quality Indicator (PQI) #8)	MSSP: Finalized, Value-Based Modifier: Finalized	VM: Do not support. 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: Do not support. Remove from measure set. VM: Do not support. Remove from measure set.
Submitted, Not Endorsed (Formerly # 0013)	Hypertension: Blood Pressure Measurement	Value-Based Modifier: Finalized	VM: Do not support. Remove from measure set.
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

PROGRAM MEASURE SET CHARACTERIZATION

PQRS is a clinician quality reporting program that provides incentive payments to clinicians who satisfactorily report data on quality measures. Individual clinicians participating in the PQRS may select three measures (out of more than 200 measures) to report or may choose to report a disease group. Clinicians have three options for submitting data: (1) Medicare Part B claims submission, (2) submission via a qualified Physician Quality Reporting registry, or (3) submission using a qualified electronic health record (EHR) product. For additional program information, please see Appendix 8. 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 (114) are not NQF-endorsed[®] and came to MAP for review without specifications. Public commenters indicated that some of these measures under consideration for PQRS are still in development and testing, while other measures do have finalized specifications that should be available to MAP for future deliberations. 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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0076 Endorsed	Optimal Vascular Care	PQRS: Under Consideration— Category 2	PQRS: Support
0242 Endorsed	Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t PA) Considered (Paired Measure)	PQRS: Under Consideration— Category 2	PQRS: Support
0381 Endorsed	Oncology: Treatment Summary Documented and Communicated—Radiation Oncology	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the Intermountain Healthcare did not support MAP's conclusion.
0465 Endorsed	Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the Intermountain Healthcare did not support MAP's conclusion.
0493 Endorsed	Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the American Association of Neurological Surgeons, The American Society for Gastrointestinal Endoscopy (ASGE), and the American College of Gastroenterology (ACG) supported MAP's conclusion. PQRS: Public comments received from the Intermountain Healthcare did not support MAP's conclusion.
0555 Endorsed	Monthly INR for Beneficiaries on Warfarin	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from Boehringer Ingelheim supported MAP's conclusion.
0655 Endorsed	Otitis Media with Effusion: Antihistamines or decongestants—Avoidance of inappropriate use	PQRS: Under Consideration— Category 2, MU: Under Consideration— Category 2	PQRS: Support MU: Support PQRS: Public comments received from the Intermountain Healthcare did not support MAP's conclusion.

MAP Input on Measures Under Consideration: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0656 Endorsed	Otitis Media with Effusion: Systemic corticosteroids— Avoidance of inappropriate use	PQRS: Under Consideration— Category 2, MU: Under Consideration— Category 1	PQRS: Support MU: Support
0658 Endorsed	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the Intermountain Healthcare did not support MAP's conclusion. PQRS: Public comments received from The American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) supported MAP's conclusion.
0670 Endorsed	Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the Society of Hospital Medicine supported MAP's conclusion.
0671 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	PQRS: Under Consideration— Category 2	PQRS: Support
0672 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	PQRS: Under Consideration— Category 2	PQRS: Support PQRS: Public comments received from the Society of Hospital Medicine supported MAP's conclusion.
0710 Endorsed	Depression Remission at Twelve Months	PQRS: Under Consideration— Category 2, MU: Under Consideration— Category 1	PQRS: Support MU: Support. Addresses future focus of the program.

MAP Input on Measures Under Consideration: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0711 Endorsed	Depression Remission at Six Months	PQRS: Under Consideration—Category 2, MU: Under Consideration—Category 1	PQRS: Support MU: Support. Addresses future focus of the program.
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	PQRS: Under Consideration—Category 2, MU: Under Consideration—Category 2	PQRS: Support MU: Support. Addresses future focus of the program.
0729 Endorsed	Optimal Diabetes Care	PQRS: Under Consideration—Category 2	PQRS: Support PQRS: Public comments received from Boehringer Ingelheim supported MAP's conclusion.
1524 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—Category 2	PQRS: Support
1525 Endorsed	American College of Cardiology/American Heart Association/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	PQRS: Under Consideration—Category 2	PQRS: Support
Under Review; Recommended for Endorsement	Patients Admitted to ICU who Have Care Preferences Documented	PQRS: Under Consideration—Category 2	PQRS: Support PQRS: Public comments received from the Society of Hospital Medicine supported MAP's conclusion.
Submitted, Withdrawn (formerly #1367)	Optimal Asthma Care	PQRS: Under Consideration—Category 2	PQRS: Do Not Support

MAP Input on Measures Under Consideration: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Under Review	Medication Management for People With Asthma	PQRS: Under Consideration— Category 2	PQRS: Do Not Support
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— Category 2	PQRS: Do Not Support PQRS: Public comments received from the Renal Physicians Association did not support MAP's conclusion.
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— Category 2	PQRS: Do Not Support PQRS: Public comments received from the Renal Physicians Association did not support MAP's conclusion.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
ABIM measure in use and tested	Appropriate use of aspirin or other antiplatelet anticoagulant therapy	PQRS: Under Consideration— Category 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— Category 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— Category 2	PQRS: Support Direction. Promotes alignment with private sector programs.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
ABIM measure in use and tested	American Board of Internal Medicine: Hypertension Composite	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Promotes alignment with private sector programs. PQRS: Public comments received from the American College of Cardiology did not support MAP's conclusion.
ABIM measure in use and tested	American Board of Internal Medicine: Preventive Cardiology Composite	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Promotes alignment with private sector programs. PQRS: Public comments received from the Abbott Laboratories supported MAP's conclusion PQRS: Public comments received from the American College of Cardiology did not support MAP's conclusion.
ABIM measure in use and tested	American Board of Internal Medicine: Diabetes Composite	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Promotes alignment with private sector programs. PQRS: Public comments received from the Abbott Laboratories supported MAP's conclusion
ABIM measure in use and tested	Diabetes documentation or screen test	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Promotes alignment with private sector programs.
ABIM measure in use and tested	Patient self-care support	PQRS: Under Consideration— Category 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— Category 2	PQRS: Support Direction. Promotes Private sector alignment MU: Do Not Support PQRS: Public comments received from the Abbott Laboratories supported MAP's conclusion

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Search for Prior Imaging Studies through a Secure, Authorized, Media-free, Shared Archive	PQRS: Under Consideration—Category 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—Category 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—Category 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—Category 2	PQRS: Support Direction. Appears to address a key gap- patient satisfaction. PQRS: Public comments received from the American Academy of Ophthalmology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Patient satisfaction with physician care provided for diabetic retinopathy	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Appears to address a key gap- patient satisfaction. PQRS: Public comments received from the American Academy of Ophthalmology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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— Category 2	PQRS: Support Direction. Appears to address a key gap- care coordination. PQRS: Public comments received from the Society of Hospital Medicine supported MAP's conclusion.
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Coordination of Post Discharge Care	PQRS: Under Consideration— Category 2	PQRS: Support Direction. Appears to address a key gap- care coordination. PQRS: Public comments received from the American Association of Hip and Knee Surgeons supported MAP's conclusion.
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— Category 2	PQRS: Support Direction. Appears to address a key gap- care coordination.
Not NQF Endorsed	Cytopathology Turn-around-time	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	New Cancer Patient- Intervention Urgency	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Concordance Assessment Following Image- Guided Breast Biopsy	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Specimen orientation for Partial mastectomy or Excisional breast biopsy	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Surgeon assessment for hereditary cause of breast cancer	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Cecal Intubation	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the The American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) did not support MAP's conclusion.
Not NQF Endorsed	Comprehensive Colonoscopy Documentation	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Society for Gastrointestinal Endoscopy (ASGE) and the American College of Gastroenterology (ACG) did not support MAP's conclusion.
Not NQF Endorsed	Endoscopic screening of those with colorectal cancer: Surveillance at one year following CRC resection (Draft)	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Bone Marrow and FNA Direct Specimen Acquisition	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Biopsy for Barrett's esophagus (PCPI and NCQA measure to be updated by AGA)	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	LDL cholesterol at goal	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	LDL poor control	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	LDL Superior Control	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Timing of lipid testing complies with guidelines	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Blood pressure at goal	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Blood pressure poor control	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Blood Pressure Superior Control	PQRS: Under Consideration— Category 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— Category 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— Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Preoperative Use of Aspirin for Patients with Drug-Eluting Coronary Artery Stents	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from American Academy of Dermatology supported MAP's 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: Disease Assessment	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from American Academy of Dermatology supported MAP's 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: Moisture Care	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from American Academy of Dermatology supported MAP's conclusion.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Documentation of support surface or offloading status for patients with serious pressure ulcers	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Vascular testing of patients with leg ulcers	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from American Academy of Dermatology supported MAP's 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: Overuse: Role of Antihistamine	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from American Academy of Dermatology supported MAP's conclusion.
Not NQF Endorsed	The Endocrine Society DRAFT Baseline Gonadotropin (LH or FSH) Measurement	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The Endocrine Society provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	The Endocrine Society DRAFT Follow-up Hematocrit or Hemoglobin Test	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The Endocrine Society provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	The Endocrine Society DRAFT Follow-up Total Testosterone Measurement	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The Endocrine Society provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	The Endocrine Society DRAFT Total Testosterone Measurement	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The Endocrine Society provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Diabetes Pre-Diabetes Evaluation for Patients with DSP	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Documentation of offloading status for patients with diabetic foot ulcers	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Academy of Ophthalmology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Podiatry Exam	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Pre-procedure Assessment	PQRS: Under Consideration—Category 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—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	GERD: Assessment for Alarm Symptoms (PCPINCQA measure to be updated by AGA)	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	GERD: Upper endoscopy for patients with alarm symptoms (PCPINCQA measure to be updated by AGA)	PQRS: Under Consideration—Category 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—Category 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: Accurate Diagnosis: Distinguishing Viral Vs. Bacterial Sinusitis at Initial Visit	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Antibiotic Prescribed for Acute Sinusitis	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: More than 1 Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)	PQRS: Under Consideration—Category2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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—Category2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from The American Academy of Otolaryngology-Head and Neck Surgery Foundation provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Education of patient about symptoms of choroidal Neovascularization necessitating early return for examination	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Academy of Ophthalmology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Ophthalmologic exam	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Registry Participation Measure	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Screening for Alcohol Misuse	PQRS: Under Consideration—Category 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—Category 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—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Screening for Depression	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Physician Consortium for Performance Improvement: [DRAFT]: Adult Major Depressive Disorder: Treatment for Depression	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Identification of Implanted Prosthesis in Operative Report	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Physical Examination	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Preoperative Antibiotic Infusion with Proximal Tourniquet	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.
Not NQF Endorsed	American Association of Hip and Knee Surgeons DRAFT: Radiographic Evidence of Arthritis	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Osteoporosis : Screen for Falls Risk Evaluation and Complete Falls Risk Assessment and Plan of Care	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Osteoporosis: Calcium Intake Assessment and Counseling	PQRS: Under Consideration— Category2	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— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Osteoporosis: DXA Scan	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Osteoporosis: Pharmacologic Therapy	PQRS: Under Consideration— Category2	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— Category2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Osteoporosis: Vitamin D Intake Assessment and Counseling	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria: DSP Signs and Symptoms	PQRS: Under Consideration— Category2	PQRS: Do Not Support. Specifications not provided. PQRS : Public comments received from the American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Distal Symmetric Polyneuropathy (DSP) Diagnosis Criteria- Electrodiagnostic Study	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS : Public comments received from the American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Querying about Falls for Patients with DSP	PQRS: Under Consideration—Category 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—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion.
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—Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Querying about Pain and Pain Interference with Function	PQRS: Under Consideration— Category 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— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Smoking Status and Cessation Advice and Treatment	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion.
Not NQF Endorsed	Smoking status and cessation support	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion.
Not NQF Endorsed	Assessment of Asthma Risk—Emergency Department Inpatient Setting	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Asthma Discharge Plan—Emergency Department Inpatient Setting	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Management of Asthma Controller and Reliever Medications —Ambulatory Care Setting	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided.

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NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Pharmacologic Therapy for Persistent Asthma — Ambulatory Care Setting	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.
Not NQF Endorsed	Nephropathy Assessment for Eligible Patients	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from Abbott Laboratories did not support MAP's 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Referral to Nephrologist	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities. PQRS: Public comments received from Abbott Laboratories did not support MAP's conclusion.
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— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the Renal Physicians Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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— Category 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— Category 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— Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Utilization of a Standardized Nomenclature for CT Imaging Description	PQRS: Under Consideration—Category 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—Category 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: Cumulative Count of Potential High Dose Radiation Imaging Studies: CT Scans and Cardiac Nuclear Medicine Scans	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

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: Utilization of Pediatric CT Imaging Protocols	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Static Ultrasound in elective internal jugular vein cannulation	PQRS: Under Consideration—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Testing for Clostridium difficile — Inpatient Measure	PQRS: Under Consideration—Category 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—Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Association of Hip and Knee Surgeons did not support MAP's conclusion.

MAP Input on Measures Under Consideration without Specification Information: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Maintenance of Intraoperative Normothermia	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Prevention of Post-Operative Nausea and Vomiting— Multimodal therapy (pediatric)	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Prevention of Post-Operative Nausea and Vomiting -Multimodal therapy (adults)	PQRS: Under Consideration— Category 2	PQRS: Do Not Support. Specifications not provided. PQRS: Public comments received from the American Society of Anesthesiologists provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.

Additional Measure for Inclusion in the Physician Quality Reporting System, 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

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—Category 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—Category 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

MAP Input on Finalized Measures: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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 PQRS: Public comments received from the American Academy of Ophthalmology provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
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

MAP Input on Finalized Measures: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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 PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Documentation of Etiology of Epilepsy or Epilepsy Syndrome	PQRS: Finalized	PQRS: Submit for NQF endorsement PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Parkinson's Disease Medical and Surgical Treatment Options Reviewed	PQRS: Finalized	PQRS: Submit for NQF endorsement PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Parkinson's Disease Rehabilitative Therapy Options	PQRS: Finalized	PQRS: Submit for NQF endorsement PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	Seizure Type(s) and Current Seizure Frequency(ies)	PQRS: Finalized	PQRS: Submit for NQF endorsement PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.

MAP Input on Finalized Measures: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Dementia: Caregiver Education and Support	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Risks of Driving	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Safety Concerns	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Functional Status Assessment	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Staging of Dementia	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Cognitive Assessment	PQRS: Finalized, MU: Under Consideration— Category 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
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

MAP Input on Finalized Measures: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Counseling for Women of Childbearing Potential with Epilepsy	PQRS: Finalized	PQRS: Submit for endorsement PQRS: Public comments received from American Academy of Neurology provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
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 VM: Remove from measure set

MAP Input on Finalized Measures: Physician Quality Reporting System

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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
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—Category 3,	PQRS: Remove from measure set MU: Do Not Support PQRS: Public comments received from the American Medical Association provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Submitted, Not Endorsed (formerly #0466)	Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy	PQRS: Finalized	PQRS: Remove from measure set PQRS: Public comments received from the American Association of Neurological Surgeons supported MAP's conclusion.
Under review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	PQRS: Finalized, MU: Under Consideration—Category 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

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. Eligible professionals must report on six total clinical quality measures: three required core measures (substituting alternate core measures where necessary) and three additional measures (selected from a set of 38 clinical quality measures). For additional program information, please see Appendix 8. 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 health IT 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 health IT infrastructure. Initially, the meaningful use measures should be

broad to generally encourage eMeasurement. Over time, as health IT becomes more effective and interoperable, the Meaningful Use program should have a greater focus on two types of measures: 1) health IT-sensitive measures (i.e., measures that provide information on whether electronic health records are changing care processes) and 2) health IT-enabled measures (i.e., measures that require data from multiple settings/providers or are longitudinal and would require a health IT-enabled collection platform to be fully operational).

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. Public commenters noted the time-lag in developing eMeasure specifications, expressing concern about which measures are or will be available for use. The chart below indicates which measures have eMeasure specifications available. In addition, commenters encouraged caution when adapting measures to the health IT environment to ensure a measure's original intent; for example, assessing for patient-reported knowledge of diagnoses and treatments within the past six months, as opposed to collecting evidence of those actual services from EHRs.

MAP has identified five health IT-sensitive, cross-cutting measures as examples of measures that should be the future focus of the Meaningful Use program. Those measures are Medication Reconciliation (NQF #0097); 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 consider establishing 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

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— Category 3, MSSP: Finalized	MU: Support. Addresses future focus of the program.
0097 Endorsed	Medication Reconciliation Post-Discharge	MU: Under Consideration— Category 3, Value-Based Modifier: Finalized	MU: Support. eMeasure specification available. Addresses future focus of the program.
0710 Endorsed	Depression Remission at Twelve Months	PQRS: Under Consideration—Category 2, MU: Under Consideration— Category 1	PQRS: Support. MU: Support. eMeasure specification available. Addresses future focus of the program.
0711 Endorsed	Depression Remission at Six Months	PQRS: Under Consideration—Category 2, MU: Under Consideration— Category 1	PQRS: Support. MU: Support. eMeasure specification available. Addresses future focus of the program.
0712 Endorsed	Depression Utilization of the PHQ-9 Tool	PQRS: Under Consideration—Category 2, MU: Under Consideration— Category 2	PQRS: Support. MU: Support. eMeasure specification available. Addresses future focus of the program.
0022 Endorsed	Drugs to be Avoided in the Elderly	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
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— Category 3	MU: Support. eMeasure specification available. MU: Public comments received from the American College of Rheumatology did not support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0046 Endorsed	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available. MU: Public comments received from the American College of Rheumatology supported MAP's conclusion.
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— Category 2	MU: Support. eMeasure specification available MU: Public comments received from the American College of Rheumatology supported MAP's conclusion.
0050 Endorsed	Osteoarthritis (OA): Function and Pain Assessment	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support MU: Public comments received from the American College of Rheumatology supported MAP's conclusion.
0051 Endorsed	Osteoarthritis (OA): Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter (OTC) Medications	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available MU: Public comments received from the American College of Rheumatology supported MAP's conclusion.
0058 Endorsed	Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
0060 Endorsed	Annual Pediatric Hemoglobin A1C Testing	MU: Under Consideration— Category 1	MU: Support. eMeasure specification available.
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— Category 3, Value-Based Modifier: Finalized	MU: Support. eMeasure specification available.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0069 Endorsed	Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment	PQRS: Finalized, MU: Under Consideration— Category 3, Value-Based Modifier: Finalized	MU: Support
0098 Endorsed	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	PQRS: Finalized, MU: Under Consideration— Category 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— Category 3	MU: Support
0101 Endorsed	Falls: Screening for Fall Risk	PQRS: Finalized, MU: Under Consideration— Category 3, MSSP: Finalized, Value-Based Modifier: Finalized	MU: Support
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	PQRS: Finalized, MU: Under Consideration— Category 3, Value-Based Modifier: Finalized	MU: Support. eMeasure specification available. MU: Public comments received from Boehringer Ingelheim supported MAP's conclusion.
0103 Endorsed	Major Depressive Disorder (MDD): Diagnostic Evaluation	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0104 Endorsed	Major Depressive Disorder (MDD): Suicide Risk Assessment	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0106 Endorsed	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents	MU: Under Consideration— Category 1	MU: Support. eMeasure specification available.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0107 Endorsed	Management of Attention deficit hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents	MU: Under Consideration— Category 1	MU: Support. eMeasure specification available.
0108 Endorsed	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0110 Endorsed	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	MU: Under Consideration— Category 1	MU: Support
0112 Endorsed	Bipolar Disorder: Level-of-Function Evaluation	MU: Under Consideration— Category 1	MU: Support. eMeasure specification available.
0239 Endorsed	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (when indicated in all patients)	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0271 Endorsed	Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0312 Endorsed	LBP: Repeat Imaging Studies	MU: Under Consideration— Category 1	MU: Support
0321 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Peritoneal Dialysis	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available. MU: Public comment received from the Renal Physicians' Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0322 Endorsed	Back Pain: Initial Visit	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support Public comments received from the American College of Rheumatology supported MAP's conclusion.
0323 Endorsed	End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in ESRD Patients	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available. MU: Public comment received from the Renal Physicians' Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
0383 Endorsed	Oncology: Medical and Radiation—Plan of Care for Pain	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
0384 Endorsed	Oncology: Medical and Radiation—Pain Intensity Quantified	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
0388 Endorsed	Prostate Cancer: Three-Dimensional (3D) Radiotherapy	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
0399 Endorsed	Hepatitis C: Hepatitis A Vaccination in Patients with HCV	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0400 Endorsed	Hepatitis C: Hepatitis B Vaccination in Patients with HCV	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0401 Endorsed	Hepatitis C: Counseling Regarding Risk of Alcohol Consumption	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0403 Endorsed	Medical Visit	MU: Under Consideration— Category 2	MU: Support
0405 Endorsed	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support

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

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— Category 3	MU: Support
0412 Endorsed	Hepatitis B Vaccination	MU: Under Consideration— Category 1	MU: Support
0507 Endorsed	Stenosis Measurement in Carotid Imaging Studies	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0508 Endorsed	Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0510 Endorsed	Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0513 Endorsed	Use of Contrast: Thorax CT	MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0519 Endorsed	Diabetic Foot Care and Patient/Caregiver Education Implemented During Short Term Episodes of Care	MU: Under Consideration— Category 3	MU: Support. eMeasure specification available.
0561 Endorsed	Melanoma: Coordination of Care	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support MU: Public comments received from the American Academy of Dermatology supported MAP’s conclusion.
0562 Endorsed	Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support MU: Public comments received from the American Academy of Dermatology supported MAP’s conclusion.
0564 Endorsed	Cataracts: Complications Within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support MU: Public comments received from the American Academy of Ophthalmology supported MAP’s conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0565 Endorsed	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support MU: Public comments received from the American Academy of Ophthalmology supported MAP's conclusion.
0608 Endorsed	Pregnant Women That Had HBsAg Testing.	MU: Under Consideration— Category 1	MU: Support. eMeasure specification available.
0653 Endorsed	Acute Otitis Externa (AOE): Topical Therapy	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
0654 Endorsed	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy— Avoidance of Inappropriate Use	PQRS: Finalized, MU: Under Consideration— Category 2	MU: Support
0655 Endorsed	Otitis Media with Effusion: Antihistamines or Decongestants— Avoidance of Inappropriate Use	PQRS: Under Consideration— Category 2, MU: Under Consideration— Category 2	PQRS: Support MU: Support MU: Public comments received from Intermountain Healthcare did not support MAP's conclusion.
0656 Endorsed	Otitis Media with Effusion: Systemic Corticosteroids— Avoidance of Inappropriate Use	PQRS: Under Consideration— Category 2, MU: Under Consideration— Category 1	PQRS: Support MU: Support
1335 Endorsed	Children Who Have Dental Decay or Cavities	MU: Under Consideration— Category 1	MU: Support MU: Public comments received from the Dental Quality Alliance provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.
1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	MU: Under Consideration— Category 1	MU: Support
1401 Endorsed	Maternal Depression Screening	MU: Under Consideration— Category 1	MU: Support

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1419 Endorsed	Primary Caries Prevention Intervention as Part of Well/III Child Care as Offered by Primary Care Medical Providers	MU: Under Consideration— Category 2	MU: Support MU: Public comments received from the Dental Quality Alliance provided additional information about the measure; MAP will consider the information in future pre-rulemaking activities.
0382 Endorsed	Oncology: Radiation Dose Limits to Normal Tissues	PQRS: Finalized, MU: Under Consideration— Category 3	MU: Support
1525 Endorsed	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	MU: Under Consideration— Category 1	MU: Support
Under Review	Falls: Plan of Care	PQRS: Finalized, MU: Under Consideration— Category 2	MU: Support, if NQF-endorsed.
Under Review	Falls: Risk Assessment	PQRS: Finalized, MU: Under Consideration— Category 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— Category 2	MU: Support, if NQF-endorsed.
Under Review; Recommended (#1633)	Adult Kidney Disease: Blood Pressure Management	MU: Under Consideration— Category 2	MU: Support, if NQF-endorsed.
Under Review; Not Recommended for Endorsement	Hypertension: Blood Pressure Control	PQRS: Finalized, MU: Under Consideration— Category 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— Category 3	PQRS: Remove from measure set. MU: Do Not Support MU: Public comments received from the American Medical Association provided additional information about the measure; MAP will consider this information in future pre-rulemaking activities.

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

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— Category 2	PQRS: Support Direction. Promotes Private sector alignment. MU: Do Not Support MU: Public comments received from the American College of Rheumatology did not support the MAP's conclusion.
Not NQF Endorsed	Depression Screening and Follow-up Assessment Using Patient Self-Reported Process	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Dementia: Caregiver Education and Support	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Risks of Driving	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Counseling Regarding Safety Concerns	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Functional Status Assessment	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Staging of Dementia	PQRS: Finalized, MU: Under Consideration— Category 2	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Dementia: Cognitive Assessment	PQRS: Finalized, MU: Under Consideration— Category 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— Category 2	MU: Do Not Support
Not NQF Endorsed	Chronic Wound Care: Patient Education Regarding Diabetic Foot Care	MU: Under Consideration— Category 2	MU: Do Not Support

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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— Category 3	PQRS: Submit for NQF endorsement MU: Do Not Support
Not NQF Endorsed	Communication of Diagnostic Imaging Findings	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Diagnostic Imaging Reports	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Functional Status Assessment for Complex Chronic Conditions	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Functional Status Assessment for Knee and Hip Replacement	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Glaucoma Screening in Older Adults	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Measure Tracking Longitudinal Change of Blood Pressure (BP)	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Preventive Care and Screening: Blood Pressure Measurement	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Risk Assessment During Annual Wellness Visit	MU: Under Consideration— Category 1	MU: Do Not Support
Not NQF Endorsed	Risk Management Resulting from Annual Wellness Visit	MU: Under Consideration— Category 1	MU: Do Not Support
Not NQF Endorsed	Lipid Control Using Framingham Risk Score	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Closing the Referral Loop: Receipt of Specialist Report	MU: Under Consideration— Category 2	MU: Do Not Support
Not NQF Endorsed	Measure of Adverse Drug Event (ADE) Reporting	MU: Under Consideration— Category 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

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. Eligible providers, hospitals, and suppliers may participate in the program by creating or participating in an Accountable Care Organization (ACO). There are no new measures under consideration by HHS for the 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 the 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

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

MAP Input on Finalized Measures: Medicare Shared Savings Program

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	percent of PCPs who Successfully Qualify for an EHR Incentive Program Payment	MSSP: Finalized	MSSP: Submit for NQF endorsement
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 9 for hospital core measure set). In order to develop this core set as a potential step toward greater alignment across hospital programs, MAP evaluated the CMS Hospital Inpatient Quality Reporting (IQR), Hospital Outpatient Quality Reporting (OQR), and Hospital Value-Based Purchasing (VBP) programs 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 outcome 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). Aligning measures across hospital programs would not only assist consumers' and purchasers' understanding of provider performance, but also potentially reduce data collection burden, freeing up resources for improvement initiatives.

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 will be applied to providers. These are all necessary steps to understand the implications of applying readmission 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 are appropriate to risk adjust.

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. In contrast to individual clinical process measures, composite measures may be more meaningful to support consumer decision-making. 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 (i.e., multiple rewards or penalties for the same event, due to inclusion within two measures) 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 (CAHs). 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 because composites could increase the volume of patients for the measure. The ongoing work in measurement for small volume hospitals should continue.

Hospital Program Priority 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 as well as the gaps identified

for other settings of care. High priority measure development and implementation 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

Public commenters noted additional gap areas across the hospital programs:

- Quality of life/well-being
- Pain
- Malnutrition
- Palliative Care—comfort, integration of patient values in care planning.

Hospital Inpatient Quality Reporting

PROGRAM MEASURE SET CHARACTERIZATION

The Hospital Inpatient Quality Reporting (IQR) program is a pay for reporting program. Hospitals that do not successfully report data receive a reduction in the annual updates of their Medicare payment rates. 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 and also identified nine finalized measures that should be removed from the program. 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 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. Because these readmission measures are calculated by CMS, there is no added reporting burden to providers from adding the transitions composite measures to the program set. For the three transition composites, public commenters reiterated the challenges noted above regarding composites – they are not readily actionable by providers and inclusion of the individual components are duplicative and could result in double jeopardy.
- 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. A concern was raised through public comment that this measure has not been sufficiently tested and/or shown to be in wide spread use, therefore it does not meet all of MAP's Measure Selection Criteria at this time. A number of public commenters also expressed concerns regarding the inclusion of multiple readmissions measures in the IQR

program. It was noted that having three similar, but different ways to measure the exact same thing could be confusing to both consumers and providers. Commenters also remarked that attribution of these readmission measures make it challenging to make real improvements in care.

- 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) because the measure is strongly tied to improved outcomes.
- Finally, MAP agreed that 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 10 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. Additionally, they 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. Public comment in support of inclusion of the TAM measures in IQR noted that the inpatient setting provides a major opportunity for successful intervention and that implementation issues for these measures have been mitigated through incorporation of feedback received in pilot testing. Commenters also suggested that MAP review options to minimize the risk of discrimination, including ensuring that patient data on substance use is not inappropriately accessed and promoting hospital employee practices that encourage equal treatment of patients.

- 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 as well.

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 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 because 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 the 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 be replaced with NQF-endorsed measures. Similarly, MAP does not support the addition of these HACs within the Hospital VBP program measure set. Public comments reinforced the importance of the availability of accurate patient safety information to inform consumer and purchaser decision-making and questioned whether the CMS HACs should be removed if an alternative NQF-endorsed measure is not available. Several public commenters also noted that the mortality measures currently finalized in IQR should be refined to account for instances when the hospital is a patient's preferred setting for care during end of life.

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—Category 3	Support. Strongly tied to outcomes. Public comments received from Baylor Health Care System do not support MAP's conclusion.
0228 Endorsed	3-Item Care Transition Measure (CTM-3)	IQR: Under Consideration—Category 2	Support. Public comments received from SHM support MAP's conclusion. Public comments received from ACC and Baylor Health Care System do not support MAP's conclusion.
0469 Endorsed	Elective Delivery Prior to 39 Completed Weeks Gestation	IQR: Under Consideration—Category 3, Meaningful Use: Under Consideration—Category 3	Support
0698 Endorsed	AMI 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration—Category 2	Support. Public comments received from SHM support MAP's conclusion. Public comments received from ACC, AHA, GNYHA, Baylor Health Care System and AAMC do not support MAP's conclusion.
0699 Endorsed	HF 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration—Category 2	Support. Public comments received from SHM support MAP's conclusion. Public comments received from ACC, AHA, GNYHA, Baylor Health Care System and AAMC do not support MAP's conclusion.
0707 Endorsed	Pneumonia 30-Day Post Discharge Transition Composite Measure	IQR: Under Consideration—Category 2	Support. Public comments received from SHM support MAP's conclusion. Public comments received from ACC, AHA, GNYHA, and AAMC do not support MAP's conclusion.

MAP Input on Measures Under Consideration: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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—Category 1	Support. Public comments received from GNYHA support MAP's conclusion.
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—Category 1	Support. Public comments received from GNYHA support MAP's conclusion.
1789 Submitted to NQF	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	IQR: Under Consideration—Category 1	Support. Public comments received from GNYHA and SHM support MAP's conclusion. Public comments from VHHA do not support MAP's conclusion.
1651 Submitted to NQF	TAM-1 Tobacco Use Screening	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare and NYCDHMH support MAP's conclusion. Public comments from Baylor Health Care System do not support MAP's conclusion.
1654 Submitted to NQF	TAM-2 Tobacco Use Treatment Provided or Offered	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare and NYCDHMH support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.

MAP Input on Measures Under Consideration: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1656 Submitted to NQF	TAM-3 Tobacco Use Treatment Management at Discharge	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare and NYCDHMH support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.
1657 Submitted to NQF	TAM-4 Tobacco Use: Assessing Status after Discharge	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from NYCDHMH support MAP's conclusion. Public comments received from Intermountain Healthcare, Baylor Health Care System and SHM did not support MAP's conclusion
1661 Submitted to NQF	TAM-5 Alcohol Use Screening	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.
1663 Submitted to NQF	TAM-6 Alcohol Use Brief Intervention Provided or Offered	IQR: Under Consideration—Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.

MAP Input on Measures Under Consideration: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1664 Submitted to NQF	TAM-7 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	IQR: Under Consideration— Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.
1665 Submitted to NQF	TAM-8 Alcohol and Drug Use: Assessing Status After Discharge	IQR: Under Consideration— Category 2	Support Direction. Measure should complete NQF-endorsement process prior to inclusion. Public comments received from Intermountain Healthcare, SHM, and Baylor Health Care System did not support MAP's conclusion.
Not NQF Endorsed	Heart Failure: Combination Medical Therapy for LVSD	IQR: Under Consideration— Category 2	Support Direction. Support measure concept but need specifications. Public comments received from ACC do not support the MAP's conclusion.
Not NQF Endorsed	Safe Surgery Checklist	IQR: Under Consideration— Category 1	Support Direction. Support the concept but need specifications. Public comments received from Baylor Health Care System do not support MAP's conclusion.
0077 Endorsed (NQF endorsement to be removed)	Heart Failure: Symptom and Activity Assessment	IQR: Under Consideration— Category 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— Category 2	Do Not Support. Heart Failure sufficiently represented in IQR.
Not NQF Endorsed	Heart Failure: Symptom Management	IQR: Under Consideration— Category 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—Category 3	Do Not Support. Not recommended for continued NQF endorsement. Public comments received from FAH support MAP's conclusion.
Not NQF Endorsed	Air Embolism	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Blood Incompatibility	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Falls and Trauma	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.

MAP Input on Finalized Measures: Hospital Inpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Foreign Body Left During Procedure	IQR: Finalized, VBP: Finalized	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Manifestations of Poor Glycemic Control	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Pressure Ulcer Stages III and IV	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH support MAP's conclusion. Public comments received from ANA and NPWF do not support MAP's conclusion.
Not NQF Endorsed	Vascular-Catheter Associated Infection	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and ANA support MAP's conclusion. Public comments received from NPWF and ACC do not support MAP's conclusion.

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. Hospitals will be scored based on their performance on each measure within the program relative to other hospitals and on how their performance on each measure has improved over time. The higher of these scores on each measure will be used in determining incentive payments. Measures eligible for inclusion in the VBP program must initially be included in IQR and reported on Hospital Compare for at least one year. 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 related to cost.

MAP INPUT ON MEASURES

MAP reviewed 13 measures under consideration for the Hospital VBP program and also identified two measures that should be removed from the program. 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 Name/Title	Program Alignment	MAP Conclusion
0139 Endorsed	Central Line Associated Bloodstream Infection	IQR: Finalized, VBP: Under Consideration—Category 3	Support

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0452 Endorsed	SCIP INF-10: Surgery Patients with Perioperative Temperature Management	IQR: Finalized, VBP: Under Consideration—Category 3	Support Public comments received from Baylor Health Care System do not support MAP's conclusion.
0639 Endorsed	AMI-10 Statin Prescribed at Discharge	IQR: Finalized, VBP: Under Consideration—Category 3, Meaningful Use: Under Consideration—Category 3	Support. Public comments received from ACC support MAP's conclusion. Public comments received from Baylor Health Care System do not support MAP's conclusion.
Not NQF Endorsed	Medicare Spending per Beneficiary	IQR: Finalized, VBP: Under Consideration—Category 3	Support Direction. Support measure concept but need specifications. Public comments received from LHA support MAP's conclusion. Public comments received from IHA do not support MAP's conclusion.
Not NQF Endorsed	Air Embolism	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Blood Incompatibility	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Catheter-Associated Urinary Tract Infection	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Falls and Trauma	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Manifestations of Poor Glycemic Control	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF do not support MAP's conclusion.
Not NQF Endorsed	Vascular-Catheter Associated Infection	IQR: Finalized, VBP: Under Consideration—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH, Baylor Health Care System, and ANA support MAP's conclusion. Public comments received from NPWF and ACC do not support MAP's conclusion.
0530 Endorsed	Mortality for Selected Medical Conditions (Composite)	IQR: Finalized, VBP: Under Consideration—Category 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—Category 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—Category 3	Do Not Support. Should be replaced with an NQF-endorsed measure. Public comments received from FAH and Baylor Health Care System support MAP's conclusion. Public comments received from ANA and NPWF do not support MAP's conclusion.

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—Category 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. Incentive payments for eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors. For 2015 and later, Medicare eligible hospitals and CAHs that do not successfully demonstrate meaningful use will have a reduction in their Medicare reimbursement. 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. MAP agrees that measures selected for the Meaningful Use program should represent the future of measurement. As such, MAP suggests measures should ideally 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 also supports the alignment of the Hospital Meaningful Use measures with those in other hospital performance measurement programs.

MAP supports 27 measures under consideration. Recognizing the importance of addressing high-impact conditions, MAP supports the addition of measures relating to acute myocardial infarction (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 (NQF #0480), because 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.

Several public commenters raised questions regarding the MAP conclusions and the intent of the Meaningful Use program. Commenters indicated that measures prioritized for this program set should either provide a better understanding of how EHRs lead to higher quality care or capitalize on the capabilities of the EHR system by more accurately and efficiently capturing measure information than can be done through manual chart abstraction. Commenters noted concerns about the accuracy and usability of the measures currently finalized in this program and raised caution regarding the introduction of e-specified versions of measures that have not undergone separate testing and consideration for NQF-endorsement.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0142 Endorsed	AMI-2 Aspirin Prescribed at Discharge	IQR: Finalized, Meaningful Use: Under Consideration—Category 3	Support
0143 Endorsed	Use of Relievers for Inpatient Asthma	Meaningful Use: Under Consideration—Category 2	Support
0144 Endorsed	Use of Systemic Corticosteroids for Inpatient Asthma	Meaningful Use: Under Consideration—Category 2	Support
0147 Endorsed	PN-6 Appropriate Initial Antibiotic Selection	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 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—Category 3	Support
0163 Endorsed	AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 3	Support
0164 Endorsed	AMI-7a Fibrinolytic (thrombolytic) Agent Received Within 30 Minutes of Hospital Arrival	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 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—Category 3	Support. Public comments received from Intermountain Healthcare do not support MAP's conclusion.
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—Category 3	Support. Public comments received from Intermountain Healthcare do not support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0300 Endorsed	SCIP INF-4: Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 3	Support. Public comments received from Intermountain Healthcare do not support MAP's conclusion.
0338 Endorsed	Home Management Plan of Care Document Given to Patient/Caregiver	Meaningful Use: Under Consideration—Category 1	Support
0341 Endorsed	PICU Pain Assessment on Admission	Meaningful Use: Under Consideration—Category 1	Support
0342 Endorsed	PICU Periodic Pain Assessment	Meaningful Use: Under Consideration—Category 1	Support
0434 Endorsed	STK-1 Venous Thromboembolism (VTE) Prophylaxis	IQR: Finalized, Meaningful Use: Under Consideration—Category 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—Category 3	Support. Public comments received from Intermountain Healthcare do not support MAP's conclusion.
0469 Endorsed	Elective Delivery Prior to 39 Completed Weeks Gestation	IQR: Under Consideration—Category 3, Meaningful Use: Under Consideration—Category 3	Support. Public comments received from Baylor Health Care System do not support MAP's conclusion.
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—Category 1	Support
0485 Endorsed	Neonatal Immunization	Meaningful Use: Under Consideration—Category 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—Category 3	Support

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0527 Endorsed	SCIP INF-1 Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 3	Support. Public comments from Intermountain Healthcare and Baylor Health Care System do not support MAP's conclusion.
0528 Endorsed	SCIP INF-2: Prophylactic Antibiotic Selection for Surgical Patients	IQR: Finalized, VBP: Finalized, Meaningful Use: Under Consideration—Category 3	Support. Public comments from Intermountain Healthcare and Baylor Health Care System do not support MAP's conclusion.
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—Category 3	Support. Public comments from Intermountain Healthcare and Baylor Health Care System do not support MAP's conclusion.
0639 Endorsed	AMI-10 Statin prescribed at discharge	IQR: Finalized, VBP: Under Consideration—Category 3, Meaningful Use: Under Consideration—Category 3	Support Public comments received from ACC support MAP's conclusion.
0716 Endorsed	Healthy Term Newborn	Meaningful Use: Under Consideration—Category 1	Support
1354 Endorsed	Hearing Screening Prior to Hospital Discharge (EHDI-1a)	Meaningful Use: Under Consideration—Category 2	Support
1653 Submitted to NQF	IMM-1 Pneumonia Immunization	IQR: Finalized, Meaningful Use: Under Consideration—Category 3	Support
1659 Submitted to NQF	IMM-2 Flu Immunization	IQR: Finalized, Meaningful Use: Under Consideration—Category 3	Support
0132 Endorsed	Aspirin at Arrival for Acute Myocardial Infarction (AMI)	Meaningful Use: Under Consideration—Category 3	Do Not Support. Data collection on this measure has been suspended in IQR. Public comments received from AHA support MAP's conclusion.

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

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—Category 3	Do Not Support. Not recommended for continued NQF endorsement. Public comments received from AHA and Baylor Health Care System support MAP's conclusion.
0137 Endorsed	ACEI or ARB for Left Ventricular Systolic Dysfunction- Acute Myocardial Infarction (Ami) Patients	Meaningful Use: Under Consideration—Category 3	Do Not Support. Data collection on this measure has been suspended in IQR. Public comments received from AHA support MAP's conclusion. Public comments received from ACC do not support MAP's conclusion.
0160 Endorsed	Beta-blocker Prescribed at Discharge For AMI	Meaningful Use: Under Consideration—Category 3	Do Not Support. Data collection on this measure has been suspended in IQR. Public comments received from AHA support MAP's conclusion.
0301 Endorsed	SCIP-INF-6—Surgery Patients With Appropriate Hair Removal	Meaningful Use: Under Consideration—Category 3	Do Not Support. Data collection on this measure has been suspended in IQR. Public comments received from AHA, AANS, and Intermountain Healthcare support MAP's conclusion.
0480 Endorsed	Exclusive Breastfeeding at Hospital Discharge	Meaningful Use: Under Consideration—Category 1	Do Not Support. Measure is considered an issue of patient choice. Public comments received from AHA support MAP's conclusion.
0481 Endorsed (NQF endorsement to be removed)	First Temperature Measured Within One Hour of Admission to the NICU	Meaningful Use: Under Consideration—Category 1	Do Not Support. Measure not recommended for continued NQF endorsement. Public comments received from AHA support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
0482 Endorsed (NQF endorsement to be removed)	First NICU Temperature < 36 Degrees C	Meaningful Use: Under Consideration—Category 1	Do Not Support. Measure not recommended for continued NQF endorsement. Public comments received from AHA support MAP's conclusion.
Not NQF Endorsed	HF-2 and HF-3 to be Combined Into a Single New Measure.	Meaningful Use: Under Consideration—Category 3	Do Not Support. No specifications provided and concerns that the second component of the measure would only apply to a portion of population. Public comments received from ACC and AHA support MAP's conclusion.

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. Hospitals that do not meet the program requirements receive a two percentage point reduction in their annual payment update under the Outpatient Prospective Payment System (OPPS). 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. 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 because 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 because of 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. Public comments received from Baylor Health Care System provided additional information about the measure, MAP will consider this information in future pre-rulemaking activities.
Not NQF Endorsed	OP-9: Mammography Follow-Up Rates	OQR: Finalized	Support Direction. Important concept but measure needs further development.

MAP Input on Finalized Measures: Hospital Outpatient Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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 development and implementation 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. Any ASC that does not submit quality measures will incur a two percentage point reduction to any annual increase provided under the revised ASC payment system. 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. Though 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 procedural areas 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 development and implementation 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. Beginning in FY 2014, psychiatric hospitals and units that do not report quality data according to CMS' requirements will receive up to a two percent reduction in the annual rate update. 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. 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. One public comment further suggests reporting on four measures within this program as measure pairs. The commenter noted that HBIPS-4 and HBIPS-5 most appropriately assess performance if used in tandem. Additionally, HBIPS-6 and HBIPS-7 together account for successful transmission of the care plan, which is dependent on receipt by the next setting of care and partially beyond the institution's direct control.

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—Category 1	Support
0557 Endorsed	HBIPS-6 Post Discharge Continuing Care Plan Created	Inpatient Psychiatric Quality Reporting: Under Consideration—Category 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—Category 1	Support
0560 Endorsed	HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications With Appropriate Justification	Inpatient Psychiatric Quality Reporting: Under Consideration—Category 1	Support
0640 Endorsed	HBIPS-2 Hours of Physical Restraint Use	Inpatient Psychiatric Quality Reporting: Under Consideration—Category 1	Support
0641 Endorsed	HBIPS-3 Hours of Seclusion Use	Inpatient Psychiatric Quality Reporting: Under Consideration—Category 1	Support

PROGRAM-SPECIFIC MEASURE GAPS

In addition to the measure gaps across the hospital programs noted above, MAP identified priority measure development and implementation 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. Beginning in FY 2014, these cancer hospitals must report quality data according to CMS' requirements with no Medicare payment incentive. 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. 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. A few public commenters raised caution regarding inclusion of all IQR measures within the PPS-Exempt Cancer Hospital program set. Commenters indicated that a number of measures may be appropriate such as the SCIP, Mortality, venous thromboembolism (VTE), and Tobacco Treatment (TAM 1-4) measures; however, inclusion of less applicable measures, like AMI, Heart Failure and Asthma measures, could result in disruption of cost effective care coordination between primary care clinicians and specialists. Commenters also pointed out the need for appropriate exclusions, including immunocompromised cancer patients not receiving immunizations or certain cancer diagnoses that cause patients to be particularly prone to VTE despite use of prophylactic measures.

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: Category 1	Support. Public comments received from ADCC and Roswell Park Cancer Institute support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
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: Category 1	Support. Public comments received from ADCC and Roswell Park Cancer Institute support MAP's conclusion.
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: Category 1	Support. Public comments received from ADCC and Roswell Park Cancer Institute support MAP's 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: Category 1	Support. Public comments received from ADCC and Roswell Park Cancer Institute support MAP's conclusion.
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: Category 1	Support. Public comments received from ADCC and Roswell Park Cancer Institute support MAP's conclusion.

PROGRAM-SPECIFIC MEASURE GAPS

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

- Outcome measures, particularly measures of survival (with appropriate risk adjustment)
- Health and well-being
- Patient safety
- Prevention and screening
- Treatment of lung, prostate, gynecological, hematologic and pediatric cancers
- Palliative care

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 13 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.

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 10 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 [MAP PAC/LTC Coordination Strategy Report](#).

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

Overall Input Across Post-Acute Care and Long-Term Care Programs and Priority Gaps

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 because

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; however, there is a lack of measures understanding how providers use assessment information to tailor goals. Other priority measure development and implementation gaps include:

- Establishing and attaining care goals
- Care coordination, including transitions
- Cost
- Mental health

Commenters also suggested nutritional status as an additional gap area for PAC/LTC programs.

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 CTM-3 be specified and tested for use across all PAC/LTC programs to address comprehensive care coordination.

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. The Nursing Home Compare website assists consumers, their families, and caregivers in informing their decisions regarding choosing a nursing home; the website includes Five-Star Quality Rating System, which assigns each nursing home a rating of one to five stars, with five representing highest standard of quality, and one representing the lowest. For additional program information, please see Appendix 8. The Nursing Home Compare program measure set contains a mix of process and outcome measures that addresses two NQS 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 are used to generate quality measures, a subset of which are reported on the Home Health Compare website. The website provides information about the quality of care provided by HHAs throughout the country. Currently, 21 of the 96 OASIS quality measures have been finalized for reporting on Home Health Compare. For additional program information, please see Appendix 8. 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 considered the Increase in Number of Pressure Ulcers (NQF #0181) outcome measure as an additional measure for inclusion in the program measure set because the others pressure ulcer measures in the set are process measures. This measure is currently collected by HHAs through OASIS but is not publicly reported. However, CMS has previously considered this measure for inclusion during the federal rulemaking process and decided not to include the measure in Home Health Compare because: 1) it does not differentiate between good and poor performance, 2) actual rates of increase were so low among the population that almost all agencies would receive 0 percent as their score, and 3) the risk adjustment method is insufficient. 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.

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 percent reduction in the annual payment update for IRFs. For additional program information, please see Appendix 8. 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 and public commenters note 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 #0675) addresses a key component of functional status, which is a PAC/LTC core concept. However, MAP and public commenters noted that this measure is not appropriate for IRFs because 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. Commenters also suggested that pain management measures should be adjusted for type of diagnosis (e.g., surgical, orthopedic, and medical) to address potential over utilization of sedation.

Similarly, MAP supports the direction of the functional status measures under consideration, but could not support for immediate inclusion due to lack of measure 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 and public commenters cannot support the inclusion of the measures at this time, but encourage further exploration and refinement of these measures. Commenters noted that change in functional status measures will need to consider risk adjustment and emphasize patient self-care, mobility, communication and cognition.

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— Category 3	Support Direction. Requires specification and testing for use in IRFs. Public comments received from AMRPA support MAP's conclusion
0431 Endorsed	Staff Immunization	IRF: Under Consideration— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and long-term care hospitals (LTCHs.) Public comments received from AMRPA did not support MAP's 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— Category 3, LTCH: Under Consideration— Category 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. Public comments received from AMRPA and Intermountain Healthcare support MAP's conclusion.
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— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs. Public comments received from AMRPA did not support MAP's conclusion.
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs. Public comments received from AMRPA did not support MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Functional Outcome Measure (change from)	IRF: Under Consideration— Category 1	Support Direction. Addresses a core concept but lacks specifications. Public comments received from AMRPA, APTA, FAH, and Abbott Laboratories supported MAP's conclusion.
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	IRF: Under Consideration— Category 1, LTCH: Under Consideration— Category 1	Support Direction. Addresses a core concept but lacks specifications. Public comments received from AMRPA, APTA, FAH, and Abbott Laboratories supported MAP's conclusion.
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	IRF: Under Consideration— Category 1, LTCH: Under Consideration— Category 1	Support Direction. Addresses a core concept but lacks specifications. Public comments received from AMRPA, APTA, FAH, and Abbott Laboratories supported MAP's conclusion.

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 percent reduction in the annual payment update for LTCHs. For additional program information, please see Appendix 8. 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 because 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 percentage 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— Category 1	Support Direction. Requires specification and testing for use in LTCHs
0431 Endorsed	Staff Immunization	IRF: Under Consideration— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs Public comments received from AMRPA did not support MAP's conclusion.

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— Category 3, LTCH: Under Consideration— Category 3	Support Direction for IRF and LTCH. A pain management measure is needed; however, this 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 a better approach and should be explored for application to IRFs and LTCHs. Public comments received from AMRPA and Intermountain Healthcare supported MAP's conclusion.
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— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs. Public comments received from AMRPA did not support MAP's conclusion.
0682 Endorsed	Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	Nursing Home: Finalized, IRF: Under Consideration— Category 3, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in IRFs and LTCHs. Public comments received from AMRPA did not support MAP's conclusion.
0687 Endorsed	Percent of Residents Who Were Physically Restrained (Long Stay)	Nursing Home: Finalized, LTCH: Under Consideration— Category 3	Support Direction. Requires specification and testing for use in LTCHs.
Not NQF Endorsed	Functional Outcome Measure (change in mobility)	IRF: Under Consideration— Category 1, LTCH: Under Consideration— Category 1	Support Direction. Addresses a core concept but lacks specification. Public comments received from AMRPA, APTA, FAH, and Abbott Laboratories supported the MAP's conclusion.

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

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
Not NQF Endorsed	Functional Outcome Measure (change in self-care)	IRF: Under Consideration— Category 1, LTCH: Under Consideration— Category 1	Support Direction. Addresses a core concept but lacks specification. Public comments received from AMRPA, APTA, FAH, and Abbott Laboratories supported the MAP's conclusion.

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 percent reduction in the annual payment update. For additional program information, please see Appendix 8. 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 because 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 and public commenters note 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— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAP's conclusion.

MAP Input on Measures Under Consideration: Hospice Quality Reporting

NQF Measure Number and Status	Measure Name/Title	Program Alignment	MAP Conclusion
1617 Recommended for Endorsement	Patients Treated with an Opioid Who Are Given a Bowel Regimen	Hospice: Under Consideration— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAP's conclusion. Public comments received from Intermountain Healthcare did not support MAP's conclusion.
1634 Recommended for Endorsement	Hospice and Palliative Care—Pain Screening	Hospice: Under Consideration— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAPs conclusion. Public comments received from Intermountain Healthcare did not support MAP's conclusion.
1637 Recommended for Endorsement	Hospice and Palliative Care—Pain Assessment	Hospice: Under Consideration— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAP's conclusion. Public comments received from Intermountain Healthcare did not support MAP's conclusion.
1638 Recommended for Endorsement	Hospice and Palliative Care—Dyspnea Treatment	Hospice: Under Consideration— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAP's conclusion. Public comments received from Intermountain Healthcare did not support MAP's conclusion.
1639 Recommended for Endorsement	Hospice and Palliative Care—Dyspnea Screening	Hospice: Under Consideration— Category 2	Support. Public comments received from NCHPC, ACS, and CAPC support MAP's conclusion. Public comments received from Intermountain Healthcare did not support MAP's conclusion.

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. Under ESRD QIP, starting in 2012 payments to dialysis facilities will be reduced up to a maximum of two percent per year if facilities do not meet the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. For additional program information please see Appendix 8. 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 because 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.

Public commenters stressed the need for alignment between measures in the End Stage Renal Disease Quality Improvement Program and related nephrology measures in clinician performance measurement programs.

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—Category 1	Support. Public comments received from Intermountain Healthcare supported MAP's conclusion
1454 Endorsed	Proportion of Patients with Hypercalcemia	ESRD: Under Consideration—Category 1	Support. Public comments received from Intermountain Healthcare supported MAP's conclusion.
1460 Endorsed	Bloodstream Infection in Hemodialysis Outpatients	ESRD: Under Consideration—Category 1	Support. Public comments received from Intermountain Healthcare supported MAP's conclusion
Composite Not Endorsed. Composite combines endorsed measures #0249, 0318	Kt/V Dialysis Adequacy Measure	ESRD: Under Consideration—Category 1	Support Direction. Composite should be tested to ensure feasibility. Public comments received from Intermountain Healthcare supported MAP's conclusion
Not NQF Endorsed	Vascular Access Infection	ESRD: Under Consideration—Category 1	Do Not Support. Duplicative of an NQF-endorsed measure Under Consideration, NQF #1460: NHSN Blood Stream Infection. Public comments received from Kidney Care Partners and Intermountain Healthcare supported MAPs conclusion.

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 #0249. The steering committee recommended incorporation to #0249.

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 #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 healthcare expenditures and the impact on affordability of healthcare. These and other measure gaps may be arrayed across a spectrum from measurement development 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 and public commenters have 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 and informed by the experience in the field.

MAP's work is targeted toward the achievement of the three-part aim of the 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 three- to five-year planning horizon will provide a more coordinated approach to measure application.

ENDNOTES

1 Department of Health and Human Services (HHS), *Report to Congress: National Strategy for Quality Improvement in Healthcare*, Washington, DC: DHHS; 2011. Available at www.healthcare.gov/center/reports/national-qualitystrategy032011.pdf. Last accessed August 2011.

2 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.

3 NQF, Measure Applications 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.

APPENDIX 1: ACA SECTION 3014

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the Administrator) for use under this Act. In developing such measures, the Administrator shall consult with the Director of the Agency for Healthcare Research and Quality.”.

(c) FUNDING.—There are authorized to be appropriated to the Secretary of Health and Human Services to carry out this section, \$75,000,000 for each of fiscal years 2010 through 2014. Of the amounts appropriated under the preceding sentence in a fiscal year, not less than 50 percent of such amounts shall be used pursuant to subsection (e) of section 1890A of the Social Security Act, as added by subsection (b), with respect to programs under such Act. Amounts appropriated under this subsection for a fiscal year shall remain available until expended.

SEC. 3014. QUALITY MEASUREMENT.

(a) NEW DUTIES FOR CONSENSUS-BASED ENTITY.—

(1) MULTI-STAKEHOLDER GROUP INPUT.—Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)), as amended by section 3003, is amended by adding at the end the following new paragraphs:

“(7) CONVENING MULTI-STAKEHOLDER GROUPS.—

“(A) IN GENERAL.—The entity shall convene multi-stakeholder groups to provide input on—

“(i) the selection of quality measures described in subparagraph (B), from among—

“(I) such measures that have been endorsed by the entity; and

“(II) such measures that have not been considered for endorsement by such entity but are used or proposed to be used by the Secretary for the collection or reporting of quality measures; and

“(ii) national priorities (as identified under section 399HH of the Public Health Service Act) for improvement in population health and in the delivery of health care services for consideration under the national strategy established under section 399HH of the Public Health Service Act.

“(B) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), the quality measures described in this subparagraph are quality measures—

“(I) for use pursuant to sections 1814(i)(5)(D), 1833(i)(7), 1833(t)(17), 1848(k)(2)(C), 1866(k)(3), 1881(h)(2)(A)(iii), 1886(b)(3)(B)(viii), 1886(j)(7)(D), 1886(m)(5)(D), 1886(o)(2), and 1895(b)(3)(B)(v);

“(II) for use in reporting performance information to the public; and

“(III) for use in health care programs other than for use under this Act.

“(ii) EXCLUSION.—Data sets (such as the outcome and assessment information set for home health services and the minimum data set for skilled nursing facility services) that are used for purposes of classification systems used in establishing payment rates under this title shall not be quality measures described in this subparagraph.

“(C) REQUIREMENT FOR TRANSPARENCY IN PROCESS.—

“(i) IN GENERAL.—In convening multi-stakeholder groups under subparagraph (A) with respect to the selection of quality measures, the entity shall provide for an open and transparent process for the activities conducted pursuant to such convening.

“(ii) SELECTION OF ORGANIZATIONS PARTICIPATING IN MULTI-STAKEHOLDER GROUPS.—The process described in clause (i) shall ensure that the selection of representatives comprising such groups provides for public nominations for, and the opportunity for public comment on, such selection.

“(D) MULTI-STAKEHOLDER GROUP DEFINED.—In this paragraph, the term ‘multi-stakeholder group’ means, with respect to a quality measure, a voluntary collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of such quality measure.

“(8) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups provided under paragraph (7).”

(2) ANNUAL REPORT.—Section 1890(b)(5)(A) of the Social Security Act (42 U.S.C. 1395aaa(b)(5)(A)) is amended—

(A) in clause (ii), by striking “and” at the end;
(B) in clause (iii), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new clauses:

“(iv) gaps in endorsed quality measures, which shall include measures that are within priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act, and where quality measures are unavailable or inadequate to identify or address such gaps;

“(v) areas in which evidence is insufficient to support endorsement of quality measures in priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act and where targeted research may address such gaps; and

“(vi) the matters described in clauses (i) and (ii) of paragraph (7)(A).”

(b) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY MEASURES.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1890 the following:

“QUALITY MEASUREMENT

“SEC. 1890A. (a) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY MEASURES.—The Secretary shall establish a pre-rulemaking process under which the following steps occur with respect to the selection of quality measures described in section 1890(b)(7)(B):

“(1) INPUT.—Pursuant to section 1890(b)(7), the entity with a contract under section 1890 shall convene multi-stakeholder groups to provide input to the Secretary on the selection of quality measures described in subparagraph (B) of such paragraph.

Deadline.

Deadlines.
42 USC
1395aaa-1.
Regulations.

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“(2) PUBLIC AVAILABILITY OF MEASURES CONSIDERED FOR SELECTION.—Not later than December 1 of each year (beginning with 2011), the Secretary shall make available to the public a list of quality measures described in section 1890(b)(7)(B) that the Secretary is considering under this title.

“(3) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Pursuant to section 1890(b)(8), not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups described in paragraph (1).

“(4) CONSIDERATION OF MULTI-STAKEHOLDER INPUT.—The Secretary shall take into consideration the input from multi-stakeholder groups described in paragraph (1) in selecting quality measures described in section 1890(b)(7)(B) that have been endorsed by the entity with a contract under section 1890 and measures that have not been endorsed by such entity.

Federal Register,
publication.

“(5) RATIONALE FOR USE OF QUALITY MEASURES.—The Secretary shall publish in the Federal Register the rationale for the use of any quality measure described in section 1890(b)(7)(B) that has not been endorsed by the entity with a contract under section 1890.

“(6) ASSESSMENT OF IMPACT.—Not later than March 1, 2012, and at least once every three years thereafter, the Secretary shall—

“(A) conduct an assessment of the quality impact of the use of endorsed measures described in section 1890(b)(7)(B); and

Public
information.

“(B) make such assessment available to the public.

“(b) PROCESS FOR DISSEMINATION OF MEASURES USED BY THE SECRETARY.—

“(1) IN GENERAL.—The Secretary shall establish a process for disseminating quality measures used by the Secretary. Such process shall include the following:

“(A) The incorporation of such measures, where applicable, in workforce programs, training curricula, and any other means of dissemination determined appropriate by the Secretary.

“(B) The dissemination of such quality measures through the national strategy developed under section 399HH of the Public Health Service Act.

“(2) EXISTING METHODS.—To the extent practicable, the Secretary shall utilize and expand existing dissemination methods in disseminating quality measures under the process established under paragraph (1).

“(c) REVIEW OF QUALITY MEASURES USED BY THE SECRETARY.—

“(1) IN GENERAL.—The Secretary shall—

“(A) periodically (but in no case less often than once every 3 years) review quality measures described in section 1890(b)(7)(B); and

“(B) with respect to each such measure, determine whether to—

“(i) maintain the use of such measure; or

“(ii) phase out such measure.

“(2) CONSIDERATIONS.—In conducting the review under paragraph (1), the Secretary shall take steps to—

“(A) seek to avoid duplication of measures used; and

“(B) take into consideration current innovative methodologies and strategies for quality improvement practices in the delivery of health care services that represent best practices for such quality improvement and measures endorsed by the entity with a contract under section 1890 since the previous review by the Secretary.

“(d) **RULE OF CONSTRUCTION.**—Nothing in this section shall preclude a State from using the quality measures identified under sections 1139A and 1139B.”.

(c) **FUNDING.**—For purposes of carrying out the amendments made by this section, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$20,000,000, to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2010 through 2014. Amounts transferred under the preceding sentence shall remain available until expended.

SEC. 3015. DATA COLLECTION; PUBLIC REPORTING.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 3011, is further amended by adding at the end the following:

42 USC 280j-1.

“**SEC. 399II. COLLECTION AND ANALYSIS OF DATA FOR QUALITY AND RESOURCE USE MEASURES.**

“(a) **IN GENERAL.**—The Secretary shall collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery to implement the public reporting of performance information, as described in section 399JJ, and may award grants or contracts for this purpose. The Secretary shall ensure that such collection, aggregation, and analysis systems span an increasingly broad range of patient populations, providers, and geographic areas over time.

“(b) **GRANTS OR CONTRACTS FOR DATA COLLECTION.**—

“(1) **IN GENERAL.**—The Secretary may award grants or contracts to eligible entities to support new, or improve existing, efforts to collect and aggregate quality and resource use measures described under subsection (c).

“(2) **ELIGIBLE ENTITIES.**—To be eligible for a grant or contract under this subsection, an entity shall—

“(A) be—

“(i) a multi-stakeholder entity that coordinates the development of methods and implementation plans for the consistent reporting of summary quality and cost information;

“(ii) an entity capable of submitting such summary data for a particular population and providers, such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source; or

“(iii) a Federal Indian Health Service program or a health program operated by an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act);

“(B) promote the use of the systems that provide data to improve and coordinate patient care;

APPENDIX 2: MAP BACKGROUND

Purpose

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for 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. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for various uses (see Appendix 9 for ACA Section 3014).¹

MAP’s careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures HHS will receive varied and thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

MAP is designed to facilitate alignment of public- and private-sector uses of performance measures to further the National Quality Strategy’s (NQS) three-part aim of creating better, more affordable care and healthier people.² Anticipated outcomes from MAP’s work include:

- a more cohesive system of care delivery;
- better and more information for consumer decision-making;
- heightened accountability for clinicians and providers;
- higher value for spending by aligning payment with performance;
- reduced data collection and reporting burden

through harmonizing measurement activities across public and private sectors; and

- improvement in the consistent provision of evidence-based care.

Coordination with Other Quality Efforts

MAP’s activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency; aligning payment with value; rewarding providers and professionals for using health information technology (health IT) to improve patient care; and providing knowledge and tools to healthcare providers and professionals to help them improve performance. Many public- and private-sector organizations have important responsibilities in implementing these strategies, including federal and state agencies, private purchasers, measure developers, groups convened by NQF, accreditation and certification entities, various quality alliances at the national and community levels, as well as the professionals and providers of healthcare.

Foundational to the success of all of these efforts is a robust “quality measurement enterprise” (Figure 4) that includes:

- setting priorities and goals for improvement;
- standardizing performance measures;
- constructing a common data platform that supports measurement and improvement;
- applying measures to public reporting, performance-based payment, health IT meaningful use programs, and other areas; and
- promoting performance improvement in all healthcare settings.

FIGURE 4. FUNCTIONS OF THE QUALITY MEASUREMENT ENTERPRISE

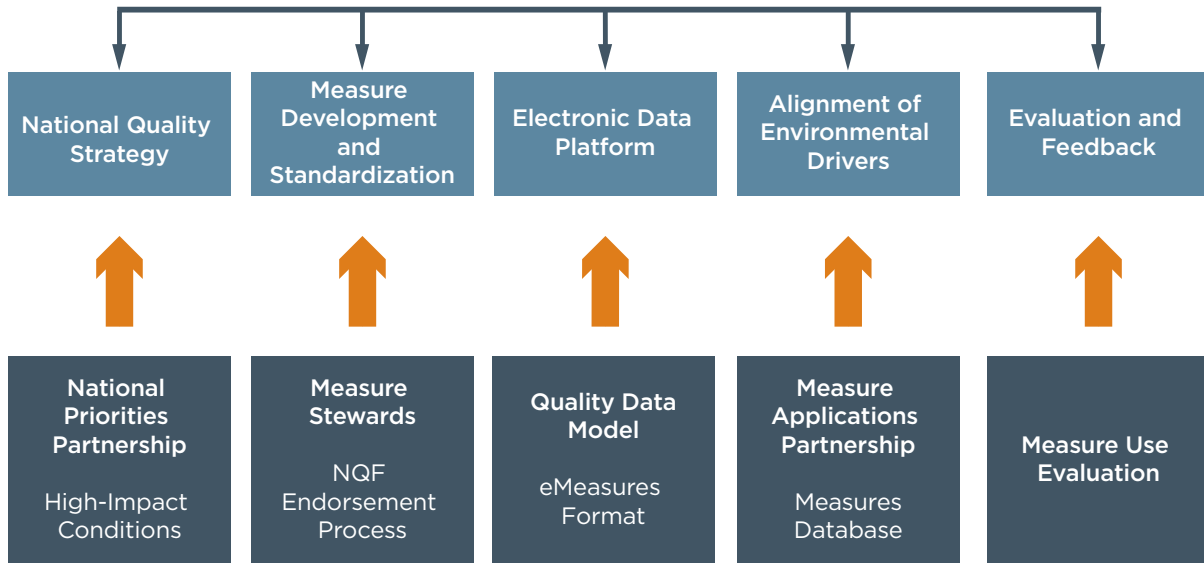
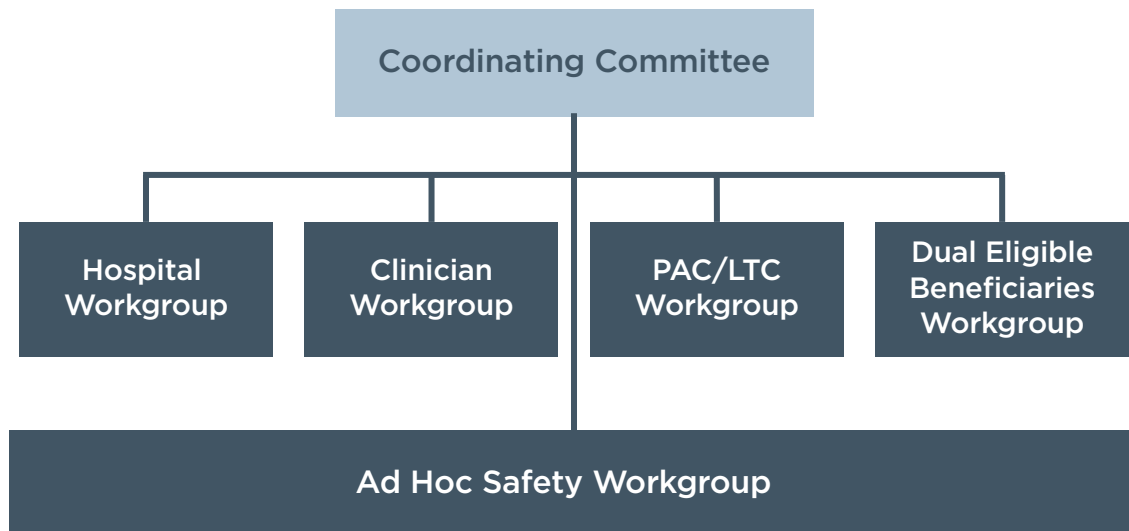


FIGURE 5. MAP STRUCTURE



The National Priorities Partnership (NPP) is a multi-stakeholder group convened by NQF to provide input to HHS on the National Quality Strategy (NQS) by identifying priorities, goals, and global measures of progress.³ Another NQF-convened group, the Measure Prioritization Advisory Committee, has defined high-impact conditions for the Medicare and child health populations.⁴ Cross-cutting priorities and high-impact conditions provide the foundation for all of the subsequent work within the quality measurement enterprise.

Measure development and standardization of measures are necessary to assess the baseline relative to the NQS priorities and goals, determine the current state and opportunities for improvement, and monitor progress. The NQF endorsement process meets certain statutory requirements for setting consensus standards and also provides the resources and expertise necessary to accomplish the task. A platform of data sources, with increasing emphasis on electronic collection and transmission, provides the data needed to calculate measures for use in accountability programs and to provide immediate feedback and clinical decision support to providers for performance improvement.

Alignment around environmental drivers, such as public reporting and performance-based payment, is MAP's role in the quality measurement enterprise. By considering and recommending measures for use in specific applications, MAP will facilitate the alignment of public- and private-sector programs and harmonization of measurement efforts under the NQS.

Finally, evaluation and feedback loops for each of the functions of the quality measurement enterprise ensure that each of the various activities is driving desired improvements.^{5,6} Further, the evaluation function monitors for potential unintended consequences that may result.

Function

Composed of a two-tiered structure, MAP's overall strategy is set by the Coordinating Committee, which provides final input to HHS. Working directly under the Coordinating Committee are five advisory workgroups responsible for advising the Committee on using measures to encourage performance improvement in specific care settings, providers, and patient populations (Figure 5). More than 60 organizations representing major stakeholder groups, 40 individual experts, and 9 federal agencies (ex officio members) are represented on the Coordinating Committee and workgroups (see Appendix 3 for Coordinating Committee and workgroup rosters).

The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness but will not review the Coordinating Committee's input to HHS. The Board selected the Coordinating Committee and workgroups based on Board-adopted selection criteria. Balance among stakeholder groups was paramount. Because MAP's tasks are very complex, including individual subject-matter experts in the groups also was imperative.

All MAP activities are conducted in an open and transparent manner. The appointment process included open nominations and a public comment period. MAP meetings are broadcast, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

MAP decision-making is based on a foundation of established guiding frameworks. The NQS is the primary basis for the overall MAP strategy. Additional frameworks include the high-impact conditions determined by the NQF-convened Measure Prioritization Advisory Committee,

the NQF-endorsed® Patient-Focused Episodes of Care framework,⁷ the HHS Partnership for Patients safety initiative,⁸ the HHS Prevention and Health Promotion Strategy,⁹ the HHS Disparities Strategy,¹⁰ and the HHS Multiple Chronic Conditions framework.¹¹

Timeline and Deliverables

MAP's initial work included performance measurement coordination strategies on the selection of measures for public reporting and performance-based payment programs (see Appendix 11 for a schedule of deliverables). Each of the coordination strategies addresses:

- measures and measurement issues, including measure gaps;
- data sources and health IT implications, including the need for a common data platform;
- alignment across settings and across public- and private-sector programs;
- special considerations for dual eligible beneficiaries; and
- path forward for improving measure applications.

On October 1, 2011, three coordination strategies were issued. The report on coordinating readmissions and healthcare-acquired conditions focuses on alignment of measurement, data collection, and other efforts to address these safety issues across public and private payers.¹² The report on coordinating clinician performance measurement identifies the characteristics of an ideal measure set for assessing clinician performance, advances measure selection criteria as a tool, and provides input on a recommended measure set and priority gaps for clinician public reporting and performance-based payment programs.¹³ An interim report on performance measurement for dual eligible beneficiaries offers a strategic approach that includes a vision, guiding principles, characteristics of high-need subgroups, and high-leverage opportunities for improvement, all of which will inform the next phase of work to identify specific measures most relevant to improving the quality of care for dual eligible beneficiaries.¹⁴

ENDNOTES

- 1 U.S. Government Printing Office (GPO), *Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014*, Washington, DC: GPO; 2010, p.260. Available at www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf. Last accessed August 2011.
- 2 Department of Health and Human Services (HHS), *Report to Congress: National Strategy for Quality Improvement in Healthcare*, Washington, DC: DHHS; 2011. Available at www.healthcare.gov/center/reports/national-qualitystrategy032011.pdf. Last accessed August 2011.
- 3 National Quality Forum (NQF), National Priorities Partnership (NPP), *Input to the Secretary of Health and Human Services on Priorities for the National Quality Strategy*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/NPP/National_Priorities_Partnership.aspx. Last accessed December 2011.
- 4 NQF, *Measurement Prioritization Advisory Committee Report, Measure Development and Endorsement Agenda*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/News_And_Resources/Press_Releases/2011/National_Quality_Forum_Releases_Measure_Development_and_Endorsement_Agenda__Prioritized_List_of_Measure_Gaps.aspx. Last accessed December 2011.
- 5 RAND Health, *An Evaluation of the Use of Performance Measures in Healthcare*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/Measure_Use_Evaluation.aspx. Last accessed December 2011.
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- 8 HHS, *Partnership for Patients: Better Care, Lower Costs*, Washington, DC: HHS; 2011. Available at <http://www.healthcare.gov/center/programs/partnership>. Last accessed August 2011.
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- 11 HHS, *HHS Initiative on Multiple Chronic Conditions*, Washington, DC: HHS; 2011. Available at www.hhs.gov/ash/initiatives/mcc/. Last accessed August 2011.
- 12 NQF, Measure Application Partnership (MAP), *Coordination Strategy for Healthcare-Acquired Conditions and Readmissions Across Public and Private Payers*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx. Last accessed December 2011.
- 13 NQF, 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.
- 14 NQF, MAP, *Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx. Last accessed December 2011.

APPENDIX 3: MAP COORDINATING COMMITTEE, WORKGROUP ROSTERS, AND NQF STAFF

Roster for the MAP Coordinating Committee

CHAIR (VOTING)	
George Isham, MD, MS	
Elizabeth McGlynn, PhD, MPPs	

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
AARP	Joyce Dubow, MUP
Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh, MS
AdvaMed	Michael Mussallem
AFL-CIO	Gerald Shea
America's Health Insurance Plans	Aparna Higgins, MA
American College of Physicians	David Baker, MD, MPH, FACP
American College of Surgeons	Frank Opelka, MD, FACS
American Hospital Association	Rhonda Anderson, RN, DNSc, FAAN
American Medical Association	Carl Sirio, MD
American Medical Group Association	Sam Lin, MD, PhD, MBA
American Nurses Association	Marla Weston, PhD, RN
Catalyst for Payment Reform	Suzanne Delbanco, PhD
Consumers Union	Doris Peter, PhD
Federation of American Hospitals	Chip N. Kahn
LeadingAge (formerly AAHSA)	Cheryl Phillips, MD, AGSF
Maine Health Management Coalition	Elizabeth Mitchell
National Association of Medicaid Directors	Foster Gesten, MD
National Partnership for Women and Families	Christine Bechtel, MA
Pacific Business Group on Health	William Kramer, MBA

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Child Health	Richard Antonelli, MD, MS
Population Health	Bobbie Berkowitz, PhD, RN, CNAA, FAAN
Disparities	Joseph Betancourt, MD, MPH
Rural Health	Ira Moscovice, PhD
Mental Health	Harold Pincus, MD
Post-Acute Care/ Home Health/ Hospice	Carol Raphael, MPA

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Agency for Healthcare Research and Quality (AHRQ)	Nancy Wilson, MD, MPH
Centers for Disease Control and Prevention (CDC)	Chesley Richards, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Patrick Conway, MD MSc
Health Resources and Services Administration (HRSA)	Ahmed Calvo, MD, MPH
Office of Personnel Management/FEHBP (OPM)	John O'Brien
Office of the National Coordinator for HIT (ONC)	Joshua Seidman, MD, PhD
ACCREDITATION/CERTIFICATION LIAISONS (NON-VOTING)	REPRESENTATIVES
American Board of Medical Specialties	Christine Cassel, MD
National Committee for Quality Assurance	Peggy O'Kane, MPH
The Joint Commission	Mark Chassin, MD, FACP, MPP, MPH

Roster for the MAP Clinician Workgroup

CHAIR (VOTING)	
Mark McClellan, MD, PhD	
ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVE
American Academy of Family Physicians	Bruce Bagley, MD
American Academy of Nurse Practitioners	Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American Academy of Orthopaedic Surgeons	Douglas Burton, MD
American College of Cardiology	Paul Casale, MD, FACC
American College of Radiology	David Seidenwurm, MD
American Speech-Language-Hearing Association	Janet Brown, MA, CCC-SLP
Association of American Medical Colleges	Joanne Conroy, MD
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	Richard Salmon MD, PhD
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD
Minnesota Community Measurement	Beth Averbeck, MD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars
Unite Here Health	Elizabeth Gilbertson, MS
EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Disparities	Marshall Chin, MD, MPH, FACP
Population Health	Eugene Nelson, MPH, DSc
Shared Decision-making	Karen Sepucha, PhD
Team-Based Care	Ronald Stock, MD, MA
Health IT/ Patient Reported Outcome Measures	James Walker, MD, FACP
Measure Methodologist	Dolores Yanagihara, MPH
FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVE
Agency for Healthcare Research and Quality (AHRQ)	Darryl Gray, MD, ScD
Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Michael Rapp, MD, JD, FACEP
Health Resources and Services Administration (HRSA)	Ian Corbridge, MPH, RN
Office of the National Coordinator for HIT (ONC)	Thomas Tsang, MD, MPH
Veterans Health Administration (VHA)	Joseph Francis, MD, MPH
MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)	
George Isham, MD, MS	
Elizabeth McGlynn, PhD, MPP	

Roster for the MAP Dual Eligible Beneficiaries Workgroup

CHAIR (VOTING)	
Alice Lind, MPH, BSN	
ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVE
American Association on Intellectual and Developmental Disabilities	Margaret Nygren, EdD
American Federation of State, County and Municipal Employees	Sally Tyler, MPA
American Geriatrics Society	Jennie Chin Hansen, RN, MS, FAAN
American Medical Directors Association	David Polakoff, MD, MsC
Better Health Greater Cleveland	Patrick Murray, MD, MS
Center for Medicare Advocacy	Patricia Nemore, JD
National Health Law Program	Leonardo Cuello, JD
Humana, Inc.	Thomas James, III, MD
L.A. Care Health Plan	Laura Linebach, RN, BSN, MBA
National Association of Public Hospitals and Health Systems	Steven Counsell, MD
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National PACE Association	Adam Burrows, MD
EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Substance Abuse	Mady Chalk, MSW, PhD
Emergency Medical Services	James Dunford, MD
Disability	Lawrence Gottlieb, MD, MPP
Measure Methodologist	Juliana Preston, MPA
Home & Community Based Services	Susan Reinhard, RN, PhD, FAAN
Mental Health	Rhonda Robinson-Beale, MD
Nursing	Gail Stuart, PhD, RN
FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVE
Agency for Healthcare Research and Quality	D.E.B. Potter, MS
CMS Medicare-Medicaid Coordination Office	Cheryl Powell
Health Resources and Services Administration	Samantha Wallack Mekler, MPP
HHS Office on Disability	Henry Claypool
Substance Abuse and Mental Health Services Administration	Rita Vandivort-Warren, MSW
Veterans Health Administration	Daniel Kivlahan, PhD
MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)	
George Isham, MD, MS	
Elizabeth McGlynn, PhD, MPP	

Roster for the MAP Hospital Workgroup

CHAIR (VOTING)	
Frank G. Opelka, MD, FACS	
ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVE
Alliance of Dedicated Cancer Centers	Ronald Walters, MD, MBA, MHA, MS
American Hospital Association	Richard Umbdenstock
American Organization of Nurse Executives	Patricia Conway-Morava, RN
American Society of Health-System Pharmacists	Shekhar Mehta, PharmD, MS
Blue Cross Blue Shield of Massachusetts	Jane Franke, RN, MHA, CPHQ
Building Services 32BJ Health Fund	Barbara Caress
Iowa Healthcare Collaborative	Lance Roberts, PhD
Memphis Business Group on Health	Cristie Upshaw Travis, MSHA
Mothers Against Medical Error	Helen Haskell, MA
National Association of Children's Hospitals and Related Institutions	Andrea Benin, MD
National Rural Health Association	Brock Slabach, MPH, FACHE
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Patient Safety	Mitchell Levy, MD, FCCM, FCCP
Palliative Care	R. Sean Morrison, MD
State Policy	Dolores Mitchell
Health IT	Brandon Savage, MD
Patient Experience	Dale Shaller, MPA
Safety Net	Bruce Siegel, MD, MPH
Mental Health	Ann Marie Sullivan, MD
FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Agency for Healthcare Research and Quality (AHRQ)	Mamatha Pancholi, MS
Centers for Disease Control and Prevention (CDC)	Chesley Richards, MD, MPH, FACP
Centers for Medicare & Medicaid Services (CMS)	Shaheen Halim, PhD, CPC-A
Office of the National Coordinator for HIT (ONC)	Leah Marcotte
Veterans Health Administration (VHA)	Michael Kelley, MD
MAP COORDINATING COMMITTEE CO-CHAIRS (NON-VOTING, EX OFFICIO)	
George J. Isham, MD, MS	
Elizabeth A. McGlynn, PhD, MPP	

Roster for the MAP Post-Acute Care/Long-Term Care Workgroup

CHAIR (VOTING)	
Carol Raphael, MPA	
ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
Aetna	Randall Krakauer, MD
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American Physical Therapy Association	Roger Herr, PT, MPA, COS-C
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APPENDIX 4: MAP PRE-RULEMAKING PROCESS

Statutory Requirements

Under ACA, HHS now follows a federal “pre-rulemaking process” for obtaining input from MAP on the selection of performance measures for specific federal programs. Each year, HHS will complete the following pre-rulemaking processes:

- make a list of measures currently under consideration by HHS for qualifying programs publicly available by December 1;
- provide the opportunity for MAP to review the list of measures under consideration and give input to HHS by February 1 on the measures under consideration; and
- consider MAP input and publish the rationale for selecting any performance measures not endorsed by NQF.

HHS will assess the impact of performance measures at least every three years (the first report is due to the public by March 1, 2012).¹

With respect to the second bullet, MAP is charged with providing pre-rulemaking input to HHS on the list of measures under consideration. This process provides MAP’s many stakeholders with an unprecedented opportunity to evaluate the measures under consideration and provide upstream input to HHS in a more coordinated and strategic manner. Unlike previous years when

HHS only received feedback during the program-by-program rulemaking process, private-sector stakeholders are now asked before the actual rulemaking process begins to provide input on how measures might be used across federal public reporting and performance-based payment programs.

Approach to Measure Analysis

HHS provided MAP with its list of measures under consideration in early December 2011, and MAP began its evaluation. The list included over 350 measures across nearly 20 federal programs (Table 1).²

HHS designated some of the programs as required for MAP review and some as optional. The optional programs provide context for the others. The measures under consideration for the required programs were divided among the MAP Clinician, Hospital, and PAC/LTC workgroups, depending on which setting the program primarily covers (e.g., the Hospital Workgroup reviewed the measures under consideration for the Hospital Inpatient Quality Reporting program). MAP’s pre-rulemaking analysis offers input on the following federal programs (Table 2):

TABLE 1. HHS MEASURES UNDER CONSIDERATION

CMS Program	No. of Measures Under Consideration
Ambulatory Surgical Center Quality Reporting	0
Nursing Home Quality Initiative and Nursing Home Compare Measures	0
End Stage Renal Disease Quality Improvement	5
e-Rx Incentive Program	0
Home Health Quality Reporting	0
Hospice Quality Reporting	6
Hospital Inpatient Quality Reporting	22
Hospital Outpatient Quality Reporting	0
Hospital Value-Based Purchasing	13
Inpatient Psychiatric Facility Quality Reporting	6
Inpatient Rehabilitation Facility Quality Reporting	8
Long-Term Care Hospital Quality Reporting	8
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	92
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	39
Medicare Shared Savings Program	0
Physician Quality Reporting System	153
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	5
Children's Health Insurance Program Reauthorization Act Quality Reporting	0
Health Insurance Exchange Quality Reporting	0
Initial Core Set of Healthcare Quality Measures for Medicaid-Eligible Adults	0
Medicare Part C Plan Rating—Quality and Performance Measures	0
Medicare Part D Plan Rating—Quality and Performance Measures	0
Physician Feedback/Value-Based Modifier Program	
a. Physician Quality and Resource Use Report ¹	see footnote
b. Value-Based Payment Modifier	10
TOTAL	367*

¹ Physician Quality and Resource Use Report includes quality measures reported from the Physician Quality Reporting System, and the Value-Based Payment Modifier, which includes four Prevention Quality Indicators (PQIs) and one cost measure. Therefore, measures in this component are only listed in the Physician Quality Reporting System and Value-Based Payment Modifier and are not duplicated in the ACA 3014 Measures list.

* After Measures Under Consideration list was originally posted, the total number of measures has been modified.

TABLE 2. FEDERAL PROGRAMS REVIEWED

Federal Program	MAP Workgroup
Value-Based Payment Modifier	Clinician Workgroup
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Hospital Inpatient Quality Reporting	Hospital Workgroup
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	PAC/LTC Workgroup
Nursing Home Quality Initiative and Nursing Home Compare Measures	
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
End Stage Renal Disease Quality Management	

Notes:

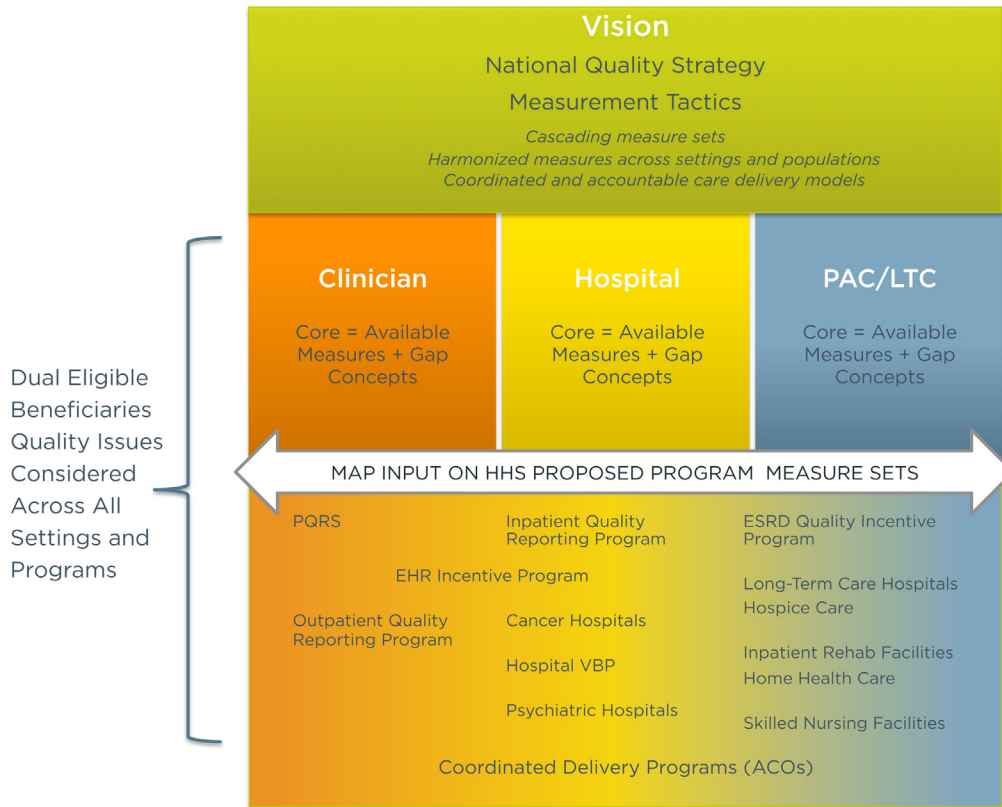
e-Rx Incentive Program was discussed in context of Meaningful Use.
 Five optional CMS programs not addressed in MAP Pre-rulemaking input

Each MAP workgroup met for one day during December 2011 to evaluate the measures under consideration for each program in light of the measure sets that had previously been finalized for that program through federal rulemaking. Each workgroup developed its findings and conclusions for transmission to the Coordinating Committee. The agenda and materials for each workgroup meeting can be found on the [NQF website](#).

To accomplish the workgroup reviews of the measures under consideration and program measure sets, a structured discussion guide was used to provide a stepwise approach to

program-by-program analysis, as well as to raise cross-cutting issues of alignment across programs. The setting-specific MAP workgroups assessed each measure under consideration according to whether it addressed an identified measure gap area for a particular setting or whether it represented an important priority area for a particular program within the setting (e.g., Meaningful Use within the clinician office setting). Additionally, MAP conversations with CMS led to an approach that lays out a “framework” for performance measurement based on the NQS and the notion of integrated care models.

FIGURE 6. MAP APPROACH TO ALIGNED PERFORMANCE MEASUREMENT



To help move from the siloed nature of federal programs, MAP generated core measure sets to identify areas of highest importance within the Clinician, Hospital, PAC/LTC settings as a way to get closer to the ideal framework (see Figure 6). Also, the MAP Measure Selection Criteria tool served as a guide for discussion of which measures to include in particular programs based on what those measures would add to the program measure set. In addition to evaluating new measures for programs, the MAP workgroups assessed the need to remove measures that had previously been finalized for use in programs.

The Dual Eligible Beneficiaries Workgroup provided input to each of the other MAP workgroups on specific measures applicable to the dual eligible beneficiaries' population. The Dual

Eligible Beneficiaries Workgroup then had a web meeting to review the findings and conclusions from the setting-specific workgroups to provide additional input before the Coordinating Committee's review.

The MAP Coordinating Committee met on January 5-6, 2012, to review the MAP workgroups' findings and conclusions ([Coordinating Committee Meeting Materials](#)). At that time, the Committee finalized the input to HHS contained within this report, including the disposition of each measure under consideration; the overall composition of each program measure set; priority measure gaps that need to be addressed through development, testing, and endorsement; and the MAP framework for aligned performance measurement.

ENDNOTES

1 GPO, Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014.

2 National Quality Forum, (NQF), Measure Applications Partnership (MAP), *Pre-Rulemaking Advisory Work: List of Measures Under Consideration for 2012*, Washington, DC: NQF, 2011. Available at www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx. Last accessed December 2011.

APPENDIX 5: MAP MEASURE SELECTION CRITERIA AND INTERPRETIVE GUIDE

1. Measures within the program measure set are NQF endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy priorities:

Subcriterion 2.1	Safer care
Subcriterion 2.2	Effective care coordination
Subcriterion 2.3	Preventing and treating leading causes of mortality and morbidity
Subcriterion 2.4	Person- and family-centered care
Subcriterion 2.5	Supporting better health in communities
Subcriterion 2.6	Making care more affordable

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program's intended population(s). (Refer to Tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1 Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2 Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3 Program measure set is applicable to the program's population(s)

5. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1 Outcome measures are adequately represented in the program measure set

Subcriterion 5.2 Process measures are adequately represented in the program measure set

Subcriterion 5.3 Experience of care measures are adequately represented in the program measure set (e.g., patient, family, caregiver)

Subcriterion 5.4 Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5 Structural measures and measures of access are represented in the program measure set when appropriate

6. Program measure set enables measurement across the person-centered episode of care¹

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1 Measures within the program measure set are applicable across relevant providers

Subcriterion 6.2 Measures within the program measure set are applicable across relevant settings

Subcriterion 6.3 Program measure set adequately measures patient care across time

¹ National Quality Forum (NQF), *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, Washington, DC: NQF; 2010.

7. Program measure set includes considerations for healthcare disparities²

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

² NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2: High-Impact Conditions

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer’s Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese (≥85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger’s, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems Not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome

MAP MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE

Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree*, *Agree*, *Disagree*, *Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best reflects “quality” health and healthcare. The term “measure set” can refer to a collection of measures—for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a “program measure set,” a “core measure set” for a setting, or a “condition measure set.” The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

FOR CRITERION 1—NQF ENDORSEMENT:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **Importance to measure and report**—how well the measure addresses a specific national health goal/priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus.
2. **Scientific acceptability of the measurement properties**—evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
3. **Usability**- the extent to which intended audiences (e.g., consumers, purchasers, providers, and policymakers) can understand the results of the measure and are likely to find the measure results useful for decision-making.
4. **Feasibility**—the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use.
- whether the scope of the project/measure set is relatively narrow.
- time-sensitive legislative/regulatory mandate for the measure(s).
- Measures that are NQF endorsed are broadly available for quality improvement and public accountability

programs. In some instances, there may be evidence that implementation challenges and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

FOR CRITERION 2—PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

FOR CRITERION 3—PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and Child Health Conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other ongoing efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

FOR CRITERION 4—PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services—Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- **Populations include:** Community, County/City, National, Regional, or States.
- **Population includes:** Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

FOR CRITERION 5—PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES

The program measure set should be evaluated for an appropriate mix of measure types. The definition of “appropriate” rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1. **Outcome measures**—Clinical outcome measures reflect the actual results of care.³ Patient-reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients’ understanding of treatment options and care plans, and their feedback on whether care made a difference.⁴
2. **Process measures**—Process denotes what is actually done in giving and receiving care.⁵ NQF endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.⁶
3. **Experience of care measures**—Defined as patients’ perspective on their care.⁷
4. **Cost/resource use/appropriateness measures**—
 - a. *Cost measures*—Total cost of care.
 - b. *Resource use measures*—Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).⁸
 - c. *Appropriateness measures*—Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.⁹
5. **Structure measures**—Reflect the conditions in which providers care for patients.¹⁰ This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure.

3 NQF, 2011, The right tools for the job. Available at http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx.

4 Consumer-Purchases Disclosure Project, 2011. Ten Criteria for Meaningful and Usable Measures of Performance

5 Donabedian, A., The quality of care, *JAMA*, 1998; 260: 1743-1748.

6 NQF, 2011, Consensus development process. Available at http://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx.

5 NQF, 2011, The right tools for the job. Available at http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx.

6 NQF, 2009, National voluntary consensus standards for outpatient imaging efficiency. Available at http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_Efficiency__A_Consensus_Report.aspx

7 NQF, 2011, The right tools for the job. Available at http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx.

8 NQF, 2011, The right tools for the job. Available at http://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx.

APPENDIX 6: DUAL ELIGIBLE BENEFICIARIES CORE MEASURE SET (DRAFT)

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
0329 Endorsed	<i>All-Cause Readmission Index (risk adjusted)</i> Overall inpatient 30-day hospital readmission rate, excluding maternity and pediatric discharges		•				Hospital	
0228 Endorsed	<i>3-Item Care Transition Measure (CTM-3)</i> Uni-dimensional self-reported survey that measures the quality of preparation for care transitions. Namely: 1. Understanding one's self-care role in the post-hospital setting 2. Medication management 3. Having one's preferences incorporated into the care plan		•				Hospital	Under Consideration for Hospital Inpatient Quality Reporting (Supported)
0558 Endorsed	<i>HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge</i> Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity		•		•		Hospital	Under Consideration for Inpatient Psychiatric Facility Quality Reporting (Supported)
0418 Endorsed	<i>Screening for Clinical Depression and Follow-up Plan</i> Percentage of patients aged 12 years and older screened for clinical depression using an age-appropriate standardized tool and follow-up plan documented			•	•		Ambulatory, Hospital, PAC/LTC Facility	Finalized for use in PQRS and Medicare Shared Savings, Medicaid Adult Core Measures Under Consideration for Meaningful Use (Supported)

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
0647 Endorsed	<p><i>Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)</i></p> <p>Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements</p>		•				Hospital, PAC/LTC Facility	
0430 Endorsed	<p><i>Change in Daily Activity Function as Measured by the AM-PAC</i></p> <p>The Activity Measure for Post-Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post-acute care (PAC) patients. A Daily Activity domain has been identified that consists of functional tasks that cover the following areas: feeding, meal preparation, hygiene, grooming, and dressing</p>	•		•			Ambulatory, Home Health, Hospital, PAC/LTC Facility	
0576 Endorsed	<p><i>Follow-up After Hospitalization for Mental Illness</i></p> <p>Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner</p>		•		•		Ambulatory, Behavioral Health	Finalized for use in Medicaid Adult Core Measures, CHIPRA Core Measures
0005 Endorsed	<p><i>CAHPS Adult Primary Care Survey: Shared Decision-making</i></p> <p>37 core and 64 supplemental question survey of adult outpatient primary care patients</p>		•				Ambulatory	Finalized for use in Medicare Shared Savings
0006 Endorsed	<p><i>CAHPS Health Plan Survey v 4.0—Adult questionnaire: Health Status/Functional Status</i></p> <p>30-question core survey of adult health plan members that assesses the quality of care and services they receive</p>	•					Ambulatory	Finalized for use in Medicare Shared Savings and Medicaid Adult Core Measures

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
<p>0490 Endorsed</p>	<p><i>The Ability to Use Health Information Technology to Perform Care Management at the Point of Care</i></p> <p>Documents the extent to which a provider uses a certified/qualified electronic health record (EHR) system capable of enhancing care management at the point of care. To qualify, the facility must have implemented processes within their EHR for disease management that incorporate the principles of care management at the point of care, which include:</p> <ul style="list-style-type: none"> a. The ability to identify specific patients by diagnosis or medication use; b. The capacity to present alerts to the clinician for disease management, preventive services, and wellness; c. The ability to provide support for standard care plans, practice guidelines, and protocol 					<ul style="list-style-type: none"> • 	<p>Ambulatory</p>	
<p>0494 Endorsed</p>	<p><i>Medical Home System Survey</i></p> <p>Percentage of practices functioning as a patient-centered medical home by providing ongoing, coordinated patient care. Meeting Medical Home System Survey standards demonstrates that practices have physician-led teams that provide patients with:</p> <ul style="list-style-type: none"> a. Improved access and communication; b. Care management using evidence-based guidelines; c. Patient tracking and registry functions; d. Support for patient self-management e. Test and referral tracking; f. Practice performance and improvement functions; 					<ul style="list-style-type: none"> • 	<p>Ambulatory</p>	

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
0101 Endorsed	<i>Falls: Screening for Fall Risk</i> Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months			•			Ambulatory	Finalized for use in PQRS, Medicare Shared Savings, and Value Modifier Under consideration for Meaningful Use (Supported)
0729 Endorsed	<i>Optimal Diabetes Care</i> Patients ages 18 -75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 140/90, Tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated			•			Ambulatory	Components of this composite are finalized for use in Medicare Shared Savings and Value Modifier Under Consideration for PQRS (Supported)
0421 Endorsed	<i>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up</i> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented Normal Parameters: Age 65 and older BMI ≥23 and <30; Age 18 - 64 BMI ≥18.5 and <25			•			Ambulatory	Finalized for use in PQRS, Meaningful Use, Medicare Shared Savings Program, and Value- Modifier
0028 Endorsed	<i>Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention</i> Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period			•	•		Ambulatory	Finalized for use in PQRS, Meaningful Use, Medicare Shared Savings Program, and Value- Modifier

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
0004 Endorsed	<p><i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</i></p> <p>The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit</p>				•		Ambulatory	Finalized for use in PQRS, Meaningful Use, Value-Modifier, and Medicaid Adult Core Measures
0523 Endorsed	<p><i>Pain Assessment Conducted</i></p> <p>Percentage of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home healthcare</p>	•		•			Home Health	Finalized for use in Home Health
0167 Endorsed	<p><i>Improvement in Ambulation/locomotion</i></p> <p>Percentage of home health episodes where the value recorded for the OASIS item M0702 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care</p>	•		•			Home Health	Finalized for use in Home Health
0208 Endorsed	<p><i>Family Evaluation of Hospice Care</i></p> <p>Percentage of family members of all patients enrolled in a hospice program who give satisfactory answers to the survey instrument</p>	•					Hospice	Under Consideration for Hospice Quality Reporting (Supported)
0260 Endorsed	<p><i>Assessment of Health-related Quality of Life (Physical & Mental Functioning)</i></p> <p>Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year</p>	•		•	•		Dialysis Facility	Supported for ESRD Quality Reporting

NQF # and Status	Measure Title and Description	Quality of Life	Care Coord	Screening	Mental/Subst	Structural	Specified Setting of Care	Use in Federal Programs
Not Endorsed	<p><i>SNP 6: Coordination of Medicare and Medicaid coverage</i></p> <p>Intent: The organization helps members obtain services they are eligible to receive regardless of payer, by coordinating Medicare and Medicaid coverage. This is necessary because the two programs have different rules and benefit structures and can be confusing for both members and providers</p>					•	[not available]	
Not Endorsed	<p><i>Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment</i></p> <p>a. Patients screened annually for alcohol misuse with the 3-Item AUDIT-C with item-wise recording of item responses, total score and positive or negative result of the AUDIT-C in the medical record.</p> <p>b. Patients who screen for alcohol misuse with AUDIT-C who meet or exceed a threshold score who have brief alcohol counseling documented in the medical record within 14 days of the positive screening.</p>			•	•		[not available]	
Not Endorsed	<p><i>Potentially Harmful Drug-Disease Interactions in the Elderly</i></p> <p>Percentage of Medicare members 65 years of age and older who have a diagnosis of chronic renal failure and prescription for non-aspirin NSAIDs or Cox-2 selective NSAIDs; Percentage of Medicare members 65 years of age and older who have a diagnosis of dementia and a prescription for tricyclic antidepressants or anticholinergic agents; Percentage of Medicare members 65 years of age and older who have a history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents</p>		•	•			Pharmacy	

APPENDIX 7: CLINICIAN CORE MEASURES (DRAWN FROM VALUE MODIFIER MEASURES)

NQF Measure Number and Status	Measure Name
0001 Endorsed	Asthma: Asthma Assessment
0002 Endorsed	Appropriate Testing for Children with Pharyngitis
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
0012 Endorsed	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
0014 Endorsed	Prenatal Care: Anti-D Immune Globulin
0018 Endorsed	Controlling High Blood Pressure
0024 Endorsed	Weight Assessment and Counseling for Children and Adolescents
0028 Endorsed	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
0031 Endorsed	Preventive Care and Screening: Screening Mammography
0032 Endorsed	Cervical Cancer Screening
0033 Endorsed	Chlamydia Screening for Women
0034 Endorsed	Preventive Care and Screening: Colorectal Cancer Screening
0038 Endorsed	Childhood Immunization Status
0041 Endorsed	Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old
0043 Endorsed	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older
0047 Endorsed	Asthma: Pharmacologic Therapy
0052 Endorsed	Low Back Pain: Use of Imaging Studies
0055 Endorsed	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
0056 Endorsed	Diabetes Mellitus: Foot Exam
0061 Endorsed	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
0062 Endorsed	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
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)
0067 Endorsed	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
0068 Endorsed	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
0070 Endorsed	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)

0073 Endorsed	Ischemic Vascular Disease (IVD): Blood Pressure Management Control
0074 Endorsed	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
0075 Endorsed	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control < 100 mg/dl
0079 Endorsed	Heart Failure: Left Ventricular Function (LVF) Assessment
0081 Endorsed	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
0083 Endorsed	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
0086 Endorsed	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
0088 Endorsed	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
0089 Endorsed	Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
0097 Endorsed	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility
0101 Endorsed	Falls: Screening for Fall Risk
0102 Endorsed	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
0105 Endorsed	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
0385 Endorsed	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
0387 Endorsed	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
0389 Endorsed	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
0575 Endorsed	Diabetes: HbA1c Control < 8%
0729 Endorsed	Diabetes Mellitus: Tobacco Non-Use
0729 Endorsed	Diabetes: Aspirin Use
NA	Proportion of Adults 18 Years and Older Who Have Had Their BP Measured Within the Preceding 2 Years
NA	Preventive Care: Cholesterol-LDL Test Performed

Note: NA denotes measures that have not been submitted to NQF.

GAPS - (BOLDED= PRIORITIZED)

- **Patient and family experience**
- **Resource use**
- **Subspecialty conditions and/or procedures**
- Outcome measures—included patient reported outcomes
- Care coordination—team approach to care
- Multi-morbidity chronic diseases and functional status
- Child health
- Patient Safety
- Disparities

APPENDIX 8: PERFORMANCE MEASUREMENT PROGRAM DESCRIPTIONS

Program summaries are provided in order as they are referenced in the report, which is as follows:

Clinician Performance Measurement Programs

- Value-Based Payment Modifier
- Physician Quality Reporting System
- Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
- Medicare Shared Savings Program

Hospital Performance Measurement Programs

- Hospital Inpatient Quality Reporting
- Hospital Value-Based Purchasing
- Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs
- Hospital Outpatient Quality Reporting
- Ambulatory Surgical Center Quality Reporting
- Inpatient Psychiatric Hospital Quality Reporting
- PPS-Exempt Cancer Hospital Quality Reporting

Post-Acute Care/Long-Term Care Performance Measurement Programs

- Nursing Home Quality Initiative and Nursing Home Compare
- Home Health Quality Reporting
- Inpatient Rehabilitation Facilities Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting
- End Stage Renal Disease Quality Improvement

CLINICIAN PERFORMANCE MEASUREMENT PROGRAMS

Program Summary: Value-Based Payment Modifier Program

Program Description

Section 3007 of the ACA requires CMS to pay physicians differentially based on a modifier derived from composites of quality and cost measures. The program's goal is to develop and implement a budget-neutral payment system that will adjust Medicare physician payments based on the quality and cost of the care they deliver. This system will be phased in over a two-year period beginning in 2015. By 2017, the value-based payment modifier will be applied to the majority of clinicians. The program must include a composite of appropriate, risk-based quality measures and a composite of appropriate cost measures.

Statutory Requirements for Measures

This program must include measures pertaining to quality of care, care coordination, cost, efficiency (focus on preventable readmissions), safety/functional status, and outcomes. The measures should address systems of care, use composite measures where possible, and pull from the core set of PQRS for 2012.¹

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	56	7	63
NQF-ENDORSED*	48	3	51
NQS PRIORITY			
Safer Care	7	4	11
Effective Care Coordination	17	1	18
Prevention and Treatment of Leading Causes of Mortality and Morbidity	21	0	21
Person- and Family-Centered Care	1	0	1
Supporting Better Health in Communities	15	0	15
Making Care More Affordable	5	1	6
MEASURE TYPE			
Process Measures	45	1	46
Outcome Measures	9	5	14
Cost Measures	2	1	3
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps

The MAP Clinician Workgroup and the MAP Coordinating Committee identified these gaps as part of their evaluation of the Value-Modifier measure set, in meetings on August 1, 2011, November 1-2, 2011, and December 12, 2011.

- Patient preferences, patient and family experience
- Care coordination, care planning, communication with patient/family, social supports
- Function, quality of life, pain, fatigue
- Affordability, overuse, efficiency, resource use
- Safety
- Surgical care
- Child health
- Oral health
- Mental and behavioral health/cognitive
- Physician (specialty groups) and conditions
- Stroke care
- Multi-morbidity chronic diseases and functional status
- Outcome measures—including patient-reported outcomes
- Disparities
- Shared decision-making; patient activation
- End of life
- Palliative care

Program Summary: Physician Quality Reporting System

Program Description

The 2006 Tax Relief and Healthcare Act (TRHCA) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries.

Individual clinicians participating in the PQRS may select 3 measures (out of more than 200 measures) to report or may choose to report a disease group. Clinicians have three options for submitting data: (1) Medicare Part B claims submission, (2) submission via a qualified Physician Quality Reporting registry, or (3) submit using a qualified electronic health record (EHR) product. Individual eligible professionals who meet the criteria for satisfactory submission qualify to earn an incentive payment equal to 1 percent of their total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges. Group practices may also submit and are qualified to receive an incentive payment of 1 percent if the practice similarly meets criteria for participation. Groups with 200 or more eligible professionals must report a set of measures.

Beginning in 2011, physicians have the opportunity to earn an additional incentive of 0.5 percent by working with a Maintenance of Certification entity to satisfactorily submit data.²

Statutory Requirements for Measures

This program must include measures pertaining to physicians (medicine, osteopathy, podiatric med, optometry, surgery, oral surgery, dental med, chiropractic) and therapists (Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist).

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	267	153	420
NQF-ENDORSED*	176	16	192
NQS PRIORITY			
Safer Care	38	9	47
Effective Care Coordination	64	22	86
Prevention and Treatment of Leading Causes of Mortality and Morbidity	55	13	68
Person- and Family-Centered Care	13	3	16
Supporting Better Health in Communities	39	5	44
Making Care More Affordable	8	8	16
MEASURE TYPE			
Process Measures	169	12	181
Outcome Measures	35	5	40
Cost Measures	0	0	0
Structural Measures	3	0	3
Patient Experience	0	0	0

Identified Measure Gaps

- Cost
- Patient experience
- Patient-reported outcomes
- Shared decision-making; patient activation
- End of life
- Palliative care
- Care planning
- Health-related quality of life

Program Summary: Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Program Description

The American Recovery and Reinvestment Act of 2009 specified three main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of healthcare.
3. The use of certified EHR technology to submit clinical quality and other measures.
4. Eligible professionals must report on 6 total clinical quality measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures).³

Statutory Requirements for Measures

Measures are of processes, experience and/or outcomes of patient care, and observations or treatment that relate to one or more quality aims for healthcare such as effective, safe, efficient, patient-centered, equitable and timely care. Measures must be reported for all patients, not just Medicare and Medicaid beneficiaries.⁴

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	41	92	133
NQF-ENDORSED*	41	63	104
NQS PRIORITY			
Safer Care	3	22	25
Effective Care Coordination	14	21	35
Prevention and Treatment of Leading Causes of Mortality and Morbidity	11	9	20
Person- and Family-Centered Care	0	11	11
Supporting Better Health in Communities	14	28	42
Making Care More Affordable	3	9	12
MEASURE TYPE			
Process Measures	34	61	95
Outcome Measures	7	5	12
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps

- Cost measures
- Patient experience measures
- Patient-reported outcomes
- Shared decision-making; patient activation
- End of life
- Palliative care
- Care planning
- Health-related quality of life

Program Summary: Medicare Shared Savings Program

Program Description

Section 3022 of the ACA requires CMS to establish a shared savings program in order to facilitate cooperation among providers, improve the quality of care for Medicare Fee-for-Service (FFS) beneficiaries, and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the MSSP by creating or participating in an Accountable Care Organization, also called an ACO. The measure set contains 33 finalized measures.

Statutory Requirements for Measures

The Secretary of HHS is required to determine appropriate measures to assess the quality of care furnished by the ACO, such as measures of clinical processes and outcomes; patient and, where practicable, caregiver experience of care; and utilization (such as rates of hospital admissions for ambulatory care sensitive conditions).^{5,6}

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	33	0	33
NQF-ENDORSED*	30	0	30
NQS PRIORITY			
Safer Care	6	0	6
Effective Care Coordination	9	0	9
Prevention and Treatment of Leading Causes of Mortality and Morbidity	13	0	13
Person- and Family-Centered Care	7	0	7
Supporting Better Health in Communities	8	0	8
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	13	0	13
Outcome Measures	10	0	10
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	7	0	7

Identified Measure Gaps

- Community supports
- Patient-reported measures of health and functional status, experience, and activation

HOSPITAL PERFORMANCE MEASUREMENT PROGRAMS

Program Summary: Hospital Inpatient Quality Reporting

Program Description

Since 2004, CMS has collected quality and patient experience data from acute care hospitals on a voluntary basis under the Hospital Inpatient Quality Reporting (IQR) program. The program was originally mandated by Section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. This section of the MMA authorized CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates. Initially, the MMA provided for a 0.4 percentage point reduction in the annual market basket (the measure of inflation in costs of goods and services used by hospitals in treating Medicare patients) update for hospitals that did not successfully report. The Deficit Reduction Act of 2005 increased that reduction to 2.0 percentage points.⁷ Information gathered through the Hospital IQR program is reported on the Hospital Compare Website.⁸

Statutory Requirements for Measures

The Secretary shall begin to adopt the baseline set of performance measures set forth in the November 2005 report by the Institute of Medicine of the National Academies under section 238(b) of the MMA. The Secretary shall add other measures that reflect consensus among the affected parties, and to the extent feasible and practicable, shall include measures set forth by one or more national consensus-building entities. The Secretary may replace any measures or indicators in appropriate cases, such as where all hospitals are effectively in compliance or the measures or indicators have been subsequently shown not to represent the best clinical practice. The Secretary shall report quality measures of process, structure, outcome, patients' perspectives on care, efficiency, and costs of care that relate to services furnished in inpatient settings on the CMS website. Registry-based measures can be considered for this program. All Cause-Related Condition readmissions (Section 3025, item #8) are to be used for quality improvement, not payment.

Program Measure Set Analysis

Measure Summary:

	Finalized	Under Consideration	Total
Total Measures	72	22	94
NQF-ENDORSED*	60	7	67
NQS PRIORITY			
Safer Care	42	1	43
Effective Care Coordination	9	4	13
Prevention and Treatment of Leading Causes of Mortality and Morbidity	28	7	35
Person- and Family-Centered Care	4	1	5
Supporting Better Health in Communities	4	5	9
Making Care More Affordable	3	1	4
ADDRESSES HIGH-IMPACT CONDITIONS	23	2	25
MEASURE TYPE			
Process Measures	34	13	47
Outcome Measures	31	4	35
Cost Measures	1	0	1
Structural Measures	4	0	4
Patient Experience	1	1	2

Identified Measure Gaps

- Child health
- Maternal care
- Disparities-sensitive measures
- Behavioral health, beyond substance abuse
- Patient-reported outcomes
- Sepsis measures. The workgroup had suggested that sepsis be considered separately from infections as a whole.
- Cost and resource use measures

Program Summary: Hospital Value-Based Purchasing

Program Description

In FY 2013, Medicare will begin basing a portion of hospital reimbursements on hospital performance on a set of quality measures that have been linked to improved clinical processes of care and patient satisfaction. For FY 2013, the Hospital Value-Based Purchasing program will distribute an estimated \$850 million to hospitals based on their overall performance on the quality measures. These funds will be taken from what Medicare otherwise would have spent for hospital stays, and the size of the fund will gradually increase over time, resulting in a shift from payments based on volume to payments based on performance. Hospitals will continue to receive payments for care provided to Medicare patients based on the Medicare Inpatient Prospective Payment System, but those payments will be reduced by 1 percent starting in FY 2013 to create the funding for the new value-based payments. Hospitals will be scored based on their performance on each measure relative to other hospitals and on how their performance on each measure has improved over time. The higher of these scores on each measure will be used in determining incentive payments. CMS plans to add additional outcomes measures that focus on improved patient outcomes and prevention of hospital-acquired conditions. Measures that have reached very high compliance scores would likely be replaced.⁹ The measures included in the Hospital Value-Based Purchasing program are a subset of those collected through the Hospital IQR program. Information gathered through the Hospital IQR program is reported on the Hospital Compare Website.¹⁰

Statutory Requirements for Measures

The Secretary shall select measures for purposes of the program. Such measures shall be selected from the measures specified the Hospital IQR program.

Requirements

- For FY 2013—For value-based incentive payments made with respect to discharges occurring during fiscal year 2013, the Secretary shall ensure the following:
 - » Excludes readmission measures
 - » Measures cover at least the following five specific conditions or procedures:
 - Acute myocardial infarction (AMI)
 - Heart failure
 - Pneumonia
 - Surgeries, as measured by the Surgical Care Improvement Project (formerly referred to as `Surgical Infection Prevention for discharges occurring before July 2006)
 - Healthcare-associated infections, as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan) of the Department of Health and Human Services.
 - » HCAHPS—Measures selected shall be related to the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS).
- Inclusion of Efficiency Measures—For value-based incentive payments made with respect to discharges occurring during FY 2014 or a subsequent fiscal year, the Secretary shall ensure that measures selected include efficiency measures, including measures of “Medicare spending per beneficiary.” Such measures

shall be adjusted for factors such as age, sex, race, severity of illness, and other factors that the Secretary determines appropriate.

- Limitations—
 - » Time requirement for reporting and notice—The Secretary may not select a measure for use under the program with respect to a performance period for a fiscal year unless such measure has been specified under the Hospital IQR program and included on the Hospital Compare Internet website for at least one year prior to the beginning of such performance period.
 - » A measure selected shall not apply to a hospital if such hospital does not furnish services appropriate to such measure.

Program Measure Set Analysis

	<i>Finalized</i>	<i>Under Consideration</i>	<i>Total</i>
Total Measures	17	13	30
NQF-ENDORSED*	16	5	21
NQS PRIORITY			
Safer Care	8	10	18
Effective Care Coordination	2	0	2
Prevention and Treatment of Leading Causes of Mortality and Morbidity	11	2	13
Person- and Family-Centered Care	2	0	2
Supporting Better Health in Communities	1	0	1
Making Care More Affordable	1	1	2
ADDRESSES HIGH-IMPACT CONDITIONS	7	2	9
MEASURE TYPE			
Process Measures	12	2	14
Outcome Measures	4	9	13
Cost Measures	0	1	1
Structural Measures	0	0	0
Patient Experience	1	0	1

Measure Gaps (previously identified by the Hospital Workgroup):

- Maternal care
- Child health
- Behavioral health
- Stroke
- Diabetes
- Disparities-sensitive measures
- Cost and resource use measures

Program Summary: Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs

Program Description

The Medicare and Medicaid EHR incentive programs will provide incentive payments to eligible hospitals and critical access hospitals (CAHs) as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. The program was created under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009. Incentive payments for eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors, beginning with a \$2 million base payment. For 2015 and later, Medicare-eligible hospitals and CAHs that do not successfully demonstrate meaningful use will have a reduction in their Medicare reimbursement. The Medicaid EHR program incentive payments may begin as early as 2011, depending on when an individual state begins its program. The last year a Medicaid-eligible hospital may begin the program is 2016. There are no payment adjustments under the Medicaid EHR program.

Statutory Requirements for Measures

An eligible hospital or CAH must be a meaningful EHR user for the relevant EHR reporting period in order to qualify for the incentive payment for a payment year in the Medicare FFS EHR incentive program. An eligible hospital shall be considered a meaningful EHR user for an EHR reporting period for a payment year if it meets the following three requirements: (1) demonstrates use of certified EHR technology in a meaningful manner; (2) demonstrates to the satisfaction of the Secretary that certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality of healthcare such as promoting care coordination, in accordance with all laws and standards applicable to the exchange of information; and (3) using its certified EHR technology, submits to the Secretary, in a form and manner specified by the Secretary, information on clinical quality measures and other measures specified by the Secretary. Preference should be given to NQF-endorsed measures when selecting measures for this program.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	15	36	51
NQF-ENDORSED*	15	33	48
NQS PRIORITY			
Safer Care	7	10	17
Effective Care Coordination	1	3	4
Prevention and Treatment of Leading Causes of Mortality and Morbidity	7	14	21
Person- and Family-Centered Care	2	4	6
Supporting Better Health in Communities	0	8	8
Making Care More Affordable	0	2	2
ADDRESSES HIGH-IMPACT CONDITIONS	7	10	17
MEASURE TYPE			
Process Measures	12	31	43
Outcome Measures	3	5	8
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gap:

- Delta measures (measures to detect incremental changes in a patient's condition over time)

Program Summary: Hospital Outpatient Quality Reporting

Program Description

The CMS Hospital Outpatient Quality Reporting (OQR) program is a pay-for-reporting program for outpatient hospital services. The program was mandated by the Tax Relief and Healthcare Act of 2006, which requires hospitals to submit data on measures on the quality of care furnished in hospital outpatient settings. Hospitals that do not meet the program requirements receive a 2.0 percentage point reduction in their annual payment update under the Outpatient Prospective Payment System (OPPS). Information gathered through the Hospital OQR program is reported on the Hospital Compare Website.¹¹

Statutory Requirements for Measures

The Secretary shall develop measures that the Secretary determines to be appropriate for the measurement of the quality of care (including medication errors) furnished by hospitals in outpatient settings and that reflect consensus among affected parties and, to the extent feasible and practicable, shall include measures set forth by one or more national consensus-building entities. The Secretary may replace any measures or indicators in appropriate cases, such as where all hospitals are effectively in compliance or the measures or indicators that have been subsequently shown not to represent the best clinical practice. The Secretary shall report quality measures of process, structure, outcome, patients' perspectives on care, efficiency, and costs of care that relate to services furnished in outpatient settings in hospitals on the CMS website. Measures may be a subset of measures used for other programs. An outpatient setting or outpatient hospital service is deemed a reference to ambulatory surgical center, the setting of such a center, or services of such a center.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	26	0	26
NQF-ENDORSED*	21	0	21
NQS PRIORITY			
Safer Care	12	0	12
Effective Care Coordination	5	0	5
Prevention and Treatment of Leading Causes of Mortality and Morbidity	6	0	6
Person- and Family-Centered Care	4	0	4
Supporting Better Health in Communities	1	0	1
Making Care More Affordable	4	0	4
ADDRESSES HIGH-IMPACT CONDITIONS	11	0	11
MEASURE TYPE			
Process Measures	15	0	15
Outcome Measures	1	0	0
Cost Measures	6	0	6
Structural Measures	3	0	3
Patient Experience	1	0	1

Identified Measure Gaps

- Outcome measures. The Workgroup previously indicated the need to move to outcome measures clustered with process and structural measures.
- The program set does not address supporting better health in communities or disparities.
- High-impact outpatient issues such as weight management, diabetes management, and readmissions (including admissions following an outpatient surgery).
- Measures that address patient preferences such as patient outcomes, patient-shared decision-making, patient experience of care, and family engagement.
- Efficiency measures. There are measures related to cost of care, but no true measures of efficiency.
- Patient-reported measures

Program Summary: Ambulatory Surgical Center Quality Reporting

Program Description

This proposed rule (section 1833(2)(D) of the ACA) would update the revised Medicare ambulatory surgical center (ASC) payment system applicable to services furnished on or after January 1, 2012. Any ASC that does not submit quality measures will incur a 2.0 percentage point reduction to any annual increase provided under the revised ASC payment system for such year. However, because of public comments received, payments adjusted will only begin after October 1, 2012, based on these new reporting requirements.¹²

Statutory Requirements for Measures

The ACA requires the Secretary to develop measures for ASC services in a similar manner in which they apply to hospitals for the Hospital OQR program, except as the Secretary may otherwise provide. The measures must be appropriate for the measurement of quality of care (including medication errors) furnished by hospitals in outpatient settings, reflect consensus among affected parties, and to the extent feasible, stem from one or more national consensus-building entities. The measures can also be the same as (or a subset of) data submitted under the Hospital IQR program. The Secretary also has the right to replace measures that have been shown to not represent the best clinical practice, or where hospitals are nearly all effectively in compliance. The measures should reflect a good balance of process, outcome, and patient experience measures but ultimately move toward risk-adjusted outcome and patient experience measures that align with public and private reporting entities, align with the adoption of health IT and Meaningful Use technology, and are endorsed by a national, multi-stakeholder organization.¹³ NQF-endorsed measures should be used to the extent feasible and practicable. Additionally, the measure development, selection, and modification process established under section 1890 of the Social Security Act (42 U.S.C. 1395aaa) and section 1890A, as added by section 3014 (MAP process), is to be used to the extent feasible and practicable.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	5	0	5
NQF ENDORSED	5	0	5
NQS PRIORITY			
Safer Care	5	0	5
Effective Care Coordination	0	0	0
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	0	0	0
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
ADDRESSES HIGH IMPACT CONDITIONS	0	0	0
MEASURE TYPE			
Process Measures	1	0	1
Outcome Measures	4	0	4
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps

- Risk-adjusted outcomes
- Cost or resource use
- Structural measures
- Care transitions and follow-up
- SCIP measures
- Patient experience of care measures
- Alignment with measures included in programs evaluating acute care hospitals doing outpatient surgical procedures

Program Summary: Inpatient Psychiatric Hospital Quality Reporting

Program Description

Section 10322 of the ACA establishes a quality reporting program for psychiatric hospitals and psychiatric units. Beginning in FY 2014, these psychiatric hospitals will be required to submit data to the Secretary of HHS. Any psychiatric hospital that does not report quality data according to CMS' requirements will receive up to a 2.0 percent reduction in the annual rate update.¹⁴ Information collected through this program will be reported on the CMS website.

Statutory Requirements for Measures

Any measure specified by the Secretary must have been endorsed by NQF, the entity with a contract under section 1890(a). In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by NQF, the Secretary may specify a measure that is not endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

The Secretary shall report quality measures that relate to services furnished in inpatient settings in psychiatric hospitals and psychiatric units on the CMS website.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	0	6	6
NQF ENDORSED	0	6	6
NQS PRIORITY			
Safer Care	0	2	2
Effective Care Coordination	0	4	4
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	0	1	1
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
ADDRESSES HIGH IMPACT CONDITIONS	0	0	0
MEASURE TYPE			
Process Measures	0	6	6
Outcome Measures	0	0	0
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Identified Measure Gaps

- Measures related to the coordination between inpatient psychiatric care and alcohol/substance abuse treatment; concern was raised about a lack of care coordination between these settings
- Outcome measures for after care—patients keeping follow-up appointments
- Measures that address monitoring of metabolic syndrome for patients on antipsychotic medications
- Primary care follow-up after discharge measures

Program Summary: PPS-Exempt Cancer Hospital Quality Reporting

Program Description

Section 3005 of the ACA establishes a quality reporting program for the 11 PPS-exempt cancer hospitals. Beginning in FY 2014, these cancer hospitals will be required to submit data to the Secretary of HHS. At this time PPS-exempt cancer hospitals must report quality data according to CMS' requirements with no Medicare payment penalty or incentive.¹⁵ This information will be reported on the CMS website.¹⁶

Statutory Requirements for Measures

Any measure specified by the Secretary must have been endorsed by NQF, the entity with a contract under section 1890(a). In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by NQF, the Secretary may specify a measure that is not endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

The Secretary shall report quality measures of process, structure, outcome, patients' perspective on care, efficiency, and costs of care on the CMS website.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	0	5	5
NQF-ENDORSED*	0	3	3
NQS PRIORITY			
Safer Care	0	2	2
Effective Care Coordination	0	3	3
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
ADDRESSES HIGH-IMPACT CONDITIONS	0	3	3
MEASURE TYPE			
Process Measures	0	3	3
Outcome Measures	0	2	2
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	0	0	0

Measure Gaps (previously identified by the Hospital Workgroup)

- Health and well-being:
 - » Anti-emetics
 - » Dyspnea
 - » Emotional well-being
 - » Nutritional status/management
- Safety
 - » Medication management and documentation
- Person- and family-centered care
 - » Shared decision-making
 - » Communication measures
 - » Outreach to patients who are not compliant
 - » Palliative care
 - » Family history and subsequent genetic testing
- Care coordination
 - » Documented consent
 - » Documented plan for chemotherapy
- Treatment and prevention
 - » Marker/drug combination measures for marker-specific therapies
 - » Performance status of patients undergoing oncologic therapy—pre-therapy assessment
- » Measures for specific cancers
 - Gynecological cancers
 - Pediatric cancers and subset of leukemia
- Staging measures—lung, prostate, and gynecological cancers
 - » Outcome measures
 - Survival rates—cancer- and stage- specific
 - Transplants—bone marrow, peripheral stem cells
- Cost and efficiency
 - » Overuse
 - » Underuse
- Disparities
- Alignment with measures for other settings where cancer patients receive care (Hospital IQR and OQR programs as well as clinician programs)

POST-ACUTE CARE/LONG-TERM CARE PERFORMANCE MEASUREMENT PROGRAMS

Program Summary: Nursing Home Quality Initiative and Nursing Home Compare

Program Description

The Nursing Home Compare website assists consumers, their families, and caregivers in informing their decisions regarding choosing a nursing home. The Nursing Home Compare includes the Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest.¹⁷ Nursing Home Compare data are collected through different mechanisms, such as annual inspection surveys and complaint investigations findings, the CMS Online Survey and Certification Reporting (OSCAR) system, and Minimum Data Set (MDS) quality measures.¹⁸ Currently, all 18 of the MDS quality measures are reported on Nursing Home Compare.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	18	0	18
NQF-ENDORSED*	18	0	18
NQS PRIORITY			
Safer Care	5	0	5
Effective Care Coordination	8	0	8
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	0	0	0
Supporting Better Health in Communities	4	0	4
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	6	0	6
Outcome Measures	11	0	11
Cost Measures	0	0	0
Structural Measures	1	0	1
Patient Experience/Engagement	0	0	0

Identified Measure Gaps

The set does not adequately address the other NQS priorities: effective care coordination, person- and family-centered care, supporting better care in communities, and making care affordable. Previous workgroup discussions have identified person-and-family-centered care as priorities.

- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Care planning and bidirectional measures
- A greater number of measures for short-stay residents should be included as the short-stay population in nursing homes is raising. These measures could align with measures assessing IRFs.
- Core measure concepts—eight of the PAC/LTC Workgroup core concepts are not addressed:
 - » Establishment and attainment of patient/family/caregiver goals
 - » Advanced care planning and treatment
 - » Experience of care
 - » Shared decision-making
 - » Transition planning
 - » Adverse drug events
 - » Inappropriate medication use
 - » Avoidable admissions

Program Summary: Home Health Quality Reporting

Program Description

As indicated in the conditions of participation, Medicare-certified¹⁹ home health agencies (HHAs) are required to collect and submit the OASIS. OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and forms the basis for measuring patient outcomes for purposes of outcome-based quality improvement.¹⁹ Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country.²⁰ Currently, 23 of the 97 OASIS measures are finalized for public reporting on Home Health Compare.

¹⁹“Medicare-certified” means the home health agency is approved by Medicare and meets certain Federal health and safety requirements.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	97	0	97
NQF-ENDORSED*	33	0	33
NQS PRIORITY			
Safer Care	23	0	23
Effective Care Coordination	52	0	52
Prevention and Treatment of Leading Causes of Mortality and Morbidity	3	0	3
Person- and Family-Centered Care	9	0	9
Supporting Better Health in Communities	7	0	7
Making Care More Affordable	3	0	3
MEASURE TYPE			
Process Measures	48	0	48
Outcome Measures	48	0	48
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience	1	0	1

Identified Measure Gaps

- The proposed measure set does not contain any cost or structural measures.
- The measure set is not sensitive to healthcare disparities.
- The measure set addresses the general home health population but does not address specific subpopulations who receive home healthcare, such as cancer patients and patients with dementia.
- Core measure concepts—five of the PAC/LTC Workgroup core concepts are not addressed:
 - » Establishment and attainment of patient/family/caregiver goals
 - » Advanced care planning and treatment
 - » Shared decision-making
 - » Inappropriate medication use
 - » Infection rates

Program Summary: Inpatient Rehabilitation Facilities Quality Reporting

Program Description

As indicated in Section 3004 of the ACA, CMS is directed to establish quality reporting requirements for IRFs. Starting in FY 2014, and each subsequent year, failure to report quality data will result in a 2.0 percent reduction in the annual payment update. Additionally, the data must be made available to the public, with IRF providers having an opportunity to review the data prior to its release.²¹ Two measures are finalized for FY 2014; eight measures are under consideration for future years.

Statutory Requirements for Measures ²²

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality.
- Measures should be relevant to the priorities in the IRF setting, such as improving patient safety (e.g., avoiding healthcare-associated infections and adverse events), reducing adverse events, and encouraging better coordination of care and person- and family-centered care.
- Measures should serve the primary role of IRFs, addressing the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	2	8	10
NQF-ENDORSED*	2	5	7
NQS PRIORITY			
Safer Care	2	1	3
Effective Care Coordination	0	4	4
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	0	0	0
Supporting Better Health in Communities	0	3	3
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	0	3	3
Outcome Measures	2	5	7
Cost Measures	0	0	0
Structural Measures	0	0	0

Identified Measure Gaps

- Person- and family- centered care and care coordination measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Structural measures
- Core measure concepts—nine of the PAC/LTC Workgroup core concepts are not addressed:
 - » Establishment and attainment of patient/ family/caregiver goals
 - » Advanced care planning and treatment
 - » Experience of care
 - » Shared decision-making
 - » Transition planning
 - » Falls
 - » Adverse drug events
 - » Inappropriate medication use
 - » Avoidable admissions

Program Summary: Long-Term Care Hospital Quality Reporting

Program Description

As indicated in Section 3004 of the ACA, CMS is required to establish quality reporting requirements for long-term care hospitals (LTCHs). Providers must submit data on quality measures to receive annual payment updates; failure to report quality data will result in a 2 percent reduction in the annual payment update.²³ The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release.²⁴ The CMS final FY 2012 Medicare Long Term Acute Care Hospital PPS Rule, published in August 2011, finalized three measures for LTCH reporting in 2014. Eight measures are proposed for addition to the program.

Statutory Requirements for Measures²⁵

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality.
- Measures should promote enhanced quality with regard to the priorities most relevant to LTCHs, such as patient safety (e.g., avoiding healthcare associated infections and adverse events), better coordination of care, and person- and family-centered care.
- Measures should address the primary role of LTCHs, furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

Program Measure Set Analysis

	Finalized	Proposed Addition	Total
Total Measures	3	8	11
NQF-ENDORSED*	3	6	9
NQS PRIORITY			
Safer Care	3	2	5
Effective Care Coordination	0	3	3
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	0	0	0
Supporting Better Health in Communities	0	3	3
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	0	5	5
Outcome Measures	3	3	6
Cost Measures	0	0	0
Structural Measures	0	0	0

Identified Measure Gaps

- Person- and family- centered care measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Pressure ulcer incidence and healing measures
- Nine of the core measure concepts established by the PAC/LTC Workgroup are not addressed:
 - » Experience of care
 - » Establishment and attainment of patient/family/caregiver goals
 - » Shared decision-making
 - » Falls
 - » Adverse drug events
 - » Transition planning
 - » Advance care planning and treatment
 - » Inappropriate medication use
 - » Avoidable admissions

Program Summary: Hospice Quality Reporting

Program Description

Section 3004 of the ACA requires the establishment of a quality reporting program for hospice. Quality measures will be reported beginning in FY 2014. Failure to submit required quality data shall result in a 2 percent reduction in the annual payment update.²⁶ All data submitted will be made available to the public; however, hospice providers must have an opportunity to review the data that is to be made public before its release.²⁷ Two measures are required for FY 2104; six measures are under consideration for future years.

Statutory Requirements for Measures

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality.
- Measures should align with other Medicare and Medicaid quality reporting programs as well as other private-sector initiatives.²⁸

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	2	6	8
NQF-ENDORSED*	1	1 <i>(5 recommended for endorsement)</i>	2 <i>(5 recommended for endorsement)</i>
NQS PRIORITY			
Safer Care	0	0	0
Effective Care Coordination	1	5	6
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	1	1	2
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	0	5	5
Outcome Measures	1	0	1
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	0	0	0

Identified Measure Gaps

- The program measure set under consideration does not address four NQS priorities: safer care, prevention and treatment, better health in communities, and making care more affordable.
- The set does not contain cost, structural measures, or patient engagement measures.
- The set should align with quality reporting requirements of settings in which hospice is provided.
- Care coordination
- Avoidable acute admissions
- Avoiding unnecessary end-of-life care

Program Summary: End Stage Renal Disease Quality Improvement

Program Description

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 providing information to consumers on the Dialysis Facility Compare website. ESRD QIP was established by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c).²⁹ Starting in 2012, payments to dialysis facilities will be reduced if facilities do not meet the required total performance score, which is the sum of the scores for established individual measures during a defined performance period.³⁰ Payment reductions will be on a sliding scale, which could amount to a maximum of 2 percent per year. CMS will report performance scores in two places, the Dialysis Facility Compare website and certificates posted at each participating facility.³¹ A subset of the measures used in the quality improvement program are utilized in ESRD QIP and publicly reported on dialysis compare.

Statutory Requirements for Measures

To the extent possible, the program must include measures pertaining to anemia management that reflect the labeling approved by the Food and Drug Administration (FDA) for such management, dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access.³²

Program Measure Set Analysis

	Finalized	Under Consideration	Total
Total Measures	16	5	21
NQF-ENDORSED*	9 <i>(1 recommended for endorsement)</i>	4	13 <i>(1 recommended for endorsement)</i>
NQS PRIORITY			
Safer Care	2	2	4
Effective Care Coordination	0	0	0
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0
Person- and Family-Centered Care	1	0	1
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
MEASURE TYPE			
Process Measures	7	0	7
Outcome Measures	8	5	13
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	1	0	1

Identified Measure Gaps

- The program measure set under consideration does not contain any cost or structural measures.
- The Workgroup had previously identified cost/access measures as a priority.
- The set does not address care coordination, prevention and treatment, better health, or making care more affordable.
- Physical and psychiatric comorbidities
- Shared decision-making
- Patient goals and experience
- Cost

ENDNOTES

- 1 U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY (2011 Proposed Rules), *Fed Reg*, 2010, 75 (133): 40113-40116.
- 2 Ibid.
- 3 CMS, *Quality Measures Overview*, Baltimore, MD: CMS; 2011. Available at www.cms.gov/QualityMeasures/O1_Overview.asp#TopOfPage. Last accessed December 2011.
- 4 CMS, *Quality Measures Electronic Specifications*, Baltimore, MD: CMS; 2011. Available at https://www.cms.gov/QualityMeasures/O3_ElectronicSpecifications.asp#TopOfPage. Last accessed December 2011.
- 5 Rules and Regulations, *Fed Reg*, 2011; 76(212):67802-67990. Available at <http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf>. Last accessed December 2011.
- 6 CMS, *Medicare Shared Savings Program*, Baltimore, MD: CMS; 2011. Available at <https://www.cms.gov/shared-savingsprogram/>. Last accessed January 2012.
- 7 CMS, *Hospital Inpatient Quality Reporting Program*, Baltimore, MD: CMS; 2011. Available at www.cms.gov/HospitalQualityInits/O8_HospitalRHQDAPU.asp. Last accessed December 2011.
- 8 HHS, CMS, Medicare Program; Hospital Inpatient Value-Based Purchasing Program, *Fed Reg*, 2011; 76(88):26490-26544. Available at www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf. Last accessed December 2011.
- 9 HHS, *Administration Implements New Health Reform Provision to Improve Care Quality, Lower Costs*, Washington, DC: HHS; 2011. Available at <http://www.healthcare.gov/news/factsheets/valuebasedpurchasing04292011a.html>. Last accessed December 2011.
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- 13 Ibid.
- 14 CMS, *Hospital Inpatient Quality Reporting Program*, Baltimore, MD: CMS; 2011. Available at https://www.cms.gov/HospitalQualityInits/10_HospitalOutpatientQualityReportingProgram.asp. Last accessed January 2012.
- 15 CMS, *Hospital Quality Initiatives Highlights*, Baltimore, MD: CMS; 2011. Available at www.cms.gov/HospitalQualityInits/O5_HospitalHighlights.asp. Last accessed December 2011.
- 16 Spinks TE, Walters R, Feeley TW, et al., Improving cancer care through public reporting of meaningful quality measures, *Health Aff*, 2011;30(4):644-672.
- 17 CMS, Five-Star Quality Rating System. Available at https://www.cms.gov/CertificationandCompliance/13_FSQRS.asp#TopOfPage. Last accessed October 2011.
- 18 CMS, Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide. July 2010. Available at <https://www.cms.gov/CertificationandCompliance/Downloads/usersguide.pdf>. Last accessed June 2011.
- 19 CMS, *Outcome and Assessment Information Set (OASIS)*, Baltimore, MD: CMS; 2011 Available at www.cms.gov/OASIS/O2_Background.asp#TopOfPage. Last accessed October 2011.
- 20 CMS, *The Official U.S. Government Site for Medicare. Introduction*. Baltimore, MD: CMS; 2011. Available at <http://www.medicare.gov/HomeHealthCompare/About/overview.aspx>. Last accessed October 2011.
- 21 CMS, *New Quality Reporting Programs for LTCHs, IRFs, and Hospices*, Baltimore, MD: CMS, 2011. Available at https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/O1_Overview.asp. Last accessed January 2012.
- 22 CMS, Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Year 2012; Changes in Size and Square Footage of Inpatient Rehabilitation Units and Inpatient Psychiatric Units, Final Rule, *Fed Reg*, 2011; 76(186):59256-59263. Available at <http://www.gpo.gov/fdsys/pkg/FR-2011-09-26/pdf/2011-24671.pdf>. Last accessed December 2011.
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27 Ibid.

28 CMS, *FY2012 Wage Index Home Page*, Baltimore, MD: CMS; 2011. Available at <http://www.cms.gov/>. Last accessed December 2011.

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30 CMS, *Fact Sheets, Medicare Proposed Framework for the ESRD Quality Incentive Program*. Available at www.cms.gov/apps/media/press/factsheet. Last accessed December 2011.

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APPENDIX 9: MAP HOSPITAL CORE MEASURES

In order to develop the hospital core measure set, MAP began by evaluating the CMS Hospital Inpatient Quality Reporting (IQR) program using the draft measure selection criteria. This long-standing quality reporting program is the most extensive of the seven programs under consideration within the workgroup's scope. Subsequently, two additional hospital program measure sets, the CMS Hospital Outpatient Quality Reporting (OQR) program and Hospital Value-Based Purchasing (VBP) program, were evaluated to provide additional context to the current landscape of measures required by hospitals for reporting.

Using these evaluations as the groundwork for identifying a core measure set, MAP then identified additional individual measures available within existing programs to be included in the core measures list. Where no existing measures were available, it looked to other NQF-endorsed measures to fill gaps. This approach allowed members to develop a core measure set while discussing in detail the value any given measure added to the set. It also facilitated the identification of a number of measure gap areas for future endorsement and development.

Subject/ Topic Area	Measure Name/Title	NQF Measure Number and Status	Measure Type
CARDIAC	AMI-7a Fibrinolytic (Thrombolytic) Agent Received Within 30 Minutes of Hospital Arrival And OP-2: Fibrinolytic Therapy Received Within 30 Minutes	164 Endorsed and 288 Endorsed	Process
CARDIAC	AMI-8a Timing of Receipt of Primary Percutaneous Coronary Intervention (PCI)	163 Endorsed	Process
CARDIAC	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	230 Endorsed	Outcome
CARDIAC	Heart Failure (HF) 30-Day Mortality Rate	229 Endorsed	Outcome
CARDIAC	Acute Myocardial Infarction 30-Day Risk Standardized Readmission Measure	505 Endorsed	Outcome
CARDIAC	Heart Failure 30-Day Risk Standardized Readmission Measure	330 Endorsed	Outcome
CARDIAC	OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	290 Endorsed	Process
CANCER	Family Evaluation of Hospice Care	0208 Endorsed	Composite
CANCER	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	0209 Endorsed	Outcome
CANCER	Post Breast Conserving Surgery Irradiation	0219 Endorsed	Process
CANCER	Adjuvant Hormonal Therapy	0220 Endorsed	Process
CANCER	Needle Biopsy to Establish Diagnosis of Cancer Precedes Surgical Excision/Resection	0221 Endorsed	Process
CANCER	Patients With Early Stage Breast Cancer Who Have Evaluation of The Axilla	0222 Endorsed	Process
CANCER	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	0223 Endorsed	Process
CANCER	Completeness of Pathology Reporting	0224 Endorsed	Process
CANCER	At Least 12 Regional Lymph Nodes are Removed and Pathologically Examined for Resected Colon Cancer	0225 Endorsed	Process

NQS Priority						
	Safer care	Effective care coordination	Prevention and treatment of leading causes of mortality and morbidity	Person- and family- centered care	Supporting better health in communities	Making care more affordable
			X			
			X			
			X			
			X			
	X	X	X			
	X	X	X			
		X	X			
				X		
				X		
			X			
			X			
			X			
		X	X			
			X			
			X			

Subject/ Topic Area	Measure Name/Title	NQF Measure Number and Status	Measure Type
CANCER	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	0559 Endorsed	Process
COMPLICATIONS	Complication/Patient Safety for Selected Indicators (composite). Includes potentially preventable adverse events for: <ul style="list-style-type: none"> • Accidental puncture or laceration • Iatrogenic pneumothorax • Postoperative DVT or PE • Postoperative wound dehiscence • Decubitus ulcer • Selected infections due to medical care • Postoperative hip fracture • Postoperative sepsis 	531 Endorsed	Other (composite)
MATERNAL/ CHILD HEALTH	Elective Delivery Prior To 39 Completed Weeks Gestation	0469 Endorsed	Outcome
MATERNAL/ CHILD HEALTH	Cesarean Rate for Low-Risk First Birth Women (aka NTSV CS rate)	0471 Endorsed	Outcome
MATERNAL/ CHILD HEALTH	Healthy Term Newborn	0716 Endorsed	Outcome
MENTAL HEALTH	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a. Initiation, b. Engagement	0004 Endorsed	Process
MORTALITY	Mortality for Selected Medical Conditions (composite). Includes in-hospital deaths for: <ul style="list-style-type: none"> • CHF • Stroke • Hip fracture • Pneumonia • Acute myocardial infarction • GI hemorrhage 	530 Endorsed	Other (composite)
PATIENT EXPERIENCE	HCAHPS Survey	166 Endorsed	Patient Experience
RESPIRATORY	PN-3b Blood Culture Performed in the Emergency Department Prior to First Antibiotic Received in Hospital	148 Endorsed	Process
RESPIRATORY	Pneumonia (PN) 30-day Mortality Rate	468 Endorsed	Outcome

NQS Priority						
	Safer care	Effective care coordination	Prevention and treatment of leading causes of mortality and morbidity	Person- and family- centered care	Supporting better health in communities	Making care more affordable
		X				
	X					
	X					X
	X					X
	X					
					X	
			X			X
				X		
			X			
			X		X	

Subject/ Topic Area	Measure Name/Title	NQF Measure Number and Status	Measure Type
RESPIRATORY	Pneumonia 30-Day Risk Standardized Readmission Measure	506 Endorsed	Outcome
RESPIRATORY	Asthma Emergency Department Visits	1381 Endorsed	Outcome
SAFETY	SCIP-INF-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (48 hours for cardiac surgery)	529 Endorsed	Process
SAFETY	SCIP-VTE-2: Surgery Patients Who Received Appropriate VTE Prophylaxis Within 24 Hours Pre/post-Surgery	218 Endorsed	Process
SAFETY	Death Among Surgical Inpatients With Treatable Serious Complications (failure to rescue)	200 Withdrawn	Outcome
SAFETY	Surgical Site Infection	299 Endorsed	Outcome
SAFETY	OP-24 Surgical Site Infection	299 Endorsed	Outcome
SAFETY	Death in Low Mortality DRGs (PSI 2)	0347 Submitted	Outcome
STROKE	STK-4: Venous Thromboembolism (VTE) Prophylaxis for Patients with Ischemic or Hemorrhagic Stroke	0434 Endorsed	Process
STROKE	STK-2: Ischemic Stroke Patients Discharged on Antithrombotic Therapy	0435 Endorsed	Process
STROKE	STK-5: Antithrombotic Therapy by the End of Hospital Day Two	0438 Endorsed	Process
STROKE	STK-10: Assessed for Rehabilitation Services	0441 Endorsed	Process

MAP Hospital Core Measures Identified Measure Gaps:

- 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

NQS Priority						
	Safer care	Effective care coordination	Prevention and treatment of leading causes of mortality and morbidity	Person- and family- centered care	Supporting better health in communities	Making care more affordable
	X	X				X
	X					
	X		X			X
	X					
	X					
	X					
	X					
	X		X			
	X		X			
			X			
			X	X		

- Emergency Department visits –trauma, access
- Behavioral health, specifically major depression
- Condition – specific measures: Alzheimer’s disease, Atrial fibrillation, Chronic obstructive pulmonary disease (COPD)

APPENDIX 10: PAC-LTC CORE WORKGROUP MEASURE CONCEPTS

**Measures in italics are Under Consideration*

Core Measure Concepts	Nursing Home Compare Measures	Home Health Compare Measures	Quality Reporting Inpatient Rehabilitation Facility	Quality Reporting Program LTCH
<p>Functional and cognitive status assessment</p>	<ul style="list-style-type: none"> • The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay) • Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay) • Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay) • Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay) • Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay) • Percent of Residents Who Lose Too Much Weight (Long-Stay) • Percent of Residents Who Have Depressive Symptoms (Long-Stay) 	<ul style="list-style-type: none"> • Improvement In Ambulation/ Locomotion • Improvement In Bathing • Improvement In Bed Transferring • Improvement In Status Of Surgical Wounds • Improvement In Dyspnea • Depression Assessment Conducted • Pain Assessment Conducted • Pain Interventions Implemented During Short Term Episodes Of Care • Improvement In Pain Interfering With Activity • Diabetic Foot Care And Patient/ Caregiver Education Implemented During Short Term Episodes Of Care 	<ul style="list-style-type: none"> • <i>Functional Outcome Measure (change from)</i> • <i>Functional Outcome Measure (change in mobility)</i> • <i>Functional Outcome Measure (change in self-care)</i> • <i>The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)</i> 	<ul style="list-style-type: none"> • <i>Functional Outcome Measure (change in mobility)</i> • <i>The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)</i> • <i>Functional Outcome Measure (change in self-care)</i>

Core Measure Concepts	Nursing Home Compare Measures	Home Health Compare Measures	Quality Reporting Inpatient Rehabilitation Facility	Quality Reporting Program LTCH
Mental Health				
Establishment and Attainment of Patient/ Family/ Caregiver Goals				
Advanced care planning and treatment				
Experience of care		<ul style="list-style-type: none"> • Home Health Consumer Assessment of Healthcare Providers and Systems (CAHPS) 		
Shared decision-making				
Transition planning		<ul style="list-style-type: none"> • Timely initiation of care 		
Falls	<ul style="list-style-type: none"> • Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) 	<ul style="list-style-type: none"> • Multifactor fall risk assessment conducted for patients 65 and over 		
Pressure ulcers	<ul style="list-style-type: none"> • Percent of Residents With Pressure Ulcers That Are New Or Worsened (Short-Stay) • Percent of High Risk Residents With Pressure Ulcers (Long-Stay) 	<ul style="list-style-type: none"> • Pressure ulcer prevention in plan of care • Pressure ulcer risk assessment conducted • Pressure ulcer prevention implemented 	<ul style="list-style-type: none"> • Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay) 	<ul style="list-style-type: none"> • Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)
Adverse drug events		<ul style="list-style-type: none"> • Drug education on all medications provided to patient/caregiver during short term episodes of care • Improvement in management of oral medications 		

Core Measure Concepts	Nursing Home Compare Measures	Home Health Compare Measures	Quality Reporting Inpatient Rehabilitation Facility	Quality Reporting Program LTCH
Inappropriate medication use				
Infection rates	<ul style="list-style-type: none"> • Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay) • Percent of Residents With a Urinary Tract Infection (Long-Stay) 		<ul style="list-style-type: none"> • Urinary catheter-associated urinary tract infection 	<ul style="list-style-type: none"> • Urinary catheter-associated urinary tract infection • Central Line Catheter-Associated Blood Stream Infection (CLABSI) • <i>Ventilator bundle</i>
Avoidable admissions		<ul style="list-style-type: none"> • Acute Care Hospitalization • Emergency Department Use Without Hospitalization 		
Measures not mapped to a core set concept	<ul style="list-style-type: none"> • Percent Of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) • Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long-Stay) • Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) • Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay) • Nurse Staffing Hours—4 Parts • Percent of Residents Who Were Physically Restrained (Long Stay) 	<ul style="list-style-type: none"> • Influenza Immunization Received For Current Flu Season • Pneumococcal Polysaccharide Vaccine (Ppv) Ever Received • Heart Failure Symptoms Addressed During Short -Term Episodes Of Care 	<ul style="list-style-type: none"> • <i>Incidence of venous thromboembolism (VTE), potentially preventable</i> • <i>Staff immunization</i> • <i>Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</i> • <i>Patient Immunization for Influenza</i> 	<ul style="list-style-type: none"> • <i>Staff immunization</i> • <i>Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</i> • <i>Patient Immunization for Influenza</i> • <i>Percent of Residents Who Were Physically Restrained (Long Stay)</i>

APPENDIX 11: MEASURE APPLICATIONS PARTNERSHIP— SCHEDULE OF DELIVERABLES

Task	Task Description	Deliverable	Timeline
15.1: Measures to be implemented through the Federal rulemaking process	Provide input to HHS on measures to be implemented through the Federal rulemaking process, based on an overview of the quality issues in hospital, clinician office, and post-acute/long-term care settings; the manner in which those problems could be improved; and the measures for encouraging improvement.	Final report containing the Coordinating Committee framework for decision making and proposed measures for specific programs	Draft Report: January 2012 Final Report: February 1, 2012
15.2a: Measures for use in the improvement of clinician performance	Provide input to HHS on a coordination strategy for clinician performance measurement across public programs.	Final report containing Coordinating Committee input	Draft Report: September 2011 Final Report: October 1, 2011
15.2b: Measures for use in quality reporting for post-acute and long term care programs	Provide input to HHS on a coordination strategy for performance measurement across post-acute care and long-term care programs.	Final report containing Coordinating Committee input	Draft Report: January 2012 Final Report: February 1, 2012
15.2c: Measures for use in quality reporting for PPS-exempt Cancer Hospitals	Provide input to HHS on the identification of measures for use in performance measurement for PPS-exempt cancer hospitals.	Final report containing Coordinating Committee input	Draft Report: May 2012 Final Report: June 1, 2012
15.2d: Measures for use in quality reporting for hospice care	Provide input to HHS on the identification of measures for use in performance measurement for hospice programs and facilities.	Final report containing Coordinating Committee input	Draft Report: May 2012 Final Report: June 1, 2012
15.3: Measures that address the quality issues identified for dual eligible beneficiaries	Provide input to HHS on identification of measures that address the quality issues for care provided to Medicare-Medicaid dual eligible beneficiaries.	Interim report from the Coordinating Committee containing a performance measurement framework for dual eligible beneficiaries	Draft Interim Report: September 2011 Final Interim Report: October 1, 2011
		Final report from the Coordinating Committee containing potential new performance measures to fill gaps in measurement for dual eligible beneficiaries	Draft Report: May 2012 Final Report: June 1, 2012
15.4: Measures to be used by public and private payers to reduce readmissions and healthcare-acquired conditions	Provide input to HHS on a coordination strategy for readmission and HAC measurement across public and private payers.	Final report containing Coordinating Committee input regarding a strategy for coordinating readmission and HAC measurement across payers	Draft Report: September 2011 Final Report: October 1, 2011

APPENDIX 12: PUBLIC COMMENTS

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	Abbott Laboratories	Carol O'Brien	Abbott commends the MAP for supporting measures for use in federal programs that are based on current best evidence and have attained stakeholder consensus endorsement, such as those that have achieved National Quality Forum (NQF)-endorsement. We support MAP's recognition of the importance of having specifications to review, and agree with MAP's decision not to recommend measures where the numerator, denominator, and exclusions were "TBD".
General Comments on the MAP Pre-Rulemaking Input Report	Academy of Managed Care Pharmacy	Marissa Schlaifer	<p>The Academy of Managed Care Pharmacy congratulates the Measure Application Partnership (MAP) for developing a framework for aligned performance measurement under which the 368 measures under consideration by the Department of Health and Human Services (HHS) for clinician, hospital, and post-acute care/long-term care performance measurement programs could be evaluated. This report is an important step in moving toward alignment in both strategic focus and technical measure specifications and will lead providers and clinicians in the direction of desired health system change.</p> <p>The work of the MAP and NQF staff is especially impressive when reviewed in the context of the timeframe under which the MAP and NQF staff completed its work. HHS now is required to follow a federal pre-rulemaking process for obtaining input from MAP on the selection of performance measures. HHS is required to make the list of measures under consideration for qualifying programs available by December 1. The MAP is required to review the list of measures and provide input to HHS annually by February 1 on the measures under consideration. AMCP encourages NQF and the MAP to encourage HHS to provide the list of measures under consideration earlier than December 1. Both the MAP and those commenting publicly need a longer period to provide thoughtful comments.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Association of Neurological Surgeons	Koryn Rubin	Overall, the AANS is supportive of the MAP's efforts to align CMS quality programs; however, we have general concerns with the lack of sufficient time to review the report given the fact that the 30-day comment period was not 30 business days as it was released prior to the holidays. In addition, it is difficult to provide detailed and substantive feedback on measures relevant to neurosurgery insofar as many do not currently have measure specifications. Without measure specifications it is virtually impossible to determine whether a measure is relevant to neurosurgery and whether the measure will be appropriately or inappropriately attributed to neurosurgeons. Furthermore, we ask that the NQF identify which measures will be "optional for providers who choose to report". Not knowing which measures are mandatory or optional makes it difficult to provide comprehensive and thorough feedback.
General Comments on the MAP Pre-Rulemaking Input Report	American Association of Neurological Surgeons	Koryn Rubin	Neurosurgery does not support MAP's recommendation that CMS establish "core measure sets" because a one size fits all approach does not work in measuring physician performance. Clearly, for example, the evaluation of a primary care provider or cardiologist is much different than a neurosurgeon. A neurosurgeon's patient mix is different from an internist and he or she typically only interacts with a patient for acute episodes of care.

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>We offer the following comments on the use of measures as applied within and across clinician and hospital performance measurement programs.</p> <p>Newly Revised and NQF Endorsed Cardiology Measures The ACC strongly supports the inclusion of recommended revised and removal of retired American College of Cardiology Foundation(ACCF)/ American Heart Association(AHA)/ American Medical Association's Physician Consortium for Performance Improvement(PCPI) cardiology measures moving forward in clinician and hospital performance measurement programs. These updated measures reflect the most current practice guidelines and underwent maintenance as part of NQF's Cardiovascular Endorsement Maintenance2010 project and were endorsed by NQF on January 17, 2012. We recommend MAP provide specific language within the report regarding maintenance measures and how retired measures and measures with revised specifications should be used in clinician and hospital programs. For example, the specifications for Heart Failure: Left Ventricular Function (LVF) Assessment (NQF #0079) were revised, endorsed, and will retain the same NQF measure number and status. While we understand that retired measures may need to be retained in programs for a time for stability and trending, we also recommend that MAP advise HHS to remove measures that have been retired by ACCF/ AHA/PCPI at the earliest possible opportunity.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>Missing Measure Specifications We are concerned by the number of proposed measures with missing measure specifications under consideration. It is difficult for MAP, and the public, to comment on the application of measures without specifications. HHS, via MAP, should be more explicit regarding the information that must be provided for consideration and application in federal performance measurement programs. This information benefits measure developers and hopefully yields a more robust list of measures for future consideration. Additionally, we suggest expanding the MAP Coordinating Committee to include a voting member representing the measure developer constituency. We believe measure developers, such as PCPI, add value to MAP's process and should be formally included moving forward.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>Performance Measure Harmonization and Alignment The ACC supports the necessity for measure harmonization and alignment within and across clinician and hospital federal programs, including moving toward a more parsimonious measure set. However, parsimony is not synonymous with measure harmonization and should not be implied as such. The report recognizes a multitude of apparently similar measures, such as lipid assessment and lipid control, and opportunities for greater harmonization and parsimony, but does not fully articulate the benefits and unintended consequences. For example, there may be valid scientific or practical reasons (i.e. attribution, data source, etc.) that developers have specified similar measures with slightly different denominators. It may be inappropriate to prefer measures that address the broadest possible patient population without full discussion of the evidence base supporting the difference and other considerations. In many cases, ACCF/AHA/PCPI-developed measures purposely focus on processes with the strongest efficacy to ensure the optimal outcomes for the given patient population. Additionally, in the pursuit of parsimony, the loss of measure specificity could lead to potential negative consequences. Given all these issues, we encourage MAP to include a statement within the report illustrating the importance of carefully balancing the desire for a more parsimonious measure set with the necessity for keeping individual measures.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>Composite Measures The ACC cautiously supports the inclusion of composite measures for use in clinician and hospital federal programs. Composite measures are inherently appealing because they seem to provide an aggregate picture of performance; however the construction of these measures may mask important and useful information if the individual components are not reported out separately. We believe that composite measures should be tested and validated for attribution, data source, and risk adjustment; have transparent scoring; and include actionable information for clinicians to improve their performance, and ultimately, patient outcomes, before they are implemented in accountability programs.</p> <p>Attribution MAP adequately addressed the issue of sample size at the individual clinician level for attribution and risk adjustment for proposed measures for the Value-Based Payment Modifier program, but does not provide a robust analysis of general attribution issues applicable to all performance measurement programs, such as appropriate level of accountability. The ACC recommends that MAP elaborate overall attribution issues with the proposed measures, including challenges to adequately test and validate measures at the individual clinician level, appropriate attribution, and unintended consequences. The attribution issues must be resolved before measures are used in clinician and hospital accountability programs.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>Priority Measure Gaps The identified priority measure gaps are well aligned, but there are very few validated and tested measures that address these priorities. MAP should offer actionable recommendations for how measure developers can fill these gaps. The ACC welcomes the opportunity to work with MAP to address these priority measure gaps around high-impact cardiovascular conditions.</p> <p>Additionally, the ACC urges MAP to strongly recommend appropriation of funding for measure development, testing, and harmonization that will lead toward more cross-cutting performance measures available for clinician and hospital programs. Such funding could support ACCF/AHA/PCPI activities to develop and test new cardiovascular performance measures that would fill measure gaps. Without adequate funding for measure development, many of MAP's recommendations are likely to remain aspirational goals and will not likely be implemented.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American College of Cardiology	David Holmes, MD, FACC	<p>Path Forward The ACC strongly supports the establishment of a feedback loop with MAP, HHS and the private sector, including physician specialty organizations and performance measure developers, regarding the use, implementation and impact of performance measures. This feedback mechanism, coordinated via MAP, is essential to understanding the influence and outcomes of MAP's work.</p> <p>We look forward to continued involvement in the MAP process moving forward as an organizational member of the MAP Clinician Workgroup, and as a physician specialty society involved in evidence-based performance measure development. Our experience with measure development, harmonization, and implementation, and different clinical data sources for reporting, bring a unique perspective to MAP's work that is missing given the limited number of physician specialty organizations represented. We are happy to further discuss how ACC can be a key contributor to MAP's work.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American Hospital Association	Nancy Foster	<p>General Suggestions:</p> <p>There are several instances in the report where explicit statements regarding what is needed might lead to misinterpretation about how measures should be used. Though the report defines “support the direction of the measure,” this does not fully communicate the expectation of the Coordinating Committee and workgroups. We urge NQF to explicitly state that the MAP’s intention is that all of the measures in this group are not ready for use in national programs and if these measures are currently in use, they should be placed in a temporary reserve status where they are not tied to payment nor publicly reported.</p> <p>The report references the “next rulemaking cycle” as the time period in which the MAP expects HHS to respond to its recommendations. We urge NQF to include more specific language and reference fiscal and calendar year 2012 rulemaking cycles. This specificity will manage the expectations of all parties as to exactly when the recommendations of the MAP will be taken into consideration.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Medical Association	Jennifer Meeks	<p>The American Medical Association (AMA) is pleased to have the opportunity to comment on the draft Measure Applications Partnership (MAP) pre-rulemaking report. We commend the MAP staff and its workgroups for their quick and thorough review of the hundreds of Department of Health and Human Services (HHS) proposed quality measures. This was a Herculean task and one that could not have been achieved without the very talented and dedicated individuals involved in the MAP. The AMA has long been and continues to be committed to the development of quality improvement initiatives that enhance the quality of care provided to patients. It is from this perspective that we offer the following comments.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Medical Association	Jennifer Meeks	<p>NQF Measure Endorsement</p> <p>The MAP established eight measure selection criteria, including, “measures within the program measure set are NQF-endorsed or meet the requirements for expedited review.” However, the report does not address the issue of how the current NQF endorsement criteria (and pending redesign) will result in failure for many clinician based process quality measures, e.g., most process measures in PQRS do not meet the NQF criteria for public reporting. Further, if existing quality measures currently in use among federal programs like PQRS fail the NQF endorsement process, what does this mean for CMS and for the physicians who were reporting this measure under the program? There is a growing tension between having clinically relevant measures to promote meaningful participation in PQRS, and the push from health care payers and purchasers for high bar, publicly reportable measures. However, with CMS determining in its 2012 Physician Fee Schedule Final Rule that 2015 PQRS penalties will be based on 2013 performance, the stakes for meaningful participation have increased.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Medical Association	Jennifer Meeks	<p>The AMA urges the MAP to further consider the issue of NQF endorsement within its ability to make measurement recommendations to HHS. Overall, there is a sequencing issue where the selection and use of measures for programs like PQRS must be more flexible as we all work to help physicians adopt and meaningfully understand quality measurement reporting to help improve patient care.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American Medical Association	Jennifer Meeks	HHS Expectations Around Quality Measure Review It is frustrating that in the MAP's first year of existence HHS proposed a laundry list of quality measures for its review. These measures varied with regard to their specifications, testing, and understanding for how they would apply at a national level, across all clinical and other provider based performance measurement programs. Specifically, many of the proposed PQRS measures lacked specifications. While some of these "concept measures" may be appropriate in practice for specific cohorts of provider groups, the purpose of including them in the first MAP review cycle was not well understood. Not having measure specifications indicates that these measures have at least a year before they can be tested and evaluated for use.
General Comments on the MAP Pre-Rulemaking Input Report	American Medical Association	Jennifer Meeks	The AMA urges that the pre-rulemaking report discuss the need for HHS to be more transparent with regard to the rationale for proposing certain measures for MAP review. Is HHS sending a signal to quality measure developers and the NQF endorsement process that it wants these measures to go through expedited development and endorsement processes? Does HHS only want additional information from MAP and its workgroups on the measure concepts, so that HHS can better determine how to proceed with considering these measures in future performance programs? The AMA urges HHS to provide clarity around its expectations for quality measure review. Doing so will help the MAP improve its review efforts going forward.
General Comments on the MAP Pre-Rulemaking Input Report	American Nurses Association	Maureen Dailey	The ANA applauds the consensus work the MAP has achieved in the inaugural pre-rulemaking report to HHS. Given the strong evidence that nurse staffing is inversely associated with adverse pt safety outcomes in hospitals, ANA urges the inclusion of the NQF-endorsed structural measures (e.g., nurse staffing and skill mix). Two decades of research has informed stakeholders of the importance of these organizational attribute measures to prevent avoidable morbidity (HACs) and mortality. These measures will inform consumers with transparent patient safety measurement via public reporting and pay for quality programs. The use of additional tools such as checklists, meaningful use of technology, and data for unit-based performance measurement, where teams provide care coordination (CC) for hospital and transitional care, are also crucial. From a consumer perspective, the importance of team-based (CC) and shared accountability is paramount, across settings of care and populations. CC was discussed in the MAP Coordinating Committee as "a team sport". The ANA supports CMS funding to expedite development of shared accountability, team-based measures, which will better support patient and family centered care, to promote wellness and address illness. These measures will better leverage meeting the IOM aims for care, beginning with priority patient safety and cost measures (e.g., HACs and readmissions).

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American Optometric Association	Rodney Peele	<p>AOA supports the MAP but the pre-rulemaking report needs improvement. The MAP noted interest in more focused measures for everyone to report yet few if any measures apply to most of the hundreds of thousands of physicians serving various programs. Due to variation in practice, a wider range of measures is needed. The AOA is concerned that MAP stated that the Medicare Shared Savings Program (MSSP) measures are close to an “ideal” set. However, a truly ideal measure set would contain standardized metrics across different data sets that could be reported by a range of clinicians and result in data that could be used to compare various practitioners’ processes and outcomes. CMS dropped a highly valued diabetic eye exam measure from the MSSP that was supported by optometry and ophthalmology as well as MedPAC, the American Diabetes Association, Brookings, and others with virtually no opposition. As a result, eye care doctors are at risk of not being included in the coordinated multidisciplinary team care approach sought for patients with diabetes. Finally, it’s ironic that the MAP arbitrarily determined measures are not optimal merely because they did not include specifications and/or were not endorsed by NQF. Measures should be judged on their merits and not eliminated for convenience. The MAP should merely recommend that measure specifications, if not endorsement, are critical for HHS review.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Physical Therapy Association	Heather Smith	<p>The American Physical Therapy Association (APTA) believes that the Pre-Rulemaking Report establishes the foundation for coordinated quality measurement across settings with careful thought of the inherent setting challenges. We believe there remains a great deal of work in further defining and addressing identified gap areas, as well as creating a truly harmonized measures set. We look forward to working with the Measure Applications Partnership to advance these ideas in the future.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Society of Anesthesiologists	Jerry Cohen, MD	<p>On behalf of its 48,000 members, ASA is disappointed that MAP is not supporting ASA measures in its Pre-Rulemaking Report to HHS. These measures were the result of significant investment by ASA, and reflect evidence-based, coordinated, patient-centered care.</p> <p>According to MAP, measures that did not appear to target clinician specialties currently unable to participate in PQRS were not supported. While we recognize the need for higher clinician participation in PQRS, it seems unfair that measures pertaining to already participating physicians are not forwarded making continued participation more challenging. Further, we acknowledge that our measures do not currently have all CPT coding, but we are working with the AMA-PCPI to convene an anesthesiology measures work group to expedite this work. It is unfortunate that the lack of coding may have deterred MAP from supporting the measures.</p> <p>Many measures supported by MAP are similar to those proposed by ASA, and we seek clarification as to why our measures were not supported. For example, ASA submitted a measure on participation in a systematic database for anesthesia care, which is not mentioned in the MAP report. However, MAP is supporting a similar NQF-endorsed measure O493 for registry participation by a physician. We hope anesthesiologists are included in this and other measures to support PQRS participation to drive practice through measurement and also to improve quality, patient safety and value.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	American Society of Nephrology	Rachel Shaffer	<p>The society is disappointed, however, that NQF restricted the comment period for this crucial report to nine days. Given the limited time to review and contemplate the report, develop a thoughtful response to NQF, and arrive at consensus within the society about this feedback, ASN cannot provide comments on the measures at this time.</p> <p>Additionally, ASN is troubled that NQF's comment submission website limits public commenters to providing no more than 1,500 characters for each section of the 79-page draft report. The draft report reviews 336 potential quality measures that, if implemented by the Centers for Medicare and Medicaid Services (CMS) or other payers, will have a powerful influence on the care patients receive. For comparison, ASN's most recent comment letter to the Medicare End-Stage Renal Disease Program regarding the possible addition of just seven new quality measures was 15 pages long and exceeded 35,000 characters.</p>
General Comments on the MAP Pre-Rulemaking Input Report	American Society of Nephrology	Rachel Shaffer	<p>Patients deserve thoughtful, nuanced consideration of the scientific evidence supporting potential quality measures—and of the measures' potential intended and unintended consequences. Developing high quality performance measures is an extremely difficult process that demands meticulous deliberation of the possible risks and benefits. NQF's character limit devalues the measure development process and diminishes the credibility of this important endeavor.</p> <p>ASN looks forward to reviewing the next draft report that NQF has tentatively scheduled for public comment in April 2012. The society urges NQF to grant adequate time for stakeholders, including the society, to give the draft report the thoughtful review it deserves. ASN also recommends that NQF eliminate restrictions on the number of characters public commenters may use on the comment submission website so stakeholders may provide more detailed, meaningful feedback.</p>
General Comments on the MAP Pre-Rulemaking Input Report	America's Health Insurance Plans	Carmella Bocchino	<p>AHIP supports the efforts of the Measures Application Partnership (MAP) in bringing together diverse stakeholders and providing valuable pre-rulemaking input to the Department of Health and Human Services (HHS) on selecting performance measures that will be used for public reporting and incentive programs. We believe that the report provides a foundation for future measure alignment across federal programs and across public and private sectors.</p> <p>While the report is extensive, encompassing numerous different challenges, its usability could be enhanced by having an executive summary that describes in a concise manner: the purpose of the MAP, the process used to provide feedback to HHS, key recommendations including clarifying the rationale for specific decisions, and ultimate use of the report by HHS. We also support the MAP recommendation that measures used by HHS need to be endorsed by the NQF. In addition measures should be collected and reported for a minimum of one year prior to public reporting. The report includes a number of key measure gap areas based on the input of the various committees and while we respect these efforts, we recommend soliciting additional feedback on measure gap areas beyond these committees.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	AMGA	Donald Fisher, PhD, CEO	<p>The American Medical Group Association (AMGA) appreciates the opportunity to provide comments on the Measures Application Partnership (MAP) Pre-Rulemaking Report. We commend the objectives and process of this public-private partnership, and the daunting process undertaken by the MAP Coordinating Committee to advise the Department of Health and Human Services on the selection and alignment of performance measures for public reporting and performance-based measurement in federal programs.</p> <p>AMGA applauds the work of the MAP Coordinating Committee for working to align performance measurement across the entire health care delivery system while remaining focused on the goals of the National Quality Strategy that seek to move health care delivery toward patient-centered and integrated health care delivery while fostering collaborative and team-based care of patients.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Consumers Union	Doris Peter	<p>Overall we would like to recommend that the focus of quality measurement and reporting be on a small number of measures that correlate with other outcomes (so-called canary measures).</p> <p>We recommend the use of composites, but also the ability to drill down to the individual components of the composite.</p> <p>While care coordination is a worthy topic to focus on regarding cross-cutting measurement areas, given the current financial pressures on the system, we recommend a section in the introduction devoted to cost/efficiency and overtreatment.</p> <p>While more of a comment on the measure development process, rather than waiting for appropriate measures to come in during and RFP, we recommend investing in prospective measure development to address the existing measure gaps. A lot of time and money is invested by NQF staff and the individuals on committees that review the measures that are submitted; money better spent at least in part on prospective measure development.</p> <p>Figure 2 on page 5 should include individual physicians/clinicians (the second horizontal bar at the bottom of the figure only mentions Group Practice/Medical Home).</p>
General Comments on the MAP Pre-Rulemaking Input Report	Federation of American Hospitals	Jayne Chambers	<p>The Federation of American Hospitals (FAH), representing nearly 1,000 investor-owned or managed community hospitals and health systems, including teaching and non-teaching, short-stay rehabilitation, and long-term care hospitals in urban and rural America, is pleased to have the opportunity to comment on the public draft of the Measure Applications Partnership Pre-Rulemaking Report. The FAH commends the MAP on its thoughtful consideration of 338 measures for use in 18 federal payment and public reporting programs.</p> <p>The FAH supports the use of the MAP as a means of facilitating communication among the multi-stakeholders affected by and interested in the continued development of robust quality measurement and improvement programs at the national, state and local level. The MAP process encourages progress on and refinement of initiatives already underway and encourages better coordination of measurement so that fewer resources are expended unnecessarily on measurement that may not drive meaningful performance and system improvements. Resources in health care are being stretched thin and must be focused on the activities that will produce the greatest results for patients.</p>

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General Comments on the MAP Pre-Rulemaking Input Report	Federation of American Hospitals	Jayne Chambers	Continuation of comments: We commend the MAP for undertaking the challenge of assessing and recommending measures for retirement from programs where the measure may not be ensuring or measuring effectively quality patient care. We also are pleased with the recommendations that seek to eliminate duplication and to alignment measurement across programs. These recommendations are a good first step in a process that will evolve over time and be more effective as the measures themselves become more sophisticated.
General Comments on the MAP Pre-Rulemaking Input Report	Heart Rhythm Society	Del Conyers	The Heart Rhythm Society (HRS) appreciates the opportunity to comment on the National Quality Forum's (NQF's) Measure Applications Partnership (MAP) Pre-Rulemaking Report. This commentary is based on review of the Report's recently released Public Comment Draft and is presented in an itemized fashion as outlined below. General comments The aims outlined by the National Quality Strategy (page 6) are aligned with the principles of HRS. It is anticipated that assessment and reporting of quality of care will lead to improvements in several realms, including routine patient management and procedural care. Specific goals of such an approach include enhancements in: <ul style="list-style-type: none"> • Individuals quality of life and well-being. • Mortality reduction, both as an intended result of a particular aspect of care (i.e. implantable cardioverter-defibrillator [ICD] implantation), as well as avoidance of unintended consequences of routine and/or procedural care (i.e. procedural complication). • Patient safety, particularly that pertaining to heart rhythm procedures. Patient satisfaction. <ul style="list-style-type: none"> • Cost-benefit.
General Comments on the MAP Pre-Rulemaking Input Report	Heart Rhythm Society	Del Conyers	It is understood that quality assessment and reporting are met with challenges, in particular, determination of acceptable indicators/measures that are likely to accurately demonstrate target outcomes, achieve the above stated goals, and enhance overall care. Quality measures would ideally be based on evidence-based medical practice, where the effects of a specific intervention has been studied and subsequently validated in large populations of subjects. However, it is agreed that exclusively searching for such measures is impractical and untimely. Consequently, a combined tactic of including measures reflecting sound clinical practice based on expert opinion and consensus without a large body of corroborating evidence as well as evidence-based indicators seems appropriate. This is in keeping with the approach used by highly recognized cardiovascular societies when publishing clinical treatment guidelines.

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General Comments on the MAP Pre-Rulemaking Input Report	Heart Rhythm Society	Del Conyers	<p>Data collection through large registries has proved useful in understanding patient characteristics and features of care in given patient populations. This is best exemplified through experience with the National Cardiovascular Data Registry (NCDR) ICD Registry. Through participation with this data repository, awareness has been created regarding appropriateness of ICD implantation candidacy and cardiovascular medical therapy. While registries remain an attractive method, limitations include potential for inaccuracies in data reporting, requirement of active participation to achieve compliance, and financial and personnel costs associated with database maintenance. This latter point may be especially germane to institutions and practices with limited means.</p> <p>Procedural-based data registries may be bounded by outcomes occurring in the immediate pre- and post-procedural periods; hence, late term events may not be sufficiently captured resulting in inadvertent under-reporting. This has been one limitation of the aforementioned NCDR ICD registry. Acquisition of quality measure reporting must not be significantly burdensome in terms of cost, time, and personnel. Failure to develop readily attainable measures will likely have adverse effects such as inaccuracy of collected data and impaired compliance.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Heart Rhythm Society	Del Conyers	<p>Future directions</p> <p>Heart Rhythm Society welcomes the opportunity to participate in the development of heart rhythm quality measures, bringing forth the opportunity to examine current aspects of health care utilization and delivery, and helping direct further progress. By remaining in the forefront of assuring excellence in heart rhythm care, HRS is given the chance to explore further avenues of investigation and improvement. Examples are offered below.</p> <p>The evolving nature of AF treatment and growing use of AF catheter ablation raise areas of scrutiny for care enhancement. Specifically, determining which patients, procedural approaches, techniques, technology, and endpoints confer the highest likelihood of success, safety, and patient satisfaction remains of intense interest in the heart rhythm community. Such questions are the target of ongoing research and may ultimately yield further options for quality assessment.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Heart Rhythm Society	Del Conyers	<p>The dramatic increase in ICD implantation in the past decade has been accompanied by a corresponding increase in reports regarding possible cardiac rhythm device/system failure. While actual device failure is a relatively infrequent occurrence, the caregiver's response to such advisories bears obvious impact and implications in patient satisfaction and safety. Creation of advisory-specific quality measures in affected patients (such as demonstration of communication, counseling, and enactment of advisory-based monitoring/therapy) may represent a unique area for quality measurement and advancement.</p> <p>Cardiac rhythm device therapy in elderly patients has brought about another dimension of care in this distinctive patient sub-group. As some have proposed, measures particular to elderly device recipients may be helpful, for example, counseling and guidance regarding the type of device desired at the time of replacement surgery in appropriate patients (ICD versus pacemaker) and discussion regarding device management at end-of-life.</p>

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General Comments on the MAP Pre-Rulemaking Input Report	Henry Ford Health System	William Conway	<p>We vetted the list of 366 proposed measures with a variety of providers in the Henry Ford Health System and would like to comment on many of the measures.</p> <p>Before addressing specific measures we want to stress that non NQF endorsed measures must have a rigorous vetting process before hospitals and healthcare providers can be asked to take on any additional reporting burdens.</p> <p>One other over-arching comment pertains to 30 days mortality rates for Heart Failure, Pneumonia, and Heart Attack. This data is not timely and without case specific information we can't determine root causes for improvement. If we can't track it from our data sources then it is very difficult to use the information for process improvement. If data can't be used to make improvements there is not much point in collecting and reporting it.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Kidney Care Partners	Lisa McGonigal	<p>Twenty-two measures/measure composites on the ACA 3014 are of particular interest to KCP and its members: MUC 1-5, MUC 71, MUC 72, MUC 104, MUC 105, MUC 223, MUC 224, MUC 290, MUC 329-337, and MUC 359. In reviewing these measures, we offer the following comments:</p> <p>MUC 5, Vascular Access Infection. KCP concurs with MAP's conclusion that this measure should not be supported. KCP opposes this measure and supports, as does MAP, MUC 3, the National Healthcare Safety Bloodstream Infection Measure.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Kidney Care Partners	Lisa McGonigal	<p>Measures Without Specifications. KCP supports MAP's recognition of the importance of having specifications to review, which meant that MAP did not recommend measures where the numerator, denominator, and exclusions were TBD. At the same time, it is our understanding that the Renal Physicians Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement forwarded specifications for its measures to CMS in September 2011. It is regrettable that they were not made available by CMS to MAP for its full review.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Kidney Care Partners	Lisa McGonigal	<p>Alignment between Dialysis Facility and Physician Measures. KCP notes that several measurement areas overlap between the facility-level measures to be used in the End Stage Renal Disease Quality Improvement Program (QIP) and the physician-level Physician Quality Reporting System (PQRS) e.g., dialysis adequacy (Kt/V) and vascular access. KCP emphasizes the critical importance of ensuring that the details of the specifications are aligned between these two sets as MAP continues its review of future ACA 3014 lists.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Kidney Care Partners	Lisa McGonigal	<p>Again, thank you for the opportunity to comment on this important work.</p> <p>Sincerely, Abbott Laboratories, Affymax, American Kidney Fund, American Nephrology, Nurses Association, American Renal Associates, Inc., American Society of Nephrology, American Society of Pediatric Nephrology, Amgen, Baxter Healthcare Corporation, Board of Nephrology Examiners and Technology, Centers for Dialysis Care, DaVita, Inc. Dialysis Patient Citizens, DCI, Inc., Fresenius Medical Care North America, Fresenius Medical Care Renal Therapies Group, Kidney Care Council, Mitsubishi Tanabe Pharma America, National Kidney Foundation, National Renal Administrators Association Nephrology Nursing Certification Commission, Northwest Kidney Centers, NxStage Medical, Renal Physicians Association, Renal Support Network, Renal Ventures Management, LLC, Sanofi, Satellite Healthcare, U.S. Renal Care, Watson Pharma, Inc.</p>

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General Comments on the MAP Pre-Rulemaking Input Report	Louisiana Hospital Association	Karen Zoeller	The Louisiana Hospital Association (LHA), is responding to a request by the American Hospital Association (AHA), is pleased to submit the following comments regarding the Pre-Rulemaking Report of the Measure Applications Partnership (MAP). Overall, LHA commends the thorough review of the proposed quality measures undertaken by MAP and their decision to support only those measures that are endorsed by the National Quality Forum (NQF). We believe that it is essential that all measures that are implemented are NQF endorsed as it indicates to providers that a thorough and systematic approach was undertaken to establish measures that are based in valid research goals and leads to a performance system that is aligned across all parts of the healthcare system. Below you will find our comments for your consideration.
General Comments on the MAP Pre-Rulemaking Input Report	Louisiana Hospital Association	Karen Zoeller	<p>Our greatest concern stems from the large number of measures that will undoubtedly result in an administrative burden to our member hospitals. It is clear, that to comply with the implementation and reporting of so many measurements, hospitals may well have to divert resources from bedside care to address the associated administrative burdens. This comes at the same time as hospitals are facing decreasing revenues and our declining resources are better spent on bedside care.</p> <p>We note that one of the National Quality Strategies (NQS) priorities is “person- and family-centered care”, which we believe is a worthy priority, but one that presents a challenge in collection of data. This will certainly increase the administrative burden on hospital personnel at the same time that many of our hospitals have decreased their staffs to address diminished financial resources.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Louisiana Hospital Association	Karen Zoeller	<p>While MAP supports the measures focused on care transitions, readmissions and post-discharge reconciliation, we note that the best-intentioned of hospital personnel and community resources available cannot take the place of personal responsibility. How well (or how poorly) an individual and a family may follow the discharge orders may well impact hospital readmissions - and hospitals should not be held accountable for individual patient or family decisions or actions. Also, we welcome the MAP caveat that in some instances readmissions may not relate to the original cause of hospitalization. Thus MAP notes that “a methodology for distinguishing from unplanned readmissions should be incorporated to be consistent with other CMS disease-specific readmission rates and CMS should monitor for potential unintended consequences, such as inappropriate denial of care.”</p> <p>While we endorse the concept that the core measures should be reported by all providers, we have concerns in how that will be accomplished and who would take the lead on such an effort. Additionally, how does CMS plan to address the issue of “joint accountability” and implement such accountability and shared responsibility among private payers?</p>

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General Comments on the MAP Pre-Rulemaking Input Report	Louisiana Hospital Association	Karen Zoeller	<p>LHA also commends MAP for not supporting the inclusion of the Medicare Spending per Beneficiary measure. We agree that such a measure might well provide valuable data, but the variables affecting such a measure should be carefully considered and perhaps first initiated on a very limited pilot basis.</p> <p>As noted, “composite measures can provide a comprehensive picture of patient care for a specific condition,” but we also agree with the MAP conclusion that “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, we applaud MAP for raising the possibility that by “including both individual and composite measures in more than one program could result in double jeopardy.” For this reason, we would encourage additional study and piloting before complete adoption and implementation.</p> <p>LHA is pleased that MAP noted the possible problems in performance measurement and public reporting for our small rural and critical access hospitals. We are grateful that MAP recommends ongoing work in measurement for these facilities and would urge CMS to implement such a recommendation again through accurate analysis and a pilot program.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Louisiana Hospital Association	Karen Zoeller	<p>Finally, we would like to address the overall implementation issues facing our members. At the same time as CMS is planning implementation of new quality measures, our hospitals will be moving forward to address Electronic Health Records, ICD-10, provisions of the ACA (including expansion of Medicaid coverage) and in our own state the implementation of Coordinated Care Networks (Medicaid Managed Care). Any one of these initiatives will require massive education, coordination and cost. To implement all of these at once - and to do it well - is an imposing task. We wish to thank you for the opportunity to comment on the Pre-Rulemaking Report.</p>
General Comments on the MAP Pre-Rulemaking Input Report	McKesson Corporation	Ginny Meadows	<p>McKesson concurs with the need to select NQF endorsed measures, or to seek NQF endorsement for proposed measures that are not yet endorsed. We strongly agree with recommendations to remove non-endorsed measures from existing CMS programs, or to seek endorsement for those measures.</p> <p>We wholeheartedly support the general approach that measures without existing specifications should not be adopted for 2012. Such measures cannot have been tested for feasibility and validity, and while they may represent promising directions, it is premature to adopt them.</p> <p>Overall the report encourages substantial increases in patient survey-based measures. This creates an administrative and technical burden, tends to be costly, and is difficult to automate within the EHR. McKesson encourages CMS and NQF to work with the provider and vendor communities on ways to reduce this burden.</p> <p>In general, McKesson comments that composite measures, while appearing to limit the number of individual measures required for submission, in practice tend to mask the need to support workflow and data capture for all of the component measures and may be confusing for providers to understand when they are used at the local level for quality and performance improvement activities at the point of care.</p>

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General Comments on the MAP Pre-Rulemaking Input Report	Memorial Sloan-Kettering Cancer Center	Ronald Walters	<p>The Alliance for Dedicated Cancer Centers (ADCC) welcomes the opportunity to respond to the MAP's 2012 pre-rulemaking report. The ADCC supports the five measures recommended for PPS-Exempt Cancer Hospital Quality Reporting as a basic first step in cancer measurement.</p> <p>The ADCC shares the MAP's view that additional, cancer-specific measures must be developed for this purpose. We support the program-specific measure gaps noted on pg. 67 of the report, particularly the focus on outcome measures, and emphasize that adjusting for stage of disease, co-morbid conditions and prior treatment is essential to developing appropriate survival measures. Measures that evaluate quality of life during and after treatment from the patient's perspective are another priority. Finally, we would add hematologic cancers to the list of priority diseases for the following reasons: 1) the PPS-exempt cancer centers treat a high volume of patients with hematologic cancers; 2) patients with these cancers represent a particularly vulnerable population; 3) hematologic cancers are largely unrepresented in endorsed quality measures; and, 4) data registries exist to report survival and complication outcomes for hematologic malignancy patients undergoing transplant.</p>
General Comments on the MAP Pre-Rulemaking Input Report	Memorial Sloan-Kettering Cancer Center	Ronald Walters	<p>The ADCC welcomes the opportunity to respond to the MAP's 2012 pre-rulemaking report, specifically to the recommendation that IQR measures should be applied to PPS-exempt cancer hospitals as a next step.</p> <p>The need for measure alignment is clear. It is crucial that the measures aligned are relevant to cancer care. We offer the following 3 examples of our concerns.</p> <p>1. Cancer patients treated with immunosuppressive drugs may be unable to mount an immune response to vaccines. The immunization measures may result in over- or contra-indicated care instead of appropriate care when applied to cancer. 2. Outcomes such as VTE are due to more than a lack of prophylaxis and are also a function of cancer and its treatment; risk adjustment methods appropriate to cancer which would permit legitimate benchmarking have not yet been developed. 3. Outcome measures such as mortality for pneumonia are problematic because current discharge codes usually attribute death to pneumonia instead of to the underlying terminal cancer. Given the resources required for reporting of most IQR measures and the current lack of coding specificity for oncology, we are troubled by the potential deflection of scarce hospital resources from cancer-specific performance improvement and outcomes measurement. We urge measure alignment based on the ongoing development of cancer-focused measures, rather than the application of existing measures to a cancer population.</p>
General Comments on the MAP Pre-Rulemaking Input Report	National Partnership for Women & Families	Tanya Alteras	<p>Overall, the Consumer-Purchaser Disclosure Project supports the MAP pre-rulemaking report, and believes that the information contained therein is reflective of the incredibly hard work done by the MAP Coordinating Committee and workgroups. We do have some big picture suggestions/ concerns that we hope will be reflected in the final product. 1) We strongly urge that the discussion about measure gaps be clarified to indicate the difference between situations where there are important issues to measure but no measure exists, vs. situations where the measures exist but they are not implemented in a given program, and to go even further, indicate that there are technical reasons for why this would occur, such as the measure not being specified for a particular setting or population. These are important distinctions to make, and right now the report glosses over them. When it comes to filling the gaps, understanding these differences will be critical.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
General Comments on the MAP Pre-Rulemaking Input Report	National Partnership for Women & Families	Tanya Alteras	There are lists of measure gaps spread out in various places throughout the report, listing patient experience prominently, which we of course appreciate. However, calling out patient experience in this manner overlooks the fact that the CAHPS set of surveys are a meaningful part of the quality measurement enterprise, and are a tool that we strongly support for use across all programs. We ask that the report clarify the difference here between the need for implementation of these measures versus the need for additional measures of patient experience. Both are necessary, but we do not want to diminish the importance of CAHPS in the process.
General Comments on the MAP Pre-Rulemaking Input Report	PhRMA	Jennifer Van Meter	PhRMA commends the MAP for supporting measures for use in federal programs that are well-grounded in current best evidence and have attained stakeholder consensus endorsement, such as those that have achieved National Quality Forum (NQF)-endorsement. PhRMA has a long-held position that measures used in federal programs should have attained stakeholder consensus endorsement, and we appreciate that the MAP, a multi-stakeholder private-public partnership, agrees. We encourage the MAP to continue to recommend use of up-to-date, evidence-based consensus measures that can improve longer-term outcomes.
General Comments on the MAP Pre-Rulemaking Input Report	PhRMA	Jennifer Van Meter	PhRMA commends the MAP for suggesting that measures be specified and tested at the reporting level at which they will be implemented. In other words, we agree that measures that have been specified at the population-level should not be applied at the individual clinician-level without modifying the specifications and testing the measures, as appropriate. Misapplication of measures could provide misleading or inaccurate results.
General Comments on the MAP Pre-Rulemaking Input Report	Renal Physicians Association	Robert Blaser	The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with renal disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with renal disease. As always, RPA appreciates the opportunity to provide feedback and looks forward to future collaboration whenever possible.
General Comments on the MAP Pre-Rulemaking Input Report	Society of Hospital Medicine	Jacqueline Vance	AMDA agrees with the themes of the MAP, i.e. promotion of prevention, person/family centered care, patient safety, effective care coordination and communication and affordable care. We support the care transitions measure #0647 and the CTM-3. AMDA also supports MAP recommendation of the immediate inclusion of the NCQA measure Medication Reconciliation Post—Discharge measure (NQF#0554). AMDA also supports MAP recommendation of a related NCQA/AMA—PCPI medication reconciliation measure (NQF#0097) for further exploration of its use across all PAC/LTC settings.

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General Comments on the MAP Pre-Rulemaking Input Report	The Brookings Institute	Mark McClellan	<p>We strongly support the MAP's effort to assure that measures reflect alignment across federal initiatives, and to communicate the importance of implementing measures so that they are operationally consistent across initiatives.</p> <p>We support the MAP's effort to assure that measures become more person- and family-centered, and focus less on process and more on health outcomes that matter to patients. We believe the concept of measures clusters—groups of measures that address outcomes and the processes that are key to achieving them—is well considered. Setting-specific measures are important, but should be supplemented with or replaced by more advanced, comprehensive, longitudinal measures over time.</p> <p>We concur that additional measures to address care coordination, measures that can be rolled up to assess population health, and measures that address the needs of vulnerable and costly populations are needed, and that there are critical measure gaps in areas including patient experience, patient-reported outcomes and quality of life, shared decision-making, care for individuals with multiple chronic conditions, care coordination, end-of-life care, cost of care, and appropriateness that must be addressed going forward.</p>
General Comments on the MAP Pre-Rulemaking Input Report	VHHA	Barbara Brown	<p>As the review is expedited, our hospital community asks that the criteria for approval not be changed or circumvented. That is that before granting endorsement, the measure can be shown to have been sufficiently tested and/or in wide spread use.</p> <p>As currently proposed, the all cause readmission measure does not meet this criteria. The hospital community is just now trying to grapple with the many issues that affect readmission for specific conditions such as heart failure and pneumonia. In addition, while it is distasteful to many to consider socioeconomic level as a covariate in readmissions, the effects of socioeconomic status on wellbeing are well documented. As such the readmission measure is a measure of community support rather than solely a measure of hospital quality of care.</p> <p>We support NQF's continued efforts to improve the measures by which patient care is judged, however, the knowledge base to address and resolve all cause readmissions has not been developed. As such implementing the measure as an endorsed indicator of hospital quality is premature.</p>
General Comments on the MAP Pre-Rulemaking Input Report	VHHA	Barbara Brown	<p>Over the last few years the hospital community has been increasingly frustrated by responding to multiple measures that seem contradictory, poorly defined and duplicative among different agencies and organizations. We applaud the MAP effort to provide a framework for aligned performance measurement across the 18 federal programs, and to allow input in advance of federal rulemaking on the optimal measures for use in particular programs. This approach makes it more likely that NQF's three aims can be achieved. In reviewing the public comment draft addressing hospital inpatient reporting, we concur that the themes identified are challenges to appropriate quality measurement. We further agree with the conclusion that while all NQF priorities, safer care and prevention/treatment of cardiovascular disease, are addressed, other priorities such as affordable care and person and family-centered care is less so. We hope that the MAP will prevail on CMS to not implement non-NQF endorsed measures. In reviewing the list of MAP input on measures under consideration for the hospital inpatient reporting, we find we are in agreement with MAP conclusions with the exception of the support of hospital-wide all-cause unplanned readmission. Specific comments on that measure have been sent to the appropriate committee.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	Abbott Laboratories	Carol O'Brien	Abbott supports the MAP Framework for Aligned Performance Measurement. Alignment of performance measures and goals across the healthcare delivery system and the various federal reporting programs is key to making advances in quality improvement. We also support the measure selection criteria, as they seek to identify appropriate, evidence-based measures for use at multiple levels throughout the healthcare system.
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	Academy of Managed Care Pharmacy	Marissa Schlaifer	<p>AMCP congratulates the Measure Application Partnership for developing a framework for aligned performance measurement under which the 368 measures under consideration by the Department of Health and Human Services for clinician, hospital and post-acute care/long-term care performance measurement programs could be evaluated.</p> <p>The measure selection criteria developed by the MAP to guide its evaluation of program measure sets served the MAP well. These measure selection criteria help define measures as appropriate for public reporting and performance-based payment programs, not appropriate, or needing additional work. These measure selection criteria serve as useful guidance for future measure development and should be shared broadly with measure developers.</p> <p>AMCP values the recognition of medication reconciliation as an example of the need for alignment across measures. Medication reconciliation and the identification of medication issues is a key component of care coordination. Medication errors harm an estimated 1.5 million people each year in the United States, costing the nation at least \$3.5 billion annually. An estimated 60 percent of medication errors occur during times of transition: upon admission, transfer, or discharge of a patient. Medication errors result in readmissions to the hospital, greater use of emergency, post-acute, and ambulatory services, and duplication of services that needlessly increase the cost of care.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Academy of Neurology	Christopher Bever, MD	<p>Measures Criteria</p> <p>For the most part the AAN agrees with the criteria used to review the measures submitted for consideration for the different programs however using the NQF endorsement process may not always be feasible. In the case of neurology measures there has not been a call for neurologic measures, therefore obtaining NQF endorsement prior to submission has not been an option. Also, due to the current schedule that the NQF has for measures it is not always possible to obtain endorsement prior to submitting for consideration under a national pay for performance program.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American College of Cardiology	David Holmes, MD, FACC	<p>We support the MAP framework for aligning performance measurement across federal payment and public reporting programs. This is a necessary step toward achieving the aims and priorities of the National Quality Strategy. The report acknowledges that strategic alignment of public and private payment and public reporting programs will lead to more rapid changes within the delivery system, but lacks specific actionable recommendations that will foster such changes. The ACC suggests that MAP further develop its recommendations to include actionable opportunities for public and private sector alignment. Without buy-in from the private sector, MAP's work may not be as impactful as intended.</p> <p>MAP's vision for person-centered measurement is the right direction to promote better outcomes for patients and populations. However, in order for performance measurement to evolve from disease- or provider-specific measures to person-centered measures, measure developers should be included in MAP's discussions as soon as possible to help determine the feasibility of short- and long-term solutions.</p> <p>MAP identified initial core measure sets for clinician, hospital, and other programs, but the report does not explain how these core measure sets will be applied and operationalized. The ACC cannot support these core measure sets until more detailed information is provided regarding how they will be used in payment and public reporting programs.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Hospital Association	Nancy Foster	<p>Future Expectations</p> <p>Understandably, this first report focuses almost exclusively on the task of selecting measures for use in proposed rules that may be published as early as spring of 2012. The time constraints and newness of the project barely allow for anything else to have happened. However, as we move forward with the work of the MAP, we hope that members of the MAP will be able to use this experience to envision a more effective way to use measures to guide the health care system toward safer, more effective and more efficient care.</p> <p>Specifically, we noted the aspirations of the Coordinating Committee to use measurement to improve the health of the population, improve care for those with multiple chronic or acute conditions, better coordinate care, and reduce costs. AHA believes it will be challenging to build toward these goals by recommending measures for 18 distinct payment or reporting programs. This task would be made feasible if the MAP were able to create a single vision of what it wants to achieve and a plan for how to evolve measurement to support that vision.</p> <p>The National Priority Partnership can be the MAP's most important partner in articulating this future vision and the objectives that will enable the health care system to fulfill this vision. By its choice of priorities, the NPP will set the framework for MAP's selection of measures.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Medical Association	Jennifer Meeks	<p>MAP Conclusion Categories for Measures</p> <p>The MAP workgroups relied on three categories for making conclusions on proposed HHS measures: "support", "do not support," & "support direction." The AMA recommends that future deliberations of the MAP and its workgroup better define its use of "support", "do not support," & "support direction." Specifically, if a proposed measure is already in use under an existing federal program, but is not yet NQF endorsed, this measure should not be bundled with other measures that do not have specifications and testing in the "not support" category. Moreover, it is important that placing measures in the three conclusion categories includes detailed rationale from the MAP around the readiness of a measure for use in a performance program.</p>

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MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Medical Association	Jennifer Meeks	Further, a few of the measures included for consideration for the PQRS, on page 22 of the report, were not intended for use at the clinician level (e.g, the cardiac stress imaging measures), but rather the measures have been specified and tested at the facility level. The report recommends these measures for the PQRS program, but without specification at the clinician level. This is inconsistent with the MAP's conclusion that other measures should not be supported due to lack of specifications. The AMA urges the MAP to include more detailed rationale for supporting the direction of some measures that lack specifications for the intended setting, while not supporting others that lack specifications generally. Further, while we support recommendations to harmonize measurement across clinical settings, HHS and the MAP must balance this goal with the fact that some measures that have been specified and tested at the facility level, may never be appropriate at the clinician level.
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Medical Association	Jennifer Meeks	HHS Expectations Around Quality Measure Review It is frustrating that in the MAP's first year of existence HHS proposed a laundry list of quality measures for its review. These measures varied with regard to their specifications, testing, and understanding for how they would apply at a national level, across all clinical and other provider based performance measurement programs. Specifically, many of the proposed PQRS measures lacked specifications. While some of these "concept measures" may be appropriate in practice for specific cohorts of provider groups, the purpose of including them in the first MAP review cycle was not well understood. Not having measure specifications indicates that these measures have at least a year before they can be tested and evaluated for use.
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	American Physical Therapy Association	Heather Smith	The American Physical Therapy Association (APTA) supports the aligned performance measurement framework. APTA feels that the focus on person-centered measurement and longitudinal measurement will help to evaluate the success of clinical interventions across the continuum of care for patients with chronic conditions. The use of measures that have both a drill down and roll up function will create accountability at the practitioner, facility and population levels allowing for a more robust assessment of the efficacy of interventions and care delivery. Alignment of programs across the continuum of care is an essential component of health care system reform and APTA applauds the focus on care coordination.
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	America's Health Insurance Plans	Carmella Bocchino	We support the framework for aligned performance measurement and offer the following additional comments: We support the National Quality Strategy being the core of the framework to ensure alignment and consistency in measurement. However, a national strategy should also allow local prioritization of efforts to meet the needs of the local community. In addition to the elements of the framework articulated in the report, emphasis should be given to defining appropriate accountability for each stakeholder and ensuring that accountability for the measures are clearly assigned to the appropriate stakeholder within the healthcare system - hospitals, physicians/clinicians, health plans, purchasers, and consumers. Not all stakeholders within the healthcare system can be held equally accountable for a given set of measures.

Comment Category	Commenter Organization	Commenter Name	Comment
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	America's Health Insurance Plans	Carmella Bocchino	<p>Additional AHIP Comments on Framework</p> <p>While we support the concept of cascading measures, the types of measures used at different levels should take into account the accountability at that level. For example, in Figure 2, measures used for the group practice/medical home should be the same as those used for national/regional/health plan/health system, to the extent that the group practices/PCMH are responsible for population management and are therefore accountable in a manner similar to health plans. The appropriate metric for group practice/PCMH providers would be the outcome and not the process measure for smoking/tobacco use. For the individual physician/patient measurement process measures could continue to be used.</p> <p>We support the concept of a core measure set but the core measure sets described in the report relate to multiple areas. Such a broad-based approach creates challenges with respect to prioritization and achievement of quality goals given availability of limited resources. A finite set of core measures across multiple quality reporting requirements such as Medicare FFS, Medicare Advantage (MA), Medicaid, Exchanges, CHIPRA, and other state programs, is needed.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	Association of American Medical Colleges	Jennifer Faerberg	<p>Comments on Care Coordination Illustration</p> <p>One benefit of the MAP process is the ability to review measures across settings and discuss with various stakeholders how the measures can be aligned to improve a national healthcare priority. The draft report provides an example of this process. Specifically, Figure 3 on page 10 illustrates how three measures could intersect with different provider settings and improve care coordination across settings.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	California Hospital Association	Alyssa Keefe	<p>CHA supports the draft framework for Aligned Performance Measurement and believes it is a good first step in grounding the work of the MAP going forward. CHA urges the MAP to periodically revisit this framework to ensure that as quality measurement, health information technology, system delivery and new payment models evolve, that the framework also evolves as appropriate. We are at a point of rapid innovation in our health care system and quality measurement is one of many tools that will drive improved quality and lower costs. In our endeavor to achieve alignment, care coordination and measure harmonization across settings outlined in the framework, implementing measures that are "just good enough" as a place holder may lead to unintended consequences for patients and care givers and that undermine our progress in fulfilling the vision. Rather, prioritizing the development of appropriate measures that will fill the measure gaps identified throughout this process should continue to be a major focus of the MAP moving forward. Finally, the principal of parsimony is one which CHA fully supports and appreciates the work of the committee in narrowing and focusing the list of measures that was provided.</p>

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MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	McKesson Corporation	Ginny Meadows	<p>McKesson strongly supports the framework of aligned performance measurement, the need to promote alignment across federal programs and more broadly with the private sector by using the same or harmonized measures, and specifically, the need for technical alignment of measures. We would like to see this theme further developed in future reports, including the identification of misalignments.</p> <p>For example, we support the use of common EHR data elements to address similar clinical concepts, along with the development of a library of standardized, endorsed “value sets” to be used by measure developers when creating/retooling endorsed measures.</p> <p>We believe that the NQF measure endorsement process, including the upcoming requirement for electronic measure specifications and the MAT will assist with this alignment.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	McKesson Corporation	Ginny Meadows	<p>McKesson supports the concept of person-centered measurement, but cautions that this is still somewhat aspirational. Most data is still owned and collected locally within a single EHR. Payor data, which is more population focused, typically lacks clinical detail. Computing measures for all payors for a population will require significant advances in standards and interoperability as well as privacy and governance policy work.</p> <p>Similarly the concept of multi-level measures is appealing but has inherent weaknesses given the current state of population-based measurement. Without very strong person matching at the population level, it is very likely that individual persons will be double-counted as measures are rolled up to aggregate levels.</p> <p>Person-centered measures related to patient choices pose technical measurement challenges due to the tendency of patient choices to change over time. While we support the concept, we encourage testing of such measures in real-world product environments prior to adoption to ensure they are both valid and practical, without unintended consequences.</p>
MAP Framework for Aligned Performance Measurement and Duals Contribution to Strategic Alignment	PhRMA	Jennifer Van Meter	<p>PhRMA supports the MAP Framework for Aligned Performance Measurement. Alignment of performance measures and goals across the healthcare delivery system and the various federal reporting programs is key to making advances in quality improvement; goals must be complementary, rather than contradictory, in order to achieve improvement. We also support the measure selection criteria, as they seek to identify appropriate, evidence-based measures for use at multiple levels throughout the healthcare system.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	AAHKS	Carlos Lavernia MD	<p>The American Association of Hip and Knee Surgeons developed seven quality measures to improve care for patients undergoing total knee replacement. These draft measures were submitted with draft specifications for the CMS Call for Measures for 2013 PQRS. MAP recommended “Do Not Support.” Specifications not provided for six:</p> <ul style="list-style-type: none"> • Assessment of patient history • Physical examination • Identification of implanted prosthesis in operative report • Preoperative antibiotic infusion before proximal tourniquet • Radiographic evidence of arthritis • Venous thromboembolic and cardiovascular risk evaluation • (Continued below) ...

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	AAHKS	Carlos Lavernia MD	<p>MAP recommended “support direction.” Appears to address key gap in care for one:</p> <ul style="list-style-type: none"> • Coordination of post-discharge care • All of the measures address a critical topic for the Medicare population and orthopedic surgery. In 2007, there were over 605,000 hospitalizations for knee arthroplasty and inpatient costs of over \$9.2 billion. There are few PQRS measures that specifically focus on orthopedic procedures. • When the measures were submitted, they were in draft form and draft specifications were submitted with each of the measures. AAHKS is encouraged that the post-discharge care measure is being considered for inclusion in PQRS but does understand how the other ones were not supported due to a lack of specifications. AAHKS requests that MAP reconsider including all of the total knee replacement measures for 2013 PQRS.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Abbott Laboratories	Carol O'Brien	<p>Despite research that shows early diagnosis and treatment of CKD can improve outcomes and survival for patients, CKD often goes unrecognized until dialysis is required. Pending NQF-endorsement, Abbott supports inclusion of the following proposed measures; MUC334 Referral to a Nephrologist, MUC222 ABIM: Diabetes Composite, and MUC290 Nephropathy Assessment.</p> <p>Abbott supports inclusion of MUC150 (PQRS #178) Rheumatoid Arthritis (RA) Functional Status Assessment for continued PQRS use and future inclusion for Meaningful Use. No Meaningful Use measure exists for Rheumatoid Arthritis, a lifelong, progressively debilitating disease for which early diagnosis and intervention yields life-changing patient benefits and significantly reduced costs. Inclusion aligns with NCQA HEDIS quality measures, increasing multi-payor alignment and improved Triple Aim goals. Abbott also supports MUC224 ABIM: Cardiology Composite for a suite of CVD measures that will expand coordinated care and the Triple Aim in alignment with private sector programs. Inclusion of total lipid profile and other aligned measures will further improve treatment and prevent comorbidities from diabetes and kidney disease.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Dermatology	Ronald Moy	<p>The AAD appreciates the opportunity to provide comments to NQF on the Measure Applications Partnership (MAP) Pre-Rulemaking Report.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Melanoma: Coordination of Care • Melanoma: Overutilization of Imaging Studies in Stage 0-IA Melanoma <p>Both of these measures were recommended by the MAP for inclusion in relevant CMS programs and we thank NQF for recognizing the value in these quality measures.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Dermatology	Ronald Moy	<p>Melanoma: Continuity of Care & Recall System Biopsy Follow-up:</p> <ul style="list-style-type: none"> • The AAD urges NQF to consider both measures for inclusion in future CMS programs. Both measures are currently endorsed with NQF and are undergoing the measure maintenance process. Considering that the results of that process will not afford a definitive endorsement decision for another couple of months, the AAD believes it is prudent that NQF continue to consider the two measures for the Physician Quality Reporting System [PQRS] in particular. More than 2,000 eligible professionals reported on the recall measure in 2009, with approximately 850 and 1,200 AAD members reporting on the measure through the Academy's PQRS registry in 2010 and 2011, respectively. The year 2012 is the first year in which the biopsy measure is included in PQRS. The AAD believes that one year is not sufficient time to evaluate the impact of a measure in a quality reporting program such as PQRS. • The year 2013 is tentatively set as the year in which CMS will evaluate successful PQRS reporting when calculating the 2015 payment adjustment. The AAD believes it is imperative that all eligible professionals be able to report on relevant measures and encourages both NQF to maintain the recall and biopsy measures, so that as many eligible professionals as possible, including AAD members, are able to successfully report on relevant measures and avoid the pending penalty.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Dermatology	Ronald Moy	<p>Draft measures regarding Atopic Dermatitis from American Board of Medical Specialties/American Board of Allergy and Immunology/American Academy of Dermatology/American Association of Immunologists/Physician Consortium for Performance Improvement</p> <p>The AAD agrees that these measures should not be considered for PQRS reporting. The patient population evaluated in this measure set is outside of the applicable Medicare beneficiary population (tentative specifications list the patient population as those aged 25 and younger).</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	<p>2013 PQRS Measures</p> <p>The AAN developed quality measures for Distal Symmetric Polyneuropathy (DSP) and submitted them for inclusion in the 2013 PQRS program; however, these measures were reviewed by the MAP and were not recommended for inclusion in the program because the MAP Coordinating Committee cited "a lack of specifications". The AAN, the American College of Radiology, the National Committee for Quality Assurance and the AMA convened Physician Consortium for Performance Improvement (PCPI) led the updating of the Stroke and Stroke Rehabilitation measures in 2010-2011. These stroke and stroke rehabilitation measures were also not recommended by MAP for inclusion in the 2013 PQRS program due to "a lack of specifications". It is unclear what the MAP is referring to by "a lack of specifications". The AAN requests that the MAP provide clarity about what "lack of specifications" means, allow adequate time for the AAN to provide the requested information, and reconsider recommending these measures for inclusion in the 2013 PQRS program. If lack of specifications refers to e-measure formatting, the release of the Measure Authoring Tool (MAT) for QMDs, will enable AAN to promptly provide these e-specifications aligning the specifications with the national quality data model format (QDM).</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	NQF Endorsement of Measures The MAP Coordinating Committee recommended that the following measurement sets be submitted to the NQF for endorsement: Parkinson's disease, epilepsy, and dementia. The NQF must first make an applicable call for neurological measures. According to the NQF, they plan to make a call sometime in the 3rd or 4th quarter of 2012. However, this data has neither been confirmed nor released to the public yet. The AAN has plans to test the epilepsy and Parkinson's disease measures and submit them to the NQF for endorsement when the call for neurologic measures is opened. The AAN is submitting the Parkinson's disease, epilepsy, distal symmetric polyneuropathy and new measures for amyotrophic lateral sclerosis, so the measures are ready when the call for neurological measures is opened.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	It remains a challenge for QMDs to beta test the measures in time to meet a call for measures. As a PCPI member, the AAN joined in communications to the NQF to allow for flexibility in meeting the demands for beta testing of quality measures. The AAN asks that the MAP support a more efficient NQF process to provide QMDs with improved submission timing such as annually so that QMDs can efficiently manage resources for testing. The AAN recommends measures are reviewed by NQF in the order they are received versus making a call for a topic, condition or disease.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	While the 2012 PQRS program did see gains in the number of measurement sets reportable by neurologists there remain very few measures overall that can be used by sub-specialists in neurology. It is critical that additional neurology specific measures be added to the PQRS program to meet the needs of the neurology community.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	MAP Framework The AAN is an experienced quality measure developer (QMD). The AAN believes that standardized language and measure development methods are needed to develop patient-centered health outcomes measures that will advance the science of performance measurement. Standardized language and methods will also be the key factors in advancing alignment of measures used across performance measurement programs. The National Quality Strategy (NQS) has informed the field immensely. In particular, the patient-focused episode of care model outlined by the NQS provides an understanding of the patient's perspective. What is lacking in the NQS is the vision for defining and the methods for measuring health outcomes. This subject is addressed under the Measure Application Partnership (MAP) framework comments below. Additionally, what is lacking is alignment across national strategies coming from emerging groups such as the Patient Outcomes Research Institute (PCORI).
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	Meaningful Use The AAN agrees with MAP to better streamline the Meaningful Use (MU) program with other measurement program. The AAN recommends that the mix of measures include those relevant to as many specialists as possible, including neurologists, because the current measures are weighed toward primary care.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	<p>MAP Framework</p> <p>The AAN believes that standardized language and measure development methods are needed to develop patient-centered health outcomes measures that will advance the science of performance measurement. Standardized language and methods will also be the key factors in advancing alignment of measures used across performance measurement programs. The National Quality Strategy (NQS) has informed the field immensely. In particular, the patient-focused episode of care model outlined by the NQS provides an understanding of the patient's perspective. What is lacking in the NQS is the vision for defining and the methods for measuring health outcomes. This subject is addressed under the Measure Application Partnership (MAP) framework comments below. Additionally, what is lacking is alignment across national strategies coming from emerging groups such as the Patient Outcomes Research Institute (PCORI).</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	<p>The AAN recognizes that the MAP framework is an implementation support framework to achieve goals under the NQS for improved alignment in performance measurement. Given this understanding, the language used to reach QMDs and the patient/consumer advocacy groups needs to have a common language strategy for 1) patient-centered measurement and for 2) a care delivery value chain. These two elements in concert with the patient-focused episode of care model support a vision to reach health outcomes measurement.</p> <p>To achieve common language and understanding for 1) patient-centered measurement; the AAN recommends the use of the Dashboard Model for Patient-Centered Measurement adopted from the PCPI Consumer-Purchaser Panel. The dashboard diagram is based on Nelson et al. 1996 work on the Clinical Value Compass. The model addresses value measurement which covers health outcomes and costs of care. It outlines three aspects of quality of care (clinical quality, health status, and patient activation and engagement). The dashboard provides a picture describing how all the types of measures fit together.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	<p>Value Based Payment Modifier</p> <p>The concern with the measures under consideration for this program is that they have not been tested. The hospital community is more aware of the application of the payment standardization and risk adjustment in the value-based payment modifier program as group reporting has been encouraged by hospitals. However, the physician community will be exposed to the uses of this model through the Medicare Physician Quality and Resource Use Reports (QRUR) in only four states (i.e., Iowa, Nebraska, Kansas, and Missouri) in mid-2012. All physicians in these four states will be receiving individual reports. A CMS-Hierarchical Condition Category (CMS-HCC) risk score is calculated per beneficiary. The interpretation of the risk score is intended to predict which beneficiaries have higher predicted costs than the average Medicare beneficiary. The physician's per capita costs are based on a ratio of observed to expected costs. Physicians with low observed-to-expected costs do best in peer comparison for resource use.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	<p>To achieve common language and understanding for 2) a care delivery value chain; the AAN recommends the adoption of concepts from Redefining Health Care, Michael E. Porter and Elizabeth O. Teisberg, 2006. The review and establishment of concepts addressing the principles of outcome measurement and the construction of a measures hierarchy map for the medical condition.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Neurology	Christopher Bever, MD	The AAN recently learned that CMS plans to distribute these reports without considering quality of care. Value-based purchasing should be based on health outcomes divided by costs. It is not clear how the measures MAP is recommending are value-based. Furthermore, there is great concern that the dissemination of the QRUR reports have been planned, yet there is a lack information on how physicians are to use the reports to reduce costs. Without appropriate stratification of physician characteristics beyond specialty (e.g. reports would reflect headache and stroke physicians as peers); the reports will not be actionable and may harm care. The MAP should encourage careful reporting of measures to be disseminated with guidance toward action versus just awareness of costs.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Ophthalmology	William Rich, MD	<p>The Academy appreciates the MAP's efforts to prioritize measures and to promote alignment across measurement programs. Aligning reporting requirements will reduce administrative burdens for physicians and promote greater participation. However, the Academy believes that the criterion requiring that all measures included in federal programs be NQF-endorsed is too limiting. Of 153 new measures under consideration for inclusion in PQRS, only 16 measures currently meet this criterion.</p> <p>The Academy values the NQF as a promoter of consensus-based and scientifically rigorous measure evaluation, and we actively participate in the NQF process. However, the Academy believes that CMS should exercise its authority to adopt non-endorsed measures when they address gaps in the measure set or encourage broader participation.</p> <p>One of the goals of PQRS is to encourage broad participation in quality measurement. For some clinical subspecialties, quality measurement is still relatively new, and reporting on simple process measures represents considerable progress. Still others that provide highly specialized care (e.g., neuro-ophthalmologists) may have difficulty meeting the NQF criteria for measure importance. There is great value in encouraging these subspecialties to participate in quality reporting even if NQF endorsement is out of reach for some measures. We encourage the MAP to be flexible in its application of the NQF-endorsement criterion as it makes recommendations to HHS.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Ophthalmology	William Rich, MD	<p>The American Academy of Ophthalmology appreciates the MAP's directional support for the following measures developed by the Academy and the Hoskins Center for Quality Eye Care:</p> <ul style="list-style-type: none"> • Patient satisfaction with physician care provided for age-related macular degeneration • Patient satisfaction with physician care provided for diabetic retinopathy <p>The MAP stated that it supported the direction of the measures because they address a key measurement gap: patient satisfaction. The measures likely did not receive full support because they are not NQF-endorsed. Both measures are based on the CAHPS Adult Specialty Care Survey, one of the four Clinician Group (CG-CAHPS) instruments. The MAP strongly recommended incorporation of the CG- CAHPS group of surveys in all clinician measurement programs, and we encourage the MAP to support these specific applications of the survey.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Ophthalmology	William Rich, MD	<p>The MAP chose not to support the following measures because the specifications were not available:</p> <ul style="list-style-type: none"> • Education of patient about the role of good glucose control in slowing the progression of diabetic retinopathy • Education of patient about symptoms of choroidal neovascularization necessitating early return for examination <p>The above measures were developed by the American Academy of Ophthalmology and the Hoskins Center for Quality Eye Care, and the measure specifications were submitted through the CMS Call for Measures for the 2013 PQRS. The Academy would be pleased to provide the measure specifications to the MAP for consideration. The measures above address the priority area of patient engagement and would be a valuable addition to the PQRS measure set.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Ophthalmology	William Rich, MD	<p>MAP recommends the following measure be submitted for NQF endorsement:</p> <ul style="list-style-type: none"> • Cataracts: Patient satisfaction within 90 days following cataract surgery <p>The American Academy of Ophthalmology appreciates the MAP's interest in the above measure. The measure relies on data collected from the CAHPS Surgical Care Survey to assess patient satisfaction with cataract surgery. The CAHPS Surgical Care Survey is specifically tailored to assess satisfaction with surgical procedures, and in some cases may be more appropriate than the CG-CAHPS. The Academy submitted the measure for NQF endorsement through the current Surgery Maintenance Endorsement Project early in 2011. However, the Academy was asked to withdraw the measure submission so that NQF could instead consider the underlying survey, the CAHPS Surgical Care Survey. The American College of Surgeons has since brought the survey forward for NQF-endorsement, and the survey is currently moving through the NQF process. The Academy encourages the MAP to support measures that utilize the CAHPS Surgical Care Survey in addition to the four CG-CAHPS surveys.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Ophthalmology	William Rich, MD	<p>The Academy agrees with the MAP that EHR measures should be broad to encourage eMeasurement. It is also critical that the EHR program include a broad range of measures to encourage specialist participation. The Academy encourages the MAP and HHS to engage specialists in the EHR incentive program by ensuring that the measure reporting requirements are flexible and relevant to a broad range of specialties.</p> <p>The Academy appreciates the MAP's support for including the following eye care measures in the EHR Incentive Program:</p> <ul style="list-style-type: none"> • Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures • 20/40 or better Visual Acuity within 90 Days following cataract surgery <p>In addition, the Academy recommends that the MAP and HHS consider the following eye care measures for meaningful use:</p> <ul style="list-style-type: none"> • Age-related Macular Degeneration (AMD): Dilated Macular Examination • AMD: Counseling on Antioxidant Supplement • Primary Open Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of Plan of Care <p>The measures above are included in PQRS. Their addition to meaningful use will better align both programs and provide additional reporting options for ophthalmology sub-specialists.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Academy of Otolaryngology	Peter Robertson	The American Academy of Otolaryngology-Head and Neck Surgery Foundation appreciates MAP's efforts in this area. We hope that the measures related to Adult Sinusitis, which were not supported due to a lack of specifications, will be reviewed and supported in subsequent years at the conclusion of their development.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Association of Neurological Surgeons	Rachel Groman	All Cause Readmissions- Neurosurgery is concerned with how CMS will ascertain—using administrative data—whether or not a readmission was planned, part of a patient's treatment process, or unplanned. Not all readmissions mean a failure of appropriate care has occurred. Risk adjustment must also be considered as a completely separate issue, once the problems with measuring this from administrative data are answered. Neurosurgery agrees with MAP that a better model needs to be developed to accurately measure the impact of preventable readmissions.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Association of Neurological Surgeons	Rachel Groman	<p>Medicare Spending Per Beneficiary Spending per Medicare beneficiary should not be dealt with at the individual physician level. Spending will differ based on a physician's specialty (and even within a specialty, if they are sub-specialized), as well as the physician's patient case mix. Furthermore, this measure could lead to cherry picking if this is not appropriately risk adjusted. Risk adjustment methodology is therefore a key component in attempting to determine a physician's spending per patient.</p> <p>Neurosurgery is significantly concerned with how this measure might be implemented. Without robust data, a lack of measure specifications and finalized program requirements for the Value Based Payment Modifier program Neurosurgery cannot support inclusion of this measure. The AANS therefore agrees with the MAP that there is no data to support this measure at the individual clinician level and that it needs further testing.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Association of Neurological Surgeons	Rachel Groman	<p>CAHPS Clinician Group Surveys Neurosurgery does not believe physicians should be measured on the outcomes of CAHPS surveys. Implementation of CAHPS in a practice is costly and time consuming. To be done correctly, it is not something that can be administered over night. It requires training of staff and workflow redesign. Also, the surveys are very lengthy and what will be the repercussions if a physician's patients do not fill out the survey.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Association of Neurological Surgeons	Rachel Groman	<p>Physician Quality Reporting System (PQRS) Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures- neurosurgery agrees with the intent of the measure.</p> <p>Stroke and Stroke Rehabilitation: Imaging for Transient Ischemic Attack or Ischemic Stroke- The measure appears unreasonable to measure. How do you determine the numerator/denominator for scoring the measure?</p> <p>Smoking Status and Cessation Advice and Treatment Smoking Status and Cessation Support- Neurosurgery believes this measure is more appropriate for primary care/internal medicine/pulmonary specialists and is therefore not a measure that should be applied to all practitioners.</p> <p>Carotid Endarterectomy: Use of Patch During Conventional Carotid Endarterectomy- Neurosurgery agrees with the MAP that Carotid Endarterectomy: Use of Patch should be removed from the PQRS measure set. There is a lack of evidence to support the measure.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Association of Neurological Surgeons	Koryn Rubin	<p>Medicare and Medicaid EHR Incentive Program for Eligible Professionals 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- Neurosurgery requests clarification on the measure because it is unclear whether a neurosurgeon treating an osteoporotic fracture will be out of compliance if he or she does not order or start long term therapy.</p> <p>Medicare and Medicaid EHR Incentive Program for Hospitals SCIP-INF-6- Surgery patients with appropriate hair removal- Neurosurgery agrees with MAP's recommendation to remove the measure from the EHR Incentive Program for Hospitals. The measure has been suspended in IQR and there is a lack of evidence to support the measure.</p> <p>Thank you for considering our comments. The AANS looks forward to working with the MAP on CMS quality programs.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Board of Medical Specialties	Tom Granatir	<p>There was a very rich discussion at the last Coordinating Committee about the use of ABMS Maintenance of Certification (ABMS MOC) to increase physician participation in measurement and to expand the range of clinically meaningful measures to fill measure gaps in the specialties, gaps that had been identified by the Clinician Work Group. One of the co-Chairs even suggested that MOC might be a useful test bed to experiment with new measures to ascertain whether and how they are useful in improving clinical practice.</p> <p>The report states that MAP supports "incorporating measures" that are used in MOC programs to "leverage use of measurement data." We strongly support this statement, but recommend that the extensive discussion by the MAP be more fully captured.</p> <p>The Medical Specialty Boards can not only help to identify measures, they can help to prioritize measures within the specialties. They can test the utility of measures by clinicians, engage clinicians in data collection and reporting and demonstrate that measures can be used to improve clinical practices.</p> <p>Alignment with ABMS MOC will surely increase increase physician engagement. CMS has authority under the Affordable Care Act to use MOC as a reporting pathway and should hasten to take advantage of it.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Cancer Society	Rebecca Kirch	<p>The American Cancer Society encourages inclusion of available NQF-endorsed measures addressing palliative care domains such as patient comfort and integration of patient values, goals and preferences in care planning to ensure that medical attention is appropriately directed to the seriously ill patients' quality of life and experience (whether or not the serious illness is terminal) as an essential aspect of delivering patient-centered and family-focused care.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Gastroenterology	Brad Conway	<p>We strongly support the MAP's conclusion that the following two measures should be included in PQRS.</p> <ul style="list-style-type: none"> • Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures (NQF Measure # 0493) • Appropriate follow-up interval for normal colonoscopy in average risk patients (NQF Measure #0658) <p>We are disappointed that the MAP did not support the following measures, which our societies have recommended to the Centers for Medicare and Medicaid Services (CMS) for PQRS inclusion:</p> <ul style="list-style-type: none"> • Comprehensive Colonoscopy Documentation • Adenoma Detection Rate • Cecal Intubation Rate • Preprocedure Assessment <p>In its report, the MAP indicated that specifications for these measures were not provided. Please find enclosed measure details and specifications provided by our societies to CMS in response to its most recent "Call for Measures." These measures, which have demonstrated to improve the quality of colonoscopy, were vetted and endorsed by our societies following a thorough review of the library of medical literature. We firmly believe that these measures would allow for more successful participation in quality reporting initiatives and have the potential to yield meaningful quality improvement in endoscopic services.</p> <p>Additional materials were provided by ACG.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Cardiology	David Holmes, MD, FACC	<p>We agree with the discussion within the report regarding challenges that physician practices may face in implementing the Clinician Group-Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) to measure patient experience (NQF #0005). We agree that the use of patient experience of care surveys are valuable, but caution against endorsement or requirement of a single survey method if it is a proprietary product. Any survey method, whether CG-CAHPS or other alternative, must be in the public domain and declared a free and open source product to eliminate any potential risk of copyright infringement.</p> <p>Value-Based Payment Modifier</p> <p>We concur with MAP's recommendation to support the direction of all proposed measures, especially as many of these measures require testing at the individual clinician level to ensure proper attribution and risk adjustment.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Cardiology	David Holmes, MD, FACC	<p>Physician Quality Reporting System (PQRS)</p> <p>We support the general direction of MAP's recommendations and offer the following suggestions regarding specific proposed measures:</p> <p>ACCF/AHA/PCPI Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (NQF #1525) and Assessment of Thromboembolic Risk Factors (NQF #1524) measures were not supported for PQRS because measure specifications were not provided. However, these measures underwent measure maintenance in 2011 and were recently endorsed by NQF. The ACC supports inclusion of these measures for PQRS and recommends MAP reconsider their recommendation.</p> <p>ABIM Hypertension Composite and Preventive Cardiology measures - We cannot support these measures without seeing measure specifications. However, given these measures are currently in use and have been tested, it is unclear why measure specifications were not provided.</p> <p>Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)</p> <p>The ACC supports MAP's recommendations for proposed measures for the Meaningful Use program and agree with MAP's recommendation to establish a process for Meaningful Use credit for electronic reporting of measures through PQRS. Such a process will foster routine electronic reporting and quality improvement.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Rheumatology	Itara Barnes	<p>The ACR strongly supports the development of a more robust set of clinical quality measures for inclusion in the CMS EHR Incentive Program (Meaningful Use). Currently, the program includes no relevant electronic measures for the practice of rheumatology. Therefore, participating rheumatologists must either report according to the automated EHR export (which often generates low performance rates on measures that are not within the rheumatologist's scope of practice) or attest that the measures do not apply due to the production of null denominator. Including measures that are relevant to the rheumatology practice will help to build a more meaningful program that supports the overall objectives as stated in the HITECH Act.</p> <p>In general, the ACR supports the move toward automated quality reporting through appropriately specified and implemented electronic measures. To be usable, however, automated quality measurement must be feasible and generate valid and reliable results. Given the struggle to operationalize current eMeasures through stage 1 of Meaningful Use, the ACR can only fully support the inclusion of the MAP-recommended clinical quality measures upon review of electronic specification and suitable field testing to ensure accuracy of the measure calculations and availability of structured data within a certified EHR system.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Rheumatology	Itara Barnes	<p>We are disappointed to see that the Rheumatoid Arthritis Functional Status Assessment measure is not recommended for inclusion in the CMS EHR Incentive Program, particularly because it means the program will continue to exclude RA.</p> <p>RA is a painful, deforming, crippling, life-threatening and costly chronic disease that affects 1.3 million Americans. RA causes joint pain, difficulty in the use of the joints and ultimately, destruction and deformity of the joints, and can cause serious damage to other organs. It can lead to life-threatening infections and a significantly higher risk for developing other associated diseases including heart disease, and cancer. It is, therefore, very important to include measures in the CMS EHR Incentive Program that address this patient population and an important outcome of patients with RA.</p> <p>Although it does not currently have NQF endorsement, this measure has been extensively field-tested by the ACR through the registry program and we have successfully collected data assessing this measure on 24,000 patients and can produce data attesting to the measures validity and reliability. The ACR is currently investing significant resources into bringing this measure forward for NQF endorsement in 2013.</p> <p>We urge the NQF Measure Applications Partnership Coordinating Committee to consider adding the RA Functional Status Assessment measure to the list of measures recommended to HHS in its final report.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Rheumatology	Itara Barnes	<p>Measure: NQF 0045 The ACR does not support the inclusion of NQF measure 0045 as part of the CMS EHR Incentive Program for eligible professionals because the measure is not suitable for assessment of performance at an individual provider level. The measure is important, but it is more appropriate for application at the level of a health system.</p> <p>Measure:NQF 0046 The ACR supports inclusion of NQF measure 0046 following the development and rigorous review and testing of corresponding eSpecifications.</p> <p>Measure: NQF 0048 The ACR supports inclusion of NQF measure 0048 following the development and rigorous review and testing of corresponding eSpecifications.</p> <p>(Continued below) ...</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Rheumatology	Itara Barnes	<p>Measure: NQF 0050 The ACR supports inclusion of NQF measure 0050 following the development and rigorous review and testing of corresponding eSpecifications.</p> <p>Measure: NQF 0051 The ACR supports inclusion of NQF measure 0051 following the development and rigorous review and testing of corresponding eSpecifications.</p> <p>Measure:NQF 0322 The ACR supports inclusion of NQF measure 0322 following the development and rigorous review and testing of corresponding eSpecifications.</p> <p>The ACR appreciates the opportunity to provide comments and work with NQF Measure Applications Partnership Coordinating Committee to ensure that quality programs under HHS continue to consider measures appropriate for the rheumatic disease patient population.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American College of Gastroenterological Association (AGA) Institute	Deborah Robin	The American Gastroenterological Association (AGA) appreciates the opportunity to comment on the Measure Applications Partnership (MAP) Pre-rule Making Report. AGA continues to work to develop measures related to gastroenterology for incorporation in national clinical quality programs including those that provide financial incentives. The AGA supports the goal of consolidating such HHS programs around a national measure set. To that end we will continue our work to fully develop the AGA measures submitted in October 2011 for the 2013 PQRS and will keep the MAP and CMS informed of our process.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	Cross Cutting Gaps vs. Clinically Relevant Measures The last paragraph on page 15 states that the priority measure gaps represent cross-cutting concepts that are highly valued by consumers and could be reported by all clinicians. We urge the word “all” be removed. In concept this is an aspirational goal. However, with regard to implementation, physicians seek meaningful quality measures to report on within public and private performance programs. The AMA looks forward to working with the MAP and HHS on promoting the use of clinically relevant measures across clinician programs which also address cross cutting measurement gaps.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	CG-CAHPS Discussion of the Consumer Assessment of Healthcare Provider and Systems (CG-CAHPS) survey on page 16 does not adequately reflect comments made by several Coordinating Committee members. It was pointed out that the Medicare Shared Savings Program (MSSP) requires CG-CAHPS surveys for Accountable Care Organizations (ACOs), and that the use of these surveys in the ACO program should be studied before recommending use of CG-CAHPS across all clinical performance programs. As background, the MSSP final rule notes that use of the CG-CAHPS survey instrument as part of the quality performance measures does not preclude an ACO from continuing to use other tools it may already have in place. Further, it was noted by the Centers for Medicare and Medicaid Services (CMS) that not all relevant areas of the patient experience are covered by the CAHPS, and that the agency will consider additional items in future rulemaking, along with adding additional CAHPS questions. Moreover, CMS will fund and administer the survey for the first two calendar years of the Shared Savings Program, 2012 and 2013. The AMA recommends including more of the aforementioned background information in the CG-CAHPS discussion found in the clinician performance measurement section found on pages 15-16 of the report.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	The AMA supports use of CG-CAHPS, but opposes exclusively requiring this survey tool across all clinician performance measurement programs. It is important to allow flexibility in initial years for ACOs and clinicians to use their own experience in developing a patient experience tool that addresses the particular needs of that ACO and a physician’s patient population. According to the draft pre-rulemaking report, the MAP supports the CAHPS Clinical/Group Surveys as an “additional measure for inclusion in the Value-Based Payment Modifier Program.” This measure was not included in the December HHS measures list to the MAP. The AMA does not support adding this measure to the VBM program without some form of prior reporting in other clinician programs, and evaluation of this reporting.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	<p>Care Coordination Table</p> <p>It is unclear whether the Care Coordination Table (Figure 3) on page 12 is a recommendation or illustration of how a measurement set can apply across care settings. This should be clarified in the report. As highlighted by the MAP clinician workgroup in its review of measures for the Physician Quality Reporting System (PQRS), it was unable to “support” many of the proposed measure topics because they lacked specifications and testing. The same issue applies here in that the care coordination measures for the clinician setting must be specified and tested in the clinician setting before recommending support for use across clinician performance measurement programs.</p> <p>Medication Reconciliation</p> <p>The AMA understands that the MAP clinician workgroup conducted a lengthy discussion regarding the logistics of this measure. Specifically, it was mentioned that physicians may not know: a) who Medicare thinks their patient is; and b) when that patient is admitted or discharged from the hospital. Further, this measure is not widely reported under the PQRS program. The AMA recommendations the pre-rulemaking report include more logistical background information on the use of this measure in clinician performance programs, specifically the PQRS.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	<p>PCPI-Recommended Measures for the PQRS</p> <p>The AMA-convened Physician Consortium for Performance Improvement (PCPI) develops robust specifications for each of its measures, including specifications for all PCPI measures that were submitted for consideration for the PQRS 2013. The AMA supports these PCPI measures and their related specifications, as originally submitted by the PCPI for consideration for the PQRS program. However, many of these were designated in the MAP report as “Do Not Support. Specifications not provided.” These measures therefore did not appear to receive due consideration for inclusion in the PQRS or other governmental programs. The PCPI developed this list of measures based on careful review of our existing measure portfolio. Many of the measures remain in development, but are close to being finalized and address key priority gap areas, such as overuse, patient and family engagement, and patient safety. The AMA continues to support inclusion of these measures in the MAP report for consideration for the PQRS program. The PCPI submitted some of these measures to CMS last October for inclusion in the PQRS 2013. We would be happy to submit specifications to HHS for any of these measures, as requested.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Medical Association	Jennifer Meeks	<p>Further, we would like to offer a point of clarification regarding NQF # O246 (Stroke and Stroke Rehab: CT or MRI reports) which is currently listed as submitted, but not NQF endorsed. This measure in fact received time-limited endorsement (TLE) from NQF a few years ago. The testing data was due last November, and while the PCPI had a testing project in progress for this measure, it was unfortunately not expected to be completed in time for the submission. Therefore, due to the expiration of the measure’s TLE status, the measure is no longer endorsed. The PCPI plans to submit the measure for full endorsement, with the testing data, at the next available opportunity.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	American Optometric Association	Rodney Peele	The AOA is concerned with the MAP's recommendation to use Clinician/Group—Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) data across all clinician performance measurement programs. While the AOA supports the suggestion to explore alternative methods for supporting implementation, such as using interactive voice response (IVR) as a survey implementation method or providing federal subsidies for the costs of survey administration, the AOA believes it is critical that significant consideration be given to how this recommendation and potential implementation will impact small office physicians and potentially undermine the critical alignment of public and private sector efforts. The AOA is also concerned that putting the burden of survey administration on Medicare clinicians could reduce important access to care and prevention by contributing to some practitioners leaving the Medicare program altogether. While patient experience information can be helpful, the practical impact of adding additional administrative burdens to the year-to-year Medicare reimbursement uncertainty cannot be ignored. Also, the MAP made a fundamental error when it noted that the Medicare Shared Savings Program (MSSP) lacks cost measures. In fact, the MSSP measures the entire cost of patient care. The MAP should advocate for a more robust MSSP measure set so that quality of care in the MSSP is sufficient and transparent.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	America's Health Insurance Plans	Carmella Bocchino	We support the recommendations on individual measures for the various clinician programs and offer the following comments: The measures proposed for the value-based modifier program as a set is not well-rounded or representative of a clinician's scope of practice. While we recognize that the focus of the EHR incentive program is adoption of HIT, better alignment with the NQS is needed. We support alignment of measures in the relevant domains (such as clinical quality) between Medicare Shared Savings Program and Medicare Advantage.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	AMGA	Donald Fisher, PhD, CEO	The American Medical Group Association (AMGA) appreciates the opportunity to provide comments on the Measures Application Partnership (MAP) Pre-Rulemaking Report. We commend the objectives and process of this public-private partnership, and the daunting process undertaken by the MAP Coordinating Committee. We would like to offer a few general observations, however. AMGA supports the approach of reporting on new measures before they are utilized for actual performance measurement, in addition to the use of well-established and tested measure sets. This allows those who report to gain experience with new measures before they are responsible for performance standards on them. We would emphasize, however, that for a measure to be useful for public reporting or pay-for-performance purposes, it has to have two essential features. First, there must be clinically meaningful differences at whatever unit of reporting and analysis is being used, and those differences should be stable over time. In addition, the appropriate unit of measurement, analysis, and comparison should be very clear. Measures like per-capita expenditures might be meaningful at one level (at the health plan level, for example), but meaningless at another level (individual hospital, for instance). Moreover, it would be helpful to note the levels of analysis for which a measure is clearly not meaningful or appropriate.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Anesthesia Quality Institute	Richard Dutton	There should be more outcome-based measures of perioperative and procedural care, and more anesthesia measures in general.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>General Comments Regarding the Clinician Measures Under Consideration Value Modifier Measures</p> <p>As noted in the meeting, the AAMC believes that measures used in a pay-for-performance program, such as the Physician Value Modifier program, need to meet the highest levels of testing and reliability. The measures should be publicly reported and feedback should be shared with providers at least one year prior to the data being included in any performance-based payment calculation. This time period is essential to allow providers an opportunity to become familiar with the measures and make adjustments to correct technical or data collection issues. Such a process would parallel the hospital value based purchasing program.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>Core Versus Optional Measures</p> <p>One of AAMC's considerations in reviewing the Physician Quality Reporting System (PQRS) and Medicare and Medicaid Electronic Health Record (EHR) Incentive Program measures is that physicians have flexibility in determining which measures to report and which measures are the most appropriate for their practice. If the Centers for Medicare and Medicaid Services (CMS or the Agency) is considering some of the measures to be part of a "core measure set" for reporting purposes, we ask that CMS inform the MAP during the pre-rulemaking process so that the MAP can consider issues that would arise if the measure applied across clinician types.</p> <p>Group Versus Individual Measures</p> <p>The AAMC reviewed all measures for the impact to individual clinicians and for group practices; however, the discussions at the workgroup level often did not differentiate between the level of reporting. In future years, the AAMC requests CMS to identify whether the measure is being considered for individual clinicians, group practices, or both.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>Comments Regarding Specific Clinician Measure Recommendations Clinician Group-Consumer Assessment of Healthcare Providers (CG-CAHPS)</p> <p>As the draft report notes, one major gap in the clinician programs is the lack of patient experience measures. CG-CAHPS is a tested tool that can immediately fill that gap and should be considered for the Medicare clinician programs. However, there are some technical considerations, such as sampling methodology, that need to be addressed in order to accurately implement and compare CG-CAHPS data. Further, the CG-CAHPS implementation needs to balance the cost of collecting the information against the volume of data that is needed for accurate measurement. In the Medicare Shared Savings Program Final Rule, CMS acknowledged some of these issues and agreed to pay for the CG-CAHPS for the first two years of the program while the Agency addresses these concerns. CMS needs to consider the logistical and cost issues if the Agency proposes to include CG-CAHPS in any of the clinician programs. Additionally, consistent with the value modifier discussion above, CMS should report the results of CG-CAHPS prior to paying clinicians differentially based on their performance.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>Ambulatory Sensitive Care Admissions</p> <p>The AHRQ Prevention Quality Indicators (PQIs) are a series of measures that compare admissions rates for certain conditions within a community. The draft report notes the Clinician Workgroup's concerns about the appropriateness of using this measure for individual clinician measurement. The AAMC raised the point about the appropriateness of these measures for physician groups as well.</p> <p>We have two concerns about the appropriateness of these measures for clinician group practices: definition of community and sample size. These measures are designed to be reported for a metro area or county and are reported as rates per 100,000 people. The community population includes healthy people, who may not be seeking healthcare, as well as patients who are using healthcare services. In contrast, group practices only see the subset of a population that is seeking care from clinicians. The services provided by the practice and the patient complexity level may vary between groups, yet the PQI measures do not adjust for these differences. Given the variances in the patient populations, it is unclear whether patients seen by a medical group practice truly constitute a "community" as the PQI measures originally intended.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>Similarly, clinicians and medical groups typically do not have the patient sample size to compare with a metropolitan area, particularly when the total patient population is subset to just Medicare patients. As a result, the measure may need to be modified to account for the reduced sample size of clinician practices.</p> <p>Given the concerns listed above, the AAMC requests a National Quality Forum (NQF) review to determine a) if the PQI measure specifications are appropriate for measuring at the group practice and individual clinician level and b) if yes, whether there should be additional modifications to the measures to adjust for the issues outlined above.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>The AAMC finds these cross-cutting examples to be useful; however, we caution against reading Figure 3 in isolation, without considering the detailed discussions of the measures in the different provider settings. For example, when the Clinician Workgroup discussed the medication reconciliation measure for the value modifier, members noted that this measure addresses the goal of improving patient care coordination, but they also noted the difficulties in reporting the measure. Unfortunately most clinicians are unaware of when their patients are admitted and/or discharged from a hospital or other setting. This lack of communication may be why only 174 clinicians reported the PGRS medication reconciliation measure in 2009. The adoption of health information technology has the ability to improve the situation, but the infrastructure to facilitate the communication between hospital and clinician may not be available until the later stages of the meaningful use. The AAMC supports the direction of the medication reconciliation measure, but urges CMS, and other readers, to consider these logistical issues when interpreting the draft report.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	<p>The AAMC is pleased that the MAP included language in the Clinician Meaningful Use section of the draft report that proposes to reduce clinician burden by recommending that HHS align the Meaningful Use program with the Physician Quality Reporting System (PQRS) (Pages 39-40). As proposed, clinicians would receive credit for electronically reporting Meaningful Use measures that are also being reported in the PQRS program. The MAP included an additional recommendation that the initial Meaningful Use clinical measures be broad to encourage eMeasurement. The draft report concluded that over time, as more providers incorporate and expand EHR interoperability, HHS should then support the inclusion of HIT disease/condition specific measures. While these comments are clearly stated in the clinician section, they are not mentioned in the Hospital Meaningful Use section of the draft report. The AAMC requests that the MAP final report include similar language regarding the alignment of the Meaningful Use measures with those in the hospital payment programs and a recommendation that the initial Meaningful Use measures be broad in scope.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Bristol-Myers Squibb Company	Christopher Dezii	<p>In the Measures Under Consideration, Physician Quality Reporting System (PQRS) section on page 26 of the report, the following 2 measures received a “Do not support” recommendation with the rationale that specifications were not provided;</p> <ol style="list-style-type: none"> 1. ACC/AHA/PCPI: Atrial fibrillation and Atrial flutter:Chronic Anticoagulation Therapy 2. ACC/AHA/PCPI: Atrial fibrillation and Atrial flutter:Chronic Assessment of Thromboembolic Risk factors (CHADS 2) <p>On Jan 17th, 2012, the NQF Board of Directors approved for endorsement, 39 measures concerning cardiovascular care of which 2 were specific to chronic anticoagulation and thromboembolic risk (measures #1524 and 1525).</p> <p>We humbly suggest amending the recommendation for the PQRS measures to “Support” or “Support Direction” utilizing the recently endorsed measures 1524 and 1525.</p> <p>Consistent with this suggestion is the support for measure 1525 in the meaningful Use program.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Center to Advance Palliative Care	Carol Sieger	<p>The Center to Advance Palliative Care (CAPC) notes the absence of any measures that address palliative care domains, despite the availability of appropriate NQF endorsed measures. Medical attention to the patients experience during serious illness, that may or may not be terminal, is a critical aspect of patient-centered care, and should be addressed by existing measures of patient comfort, and integration of patient values, goals and preferences in care planning.</p> <p>CAPC concurs with the recommendation on p. 40 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.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Centers for Medicare and Medicaid Services	Dr. Michael Rapp	<p>CMS submits the following comments on the Value-Based Payment Modifier section (pages 17-20):</p> <p>Page 17, First line suggested edit: "The goal of the value-modifier is to adjust Medicare clinician payments based on the quality" of care furnished compared to cost.</p> <p>We have referred to ambulatory sensitive conditions measures as potentially preventable hospital admissions for ambulatory care sensitive conditions (ACSCs) in the PFS rule. As noted, they are the AHRQ PQIs for the specific conditions.</p> <p>Asthma measure 0036, Medication reconciliation 0097, and the total per capita cost measure were finalized, but are incorrectly listed as under consideration.</p> <p>Measure 0554 was not finalized, as incorrectly stated on page 17.</p> <p>The Diabetes Composite should be listed as an ACSC measure and is a composite of four diabetes-related PQIs, NQF 0272 (not 0727 as in the table), 0638, 0274, 0285.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Dental Quality Alliance	Krishna Aravamudhan	<p>MUC81 as endorsed is specified for use with the National Survey of Children's Health and based on computer assisted telephone interviews of parents. The question on the survey is "To the best of your knowledge, did [child] have decayed teeth or cavities within the past 6 months?" Thus this measures the caregiver's knowledge of disease activity/ treatment received. If the endorsed measure specification is to be directly re-tooled to develop an e-measure, its reliability and validity when used through an EHR is highly questionable. Conducting patient surveys to collect subjective data on this measure, then recording and transmitting the data through an EHR, requires much system development and clinical workflow change. As endorsed, the measure is not specified for use with clinical patient data. However, if the intent is to use the concept to capture data from clinical examination through an EHR for those patients who visited a provider, the reliability and validity of the measure will depend on re-specifying the concept for use with clinical data. Considerations such as type of providers, eligibility criteria for inclusion of subjects in the denominator, and data elements to record caries within the health record need to be clearly specified. We recommend supporting the concept of reporting children with active caries/ caries rates through the use of an EHR, as ascertained from a clinical evaluation by a dentist.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Dental Quality Alliance	Krishna Aravamudhan	<p>MUC146 as endorsed is designed to account for only fluoride varnish (FV) applications performed in conjunction with EPSDT/well child visits by primary care physicians. FV can be applied at sick child visits or a separate visit for preventive oral health services. If the data source is directly from an EHR, the type of data elements that will be incorporated to identify both FV application and risk status must be specified. Currently there is much debate on acceptable indicators for classifying risk. The definition of the numerator is unclear. Does the numerator report the number of FV applications or the number of children receiving FV applications? The definition of the denominator will need to be clarified or revised to reflect a definition of increased risk for tooth decay based on data elements available within the EHR. We recommend supporting this measure if these discrepancies are addressed. Also note that this measure is specific to primary care physicians and will not capture fluoride varnish application by dental care providers.</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Dental Quality Alliance	Krishna Aravamudhan	MUC 146: Additional value could be obtained by a measure which determines whether children who are seen in primary care providers settings and who are determined to be at elevated risk for caries are subsequently referred and obtain care from a dentist in a timely matter.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Heart Rhythm Society	Del Conyers	<p>Development of quality measures specific to heart rhythm care has been admittedly difficult, owing to the diversity and complexity in types of care delivery and patient groups encountered. Furthermore, while many proposed measures are certainly consistent with sound medical practice, their use as quality metrics have been hampered by relatively limited supporting evidence and/or consensus. In an attempt to overcome these obstacles, several suggestions are made:</p> <p>Application of objective, readily available and easily recordable clinical measures. Such measures may be most relevant in the outpatient setting where documentation via the electronic health record may maximize precision and efficiency. Suggested examples (at this time, for illustration and discussion only) are included below.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Heart Rhythm Society	Del Conyers	<p>2. Consideration of categorization of specific arenas of heart rhythm care, with selection of several quality measures from each:</p> <p>Outpatient setting. This particular area lends itself well to monitoring of “high-impact” conditions (see page 50). Example of quality measure: assessment of thromboembolic risk classification and anticoagulation candidacy in individuals with atrial fibrillation (AF). Documentation of actual therapeutic efficacy of anti-coagulation (i.e. single INR measurement) had been postulated as one quality measure, though was ultimately rejected by its inability to truly measure care quality. Rather, documentation of patient counseling of thromboembolism risk/symptoms and prevention, recording of risk using accepted risk classification mechanisms (CHADS2, CHADS-VaSC), and implementation of anti-coagulation when appropriate may be a more suitable strategy.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Heart Rhythm Society	Del Conyers	<p>Catheter ablation. The substantial variability of targeted rhythm disturbances, procedural techniques, and patient characteristics are just several issues hindering efforts to accurately identify quality of care with catheter ablation procedures. Focusing upon one particular type of procedure and patient population may perhaps offer an initial step in capturing such information. Example of quality measure: documentation of complications associated with catheter ablation for atrial fibrillation (i.e. vascular injury and cardiac perforation). Concentrating on this (relatively) homogenous patient group and increasingly frequent procedure would allow comparisons to be drawn between different institutions and operators, providing potential opportunities to improve procedural care. It may also permit capture of further quality measures in this high-impact condition (i.e. verification of thromboembolic risk assessment and anti-coagulation strategy).</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Heart Rhythm Society	Del Conyers	<p>Cardiac rhythm device/implantation. Example of quality measure: documentation of patient enrollment in remote ICD monitoring program. Several studies have demonstrated cost benefits, reduction in health care utilization, and safety of remote ICD management through the use of novel technology allowing telephonic ICD data transmission. Such a measure would appear to address the goals of quality measurement as outlined above and possibly simultaneously enhance patient care in a potentially cost-effective manner. Continued use of NCDR ICD registry with possible further expansion to include late-term events (i.e. beyond the immediate post-implantation period); examples of possible expanded measures include: evaluation for and patient counseling regarding wound healing complications following device implantation, in a pre-defined period of time (i.e. 3 months); and physician-specific risk-standardized rates of procedural complications following the implantation of an ICD. Expansion to include lead-related procedures and lead extraction procedures has already occurred.</p> <p>Pacemaker/ICD lead extraction. Recently published reports have identified features associated with likelihood of procedural success as well as adverse outcomes in conjunction with these increasingly common procedures. Specific examples are deferred in favor of suggestions from clinicians with expertise in this area.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Hospice and Palliative Nurses Association	Amy Killmeyer	<p>The National Coalition for Hospice and Palliative Care (NCHPC) notes the absence of any measures that address palliative care domains, despite the availability of appropriate NQF-endorsed measures. Medical attention to the patients experience during serious illness that may or may not be terminal is a critical aspect of patient-centered care, and should be addressed by existing measures of patient comfort, and integration of patient values, goals and preferences in care planning.</p> <p>NCHPC concurs with the recommendatino on p. 40 to reduce clinical 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.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Intermountain Healthcare	Mark Briesacher	<p>Intermountain agrees with and supports the MAP recommendation for the measures represented as “Support Direction” and “Do Not Support, Specifications not provided.” Intermountain believes that any measure used in a government reporting system should be defined, evaluated for data collection burden, tested and endorsed by the National Quality Forum before inclusion in any proposed measurement process.</p> <p>With regard to the specific measures below, Intermountain would not support their usage in the Clinician Performance Measurement Programs as these measures are extensively burdensome for data collection.</p> <p>0381: Oncology: Treatment Summary documented and communicated - Radiation Oncology</p> <p>0465: Peri-operative Anti-platelet Therapy for Patients Undergoing Carotid Endarterectomy</p> <p>0493: Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures.</p> <p>0658: Appropriate follow-up Interval for Normal Colonoscopy in Average Risk patients.</p> <p>Patients Admitted to ICU who Have Care Preferences Documented 0655 Antihistamines or decongestants—Avoidance of inappropriate use as long unless the phrase “or recommended to receive” is removed from the measure.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	McKesson Corporation	Ginny Meadows	<p>McKesson does not believe it is appropriate to adopt additional measures for Clinician Performance Measurement Programs without existing, production-tested electronic specifications, given the existence of the Federal EHR incentive program for eligible providers. Continuing to add to manual abstraction requirements while at the same time trying to drive toward high caliber eMeasures within the physician office setting creates conflicting incentives and processes and adds an undue burden to providers. While limiting new measures to those with tested eSpecifications may limit the number of measures for 2012, we believe it will pay long term dividends in measurement capacity and quality.</p> <p>McKesson agrees with the MAP that measures originally developed for use with large payor populations need to be tested, and possibly modified, to apply to individual clinician measurement before being adopted for Clinician Performance Measurement Programs.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	McKesson Corporation	Ginny Meadows	<p>For the EHR incentive program, McKesson supports the goal of a single submission for the PQRS and EHR incentive measures, provided that mechanism uses a common format and submission mechanism with that required for the EHR incentive program. We note that the 2012 Physician Fee Schedule Final Rule includes a provision that begins this harmonization between the 2 programs, with the Electronic Reporting Pilot, but requires that the CQM data is reported via a PQRS qualified EHR data submission vendor, or a secure PQRS portal, which requires EHRs to be both certified under the EHR incentive program, and qualified under the PQRS program.</p> <p>For the EHR incentive program, MAP supports the inclusion of 67 NQF-endorsed measures “assuming eMeasure specifications become available.” McKesson agrees that adopting measures for 2012 that do not have publicly available, production-tested eMeasure specifications is highly problematic, assuming this is for Stage 2 of the EHR incentive program. We recommend selecting a smaller set of measures with existing specifications, with the expectation that these specifications will be further refined and updated.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	National Partnership for Women & Families	Tanya Alteras	<p>First, we want to applaud the Coordinating Committee for approving the recommendation to implement C-G CAHPS in the clinician programs. We continue to heartily support this tool and believe that it will add tremendous value to consumers and purchasers, and to the field in general. We do, however, have a concern over the listing of “patient experience” as a gap measure in the clinician section of the report. We feel this sends a mixed message, and ask for clarification in this area.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	National Partnership for Women & Families	Tanya Alteras	<p>In the section on Meaningful Use for Eligible Providers, we are concerned about the language recommending that doctors get credit for MU reporting if they report electronically to the PQRS program. That was not the decision that was made at the Coordinating Committee. It was agreed that HHS should consider the pros and cons of such an approach for a variety of reasons. First, the measures between the two programs do not perfectly line up, and the purposes of the program are not entirely similar. Second, we do not yet know the implications of allowing this type of credit to occur.</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Pfizer	Eleanor Perfetto	High-Risk Medication Measure -The American Geriatric Society (AGS) is in the process of updating the “Beers Criteria for Potentially Inappropriate Medication Use in Older Adults Independent of Diagnoses or Conditions.” Pfizer has recommended the AGS make publicly available the evidence tables used in the update to permit potential users to have a more thorough understanding of the evidence base supporting conclusions reached by AGS, and allow reviewers to provide more targeted, meaningful comments. Without the provision of evidentiary support and subsequent updating of the HRM measure based on accepted evidence, Pfizer encourages MAP to withhold support of this measure until an appropriate update is completed.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Pfizer	Eleanor Perfetto	Pneumonia/Immunization Measures- Pfizer supports MAP’s commitment to providing a wide range of pneumonia-related measures to encourage improved patient care for this high-burden condition. Pfizer also supports MAP’s intention to stay current with measure updates and recommends the MAP align with the Advisory Committee on Immunization Practices (ACIP) which is expected to issue updated recommendations on pneumococcal vaccination this year.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Pfizer	Eleanor Perfetto	Pain Measures—Pfizer recommends that MAP consider including additional pain measures. Among NQF-endorsed measures on pain management, several could be considered for use in CMS programs: Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up (NQF #420): Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity, and description) through discussion with the patient including the use of a standardized tool on each qualifying visit prior to initiation of therapy AND documentation of a follow-up plan Pain Interventions Implemented (NQF #524): Percent of patients with pain for whom steps to monitor and mitigate pain were implemented during their episode of care.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	Measures under Consideration: PQRS MUC330 - Adult Kidney Disease: ACE Inhibitor or ARB Therapy This is the accepted treatment to slow progression of CKD in patients with proteinuric disease. RPA supports its inclusion in PQRS.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	MUC337 ESRD Patients Receiving Dialysis: Hemoglobin: 10g/dL RPA acknowledges that the optimal target for anemia management is not known and that treatment of patients should be individualized. Based on historical evidence, failure to treat anemia with ESAs results in Hgb levels ≤ 8 and is associated with marked worsening of quality of life. Inadequate treatment of anemia with ESAs will increase the number of patients requiring avoidable transfusions with the multiple attendant risks. Given the recent changes in reimbursement, there are financial incentives to minimize ESA use. The combination of these financial drivers along with having a measure for the high end of anemia increases the risk of unintended consequences. RPA believes that in order to assess Hgb management that there needs to be measures probing both the upper end and lower ends of the Hgb distribution curve. The specific Hgb level used in the measure is arbitrary, and should not be construed as suggesting that this is the appropriate minimum Hgb; while a level of 10 was submitted, based on the fact that the measure was developed prior to the June 2011 change in ESA labeling by the FDA, a Hgb of 9.5 or 9.0 could be substituted. RPA supports inclusion of this measure in PQRS.

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	Measures under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) NQF Measure #0321: The measure included in the MAP report is not the most recent version of the measure. A revised version of this measure was submitted under the NQF Renal Endorsement Maintenance Project as Peritoneal Dialysis Adequacy: Solute. RPA requests that the revised measure be reviewed and supported by the MAP.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	Measures under Consideration: Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use) NQF Measure #0323: The measure included in the MAP report is not the most recent version of the measure. A revised version of this measure was submitted under the NQF Renal Endorsement Maintenance Project as Hemodialysis Adequacy: Solute. RPA requests that the revised measure be reviewed and supported by the MAP.
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	Measures under Consideration: PQRS RPA is unclear as to why the following measures were not included in the MAP report with specifications, as the full measures were submitted to CMS in September 2011. Therefore, RPA requests the following measures be re-evaluated for support by the MAP. Failure to include these measures will leave a sizable measures gap for chronic kidney disease and end-stage renal disease patients. MUC329 Catheter Use for 90 Days MUC331 Arteriovenous Fistula Rate MUC334 Referral to Nephrologist MUC336 Adequacy of Volume Management (pediatric) MUC337 Adequacy of Volume Management (adult) MUC332 Catheter Use at Initiation of Hemodialysis MUC335 Transplant Referral
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA. MUC329 Catheter Use for 90 Days Measure Description: Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving maintenance hemodialysis for 90 days whose mode of vascular access is a catheter. Numerator Statement: Patients whose mode of vascular access is a catheter Denominator Statement: All patients aged 18 years and older with a diagnosis of ESRD receiving maintenance hemodialysis for 90 days. Denominator Exceptions: Documentation of medical reason(s) for patient's mode of vascular access being a catheter (e.g., patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons) Documentation of patient reason(s) for patient's mode of vascular access being a catheter (e.g., patient declined AVF/AVG, other patient reasons)

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>MUC331 Arteriovenous Fistula Rate</p> <p>Measure Description: Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles</p> <p>Numerator Statement: Calendar months during which patients are using an autogenous arteriovenous (AV) fistula with two needles</p> <p>Denominator Statement: All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are receiving maintenance hemodialysis</p> <p>Denominator Exceptions: Documentation of medical reason(s) for not having an autogenous arteriovenous (AV) fistula with two needles (eg, patient has a functioning AV graft, patient is undergoing palliative dialysis with a catheter, patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons)</p> <p>Documentation of patient reason(s) for not having an autogenous arteriovenous (AV) fistula with two needles (eg, patient declined fistula placement, other patient reasons)</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>(Continued below)</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>MUC334 Referral to Nephrologist</p> <p>Measure Description: Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) with an eGFR 30 and proteinuria who are referred to a nephrologist and have documentation that an appointment was made for a nephrology consultation within a 12-month period</p> <p>Numerator Statement: Patients who are referred to a nephrologist AND have documentation that an appointment was made for a nephrology consultation within a 12-month period</p> <p>Denominator Statement: All patients aged 18 years and older with a diagnosis of CKD* (not receiving RRT) with an eGFR 30 and proteinuria</p> <p>Definitions: *For the purposes of this measure, the diagnosis of CKD can be identified in one of two ways: a diagnosis of CKD Stage 3, 4, or 5, CKD NOS, OR two eGFR lab results more than 90 days apart</p> <p>Proteinuria:</p> <ol style="list-style-type: none"> 1. 300mg of albumin in the urine per 24 hours OR 2. ACR 300 mcg/mg creatinine OR 3. Protein to creatinine ratio 0.3 mg/mg creatinine <p>Denominator Exceptions: Documentation of system reason(s) for patient not being referred to a nephrologist (eg, patient already received a nephrology consultation, other system reasons)</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>MUC336 Adequacy of Volume Management (pediatric)</p> <p>Measure Description: Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist</p> <p>Numerator Statement: Calendar months during which patients have an assessment of the adequacy of volume management* from a nephrologist</p> <p>Definition:</p> <p>*Adequacy of volume management for a patient on dialysis-determined by assessing whether or not the patient achieved a target end dialysis weight after receiving dialysis, by a comparison of the patient-specific target end dialysis weight and the actual post dialysis weight.</p> <p>Denominator Statement: All calendar months during which patients aged 17 years and younger with a diagnosis of ESRD are undergoing maintenance hemodialysis in an outpatient dialysis facility</p> <p>Denominator Exceptions: None</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>MUC337 Adequacy of Volume Management (adult)</p> <p>Measure Description: Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist</p> <p>Numerator Statement: Calendar months during which patients have an assessment of the adequacy of volume management* from a nephrologist</p> <p>*Definition: Adequacy of volume management for a patient on dialysis-determined by assessing whether or not the patient achieved a target end dialysis weight after receiving dialysis, by a comparison of the patient-specific target end dialysis weight and the actual post dialysis weight.</p> <p>Denominator Statement: All calendar months during which patients aged 18 years and older with a diagnosis of ESRD are undergoing maintenance hemodialysis in an outpatient dialysis facility. Denominator Exceptions: None</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>MUC332 Catheter Use at Initiation of Hemodialysis</p> <p>Measure Description: Percentage of patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.</p> <p>Numerator Statement: Patients whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated.</p> <p>Denominator Statement: All patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance hemodialysis during the measurement period.</p> <p>Denominator Exceptions: Documentation of medical reason(s) for patient's mode of vascular access being a catheter (eg, patient has a maturing AVF/AVG, time-limited trial of hemodialysis, patients undergoing palliative dialysis, other medical reasons). Documentation of patient reason(s) for patient's mode of vascular access being a catheter (eg, patient declined AVF/AVG, other patient reasons). Documentation of system reason(s) for patient's mode of vascular access being a catheter (eg, patient followed by reporting nephrologist for fewer than 90 days, other system reasons).</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>RPA is unclear as to why the following measure was not included with specifications, as the full measure was submitted to CMS. Therefore, RPA requests the measure be re-evaluated for support by the MAP. The full measure specifications are available from RPA.</p> <p>(Continued below) ...</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Renal Physicians Association	Robert Blaser	<p>MUC335 Transplant Referral</p> <p>Measure Description: Percentage of patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period</p> <p>Numerator Statement: Patients who are referred to a transplant center for kidney transplant evaluation within a 12-month period.</p> <p>Denominator Statement: All patients aged 18 years and older with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for 90 days or longer</p> <p>Denominator Exceptions: Documentation of medical reason(s) for not referring for kidney transplant evaluation (eg, patient undergoing palliative dialysis, patient already approved by a qualified transplant program and scheduled to receive a living donor kidney transplant, other medical reasons).</p> <p>Documentation of patient reason(s) for not referring for kidney transplant evaluation (eg, patient declined, other patient reasons).</p> <p>Documentation of system reason(s) for not referring for kidney transplant evaluation (eg, lack of insurance coverage, nearest facility too far away, other system reasons).</p>

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Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>In general, SHM agrees with the direction of the MAP recommendations to the HHS, that aspire to align performance measurement, delivery, and patient safety across all care settings. We fully promote prevention, person/family centered care, patient safety, effective care coordination and communication, and affordable care. It is in that spirit that the SHM is pleased to offer the following comments on the NQF MAP Pre-Rulemaking Report:</p> <p>Value-based Payment Modifier Program (Value Modifier)</p> <p>Overall, SHM agrees with the decisions in the MAP report about the proposed performance measures to be included in the Physician Value-based Modifier Program. However, we are concerned about the measurement methodology for its nascent program and the appropriateness of accountability for individual clinicians.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>PQRS Program</p> <p>SHM has supported the PQRS as a payment for reporting initiative since the program began in July 2007. SHM has encouraged our membership to participate in the PQRS and has provided resources and education to promote participation. We recognize that overall clinician participation remains low and appreciate the MAP focus on incorporating more measures in to the program that would promote more relevance to clinical specialties like hospitalists. We further appreciate the MAP's cautious approach to measure selection and evaluation.</p> <p>On the whole, we agree with the MAP decisions regarding the 153 measures under consideration regarding whether or not to support, support the direction or not to support. We particularly appreciate the MAP assessment not to support measures that are lacking technical specifications as SHM has learned from experience that the measure specifications ultimately determine the relevance of a performance measure and feasibility of reporting. SHM would like to comment that the following performance measures merit further investigation and clarification of specifications for potential relevance to the practice of hospital medicine:</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<ul style="list-style-type: none"> • ACC/AHA/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy • ACC/AHA/Physician Consortium for Performance Improvement: Atrial Fibrillation and Atrial Flutter: Assessment of Thromboembolic Risk Factors (CHADS2) • Documentation of support surface or offloading status for patients with serious pressure ulcers • Screening for Alcohol Misuse • Querying about Pain and Pain Interference with Function • Smoking Status and Cessation Advice and Treatment • National Committee for Quality Assurance/Physician Consortium for Performance Improvement: [DRAFT] Asthma: Asthma Discharge Plan - Emergency Department Inpatient Setting • Renal Physician's Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement: Adult Kidney Disease: Referral to Nephrologist • Static Ultrasound in elective internal jugular vein cannulation • Testing for Clostridium difficile - Inpatient Measure <p>SHM agrees with the MAP support for the following NQF-endorsed measures currently under consideration due to their frequent relevance to the practice of hospital medicine:</p> <ul style="list-style-type: none"> • Cardiac Stress imaging not meeting appropriate use criteria: Preoperative evaluative in low risk surgery patients • Cardiac Stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<ul style="list-style-type: none"> • Patients Admitted to ICU who Have Care Preferences Documented <p>SHM agrees with the MAP in supporting the following 'cross cutting' measure that appears to address a key gap in care coordination and is relevant to the practice of hospital medicine:</p> <ul style="list-style-type: none"> • Physician Consortium for Performance Improvement: [DRAFT]: Coordination of Care of Patients with Comorbid conditions- Timely Follow Up (Paired Measure) <p>Medicare & Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)</p> <p>SHM supports the overall MAP position on meaningful use measures and would support HIT-specific measures such as electronic ordering and documentation</p> <p>Few of these measures apply solely to an inpatient setting, e.g. medication reconciliation, VTE prophylaxis; however, the MAP has committed to endorsing clinical measures that provide crosscutting care.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	The Brookings Institute	Mark McClellan	<p>One significant concern with the report is that it does not fully reflect an important opportunity to use Value Based Payment Modifier (VBPM) measures to support collaboration and coordination among providers. Individual providers' actions may have a limited impact on the overall value of care received by patients, but together those individual actions can have an important effect on outcomes. By incorporating measures that assess appropriate patient-level outcomes for the population of patients treated by a provider, the VBPM can provide incremental but meaningful recognition for providers' efforts to work together to improve care.</p> <p>To capitalize on that opportunity, HHS, CMS, and measure developers should focus on ways to get to measures of patient-level efficiency and quality (especially outcome/experience) in VBPM, with appropriately defined population denominators for the providers involved. The VBPM measures should not simply be a modified version of provider-level performance measures. We believe this recommendation is consistent with the MAP's intent, and suggest that it be explicitly incorporated into the final report.</p>
Pre-Rulemaking Input for the Clinician Performance Measurement Programs	The Endocrine Society	James Rosenzweig	<p>The MAP chose not to support the following measures because it was perceived that the specifications were not available:</p> <ul style="list-style-type: none"> • Baseline Gonadotropin (LH or FSH) Measurement • Follow-up Hematocrit or Hemoglobin Test • Follow-up Total Testosterone Measurement • Total Testosterone Measurement <p>These measures were developed by The Endocrine Society and the American Urological Association, and the measure specifications are included in the measure set sent to the AMA PCPI and through the CMS Call for Measures for the 2013 PQRS. The Society would be pleased to provide the measure specifications to the MAP for consideration, which include the timeframe for measurement of the above listed tests and the rationale for the specific tests to be performed. The Society would be pleased to provide any additional measure specification to the MAP for consideration.</p> <p>These measures address a critical area of focus for endocrinology. Hypogonadism is common in American men, yet only 5% of candidates receive treatment. This gap in care can profoundly affect the health of our aging men. It is important that testosterone be used to treat hormonal deficiency in the appropriate population, and the testosterone process measures listed here will assist physicians to prescribe testosterone to only those individuals in whom it is medically indicated. We believe these are important measures because of the growing and widespread use of testosterone in the aging male population.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Abbott Laboratories	Carol O'Brien	<p>Abbott commends MAP on the development of a hospital core measure set and identification of gap areas. We urge MAP to evaluate the need for malnutrition measures for Federal hospital programs as soon as feasible. Malnutrition is consistent with MAP's identification of measure gaps in care coordination/patient safety and has been shown to contribute to increased mortality and morbidity, longer hospitalizations, and increase the likelihood that patients will be readmitted to a health care facility or require ongoing services. Malnourished hospitalized patients also experience significantly higher incidence of total complications when compared with well-nourished patients; such as increased risk of nosocomial infections, pressure ulcers, and pneumonia. Evidence supports screening patients for malnutrition/risk of malnutrition, assessment and timely interventions (e.g. dietary counseling, the use of appropriate oral supplements and tube feeding when indicated) can improve patients' health status and reduce costs, complications, and readmissions.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Association of Neurological Surgeons	Koryn Rubin	<p>Medicare and Medicaid EHR Incentive Program for Hospitals SCIP-INF-6- Surgery patients with appropriate hair removal- Neurosurgery agrees with MAP's recommendation to remove the measure from the EHR Incentive Program for Hospitals. The measure has been suspended in IQR and there is a lack of evidence to support the measure.</p> <p>Thank you for considering our comments. The AANS looks forward to working with the MAP on CMS quality programs.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Cancer Society	Rebecca Kirch	<p>The American Cancer Society encourages inclusion of available NQF-endorsed measures addressing palliative care domains such as patient comfort and integration of patient values, goals and preferences in care planning to ensure that medical attention is appropriately directed to the seriously ill patients' quality of life and experience (whether or not the serious illness is terminal) as an essential aspect of delivering patient-centered and family-focused care.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Cancer Society	Rebecca Kirch	<p>The American Cancer Society urges refining the focus on hospital mortality as a quality measure to account for deaths where the hospital actually is the appropriate site of care. Some patients (and their families) who accept that they are actively dying view the hospital as the preferred site for their end of life care. In these circumstances, mortality would not be an appropriate measure because in-hospital death may be appropriate and reflective of high quality care that is consistent with patient and family preferences.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American College of Cardiology	David Holmes, MD, FACC	<p>Hospital Value-Based Purchasing We support the general direction of the MAP's recommendations, including the recommendation to include AMI-10 Statin Prescribed at Discharge (NQF #0639).</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American College of Cardiology	David Holmes, MD, FACC	<p>We cautiously support the use of hospital readmission measures to address gaps in care coordination and transition of care given the limited data indicating readmission rates are a good proxy for care coordination. We support the use of condition-specific readmission measures in hospital programs for quality improvement purposes, but we cannot support at this time the use of readmission measures as a short-term solution for the lack of tested and validated care coordination measures.</p> <p>Hospital Inpatient Quality Reporting We support the general direction of MAP's recommendations, including the recommendations to include/exclude cardiology specific measures, unless noted below:</p> <p>CTM-3 and Condition-Specific 30-Day Post Discharge Transition Composites - We do not support given the previously stated challenges and unintended consequences of implementing readmission and composite measures.</p> <p>Combination Medical Therapy for LVSD - We cannot support this measure without seeing the measure specifications.</p> <p>Vascular-Catheter Associated Infection - MAP recommends replacement with an NQF-endorsed measure, but does not indicate which measure should be used. This is an important patient safety measure, but we cannot support with this measure without seeing the measure specifications.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American College of Cardiology	David Holmes, MD, FACC	<p>Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs We support the general direction of the MAP's recommendations, including the addition of four AMI measures, and offer the following comments on specific proposed measures.</p> <p>ACE or ARB for LVSD - Acute AMI Patients (NQF #0137) - The suspension of this AMI measure, without substitution with another specified measure, will likely result in loss of prior gains with more preventable recurrent events, hospitalizations, and deaths as a direct result. We encourage MAP to reconsider their recommendation to exclude this measure.</p> <p>HF-2 & HF-3 Combined Measure - We cannot support this measure without seeing the measure specifications.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Hospital Association	Nancy Foster	<p>Readmissions The IQR program currently includes measures of condition specific readmissions, such as heart attack, heart failure and pneumonia. The Hospital Workgroup looked at the composite measures that lump readmissions, returns to the emergency room, and a visit to a doctor's office together and at the all cause, all condition measure that is currently under review by the NQF and concluded that: 1) the composite measures lacked sufficient scientific rigor and the all cause, all condition measure was not ripe for recommendation because it was still early in the NQF process, but that it should be monitored as it moved through the Steering Committee. The Coordinating Committee recommended adoption of all of the measures. AHA believes that it would be confusing in ways that will stymie improvement to have three similar, but different ways to measure the exact same thing—readmissions. We are particularly troubled because none of the measures explicitly meet the criteria laid out in Section 3025 of the Affordable Care Act regarding readmission measures that should be included in the payment policy, and believe that further changes in measures must be made soon—producing yet another competing set of readmission measures. This redundancy drives inefficiency and frustration into the system. We urge the MAP to reconsider its recommendation that all of the disparate measures be used in the quality reporting program.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Hospital Association	Nancy Foster	<p>Meaningful Use Measures The MAP was presented with 36 additional measures that are under consideration for addition to the Meaningful Use program for hospitals and critical access hospitals and chose to support 27 of them. The ones the MAP chose not to support included some that had been suspended already from the Inpatient Quality Reporting program because there was little or no opportunity for improvement left, or because the NQF had removed the endorsement from the measures, or because the measure ran contrary to patient choice. We support the Coordinating Committee's decision not to move forward with these measures.</p> <p>Those measures that are included for meaningful use should either help us understand whether EHRs are leading to safer, higher quality care or they should accurately measure important aspects of the processes and outcomes of care more efficiently than can be done through hand- abstraction. Unfortunately, we have no evidence that the 27 measures that were being recommended in the draft report will do either of these two things. Further, while the list indicates that these measures are NQF endorsed, none of the e-specified versions have gone through a separate testing and endorsement process. Without such testing of the e-measures themselves, we cannot know if the measures are feasible, valid, and reliable.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Hospital Association	Nancy Foster	Indeed, experience on the ground indicates that the hospital measures included in stage 1 of meaningful use do not accurately capture data on quality and as a result, the data that are being collected from those hospitals that are seeking to qualify as Meaningful Users do not fulfill these criteria either. Many of the measures cannot be generated fully or reliably from the EHR products that are commercially available, and so hospitals are having to hire individuals to abstract data to feed into their EHR systems so that the data can be reported out. Further, because of problems with the measure specifications and inaccuracies in the data capture by the EHRs, the measure data that is reported is often unreliable, and is not, therefore, useful to CMS or anyone else in measuring quality. This simply adds cost to the system without producing value. America's hospitals more than any other group want hospital quality data collection to be as automated, efficient and accurate as possible, but we are not there yet, and adding more measures to the list of those that need to be collected will not get us there. Instead, AHA urges that the Coordinating Committee recommend that HHS take a step back, correct the problems in the current data collection so that everyone can be sure that the data that are generated are accurate and useable, and then proceed with augmenting the EHR driven data collection.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Hospital Association	Nancy Foster	NQF itself has a critical role to play to give providers reassurance that an NQF-endorsed eMeasure will provide valid and reliable results once implemented and in use. The AHA believes that measure developers and the NQF should consider up front whether a measure can be automated or requires a level of clinical judgment that makes automation difficult. The endorsement process should include testing to determine whether e-specifications are valid and reliable. It should also include field testing to ensure that the needed data are in the EHR and vendor products can capture it.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Nurses Association	Maureen Dailey	The ANA supports the use of NQF-endorsed measures for hospital-acquired conditions (HACs). However, the current NQF pressure ulcer measure is an estimate of incidence. Also, pressure ulcer measures across settings should adhere to the recently finalized NQF Pressure Ulcer Measurement Framework. Moreover, the ANA supports the funding and development of evidence-based composite HAC measures captured in the context of care coordination by teams. The ANA is providing leadership for a data analysis model completion, initially developed by a Kaiser/VA team. The model captures the key data elements electronically for multiple quality measure reporting and analysis and other purposes. Nurse leaders ("Tipping Point Group") identified pressure ulcers as a setting-wide opportunity to reduce patient harm. Thus, the prototype for this DAM is a pressure ulcer model that has been put forth for HL7 vote and for eMeasures completion for use across settings. The ANA applauds CMS's leadership in the Partnership for Patients (P4P) to reduce both HACs and readmissions. However, the current CMS HAC measures are retrospective with data validity issues. Converting to an eMeasures will provide more accurate and actionable team data, improve the timeliness and quality of data publicly reported for all stakeholders, and reduce provider burden. The ANA supports CMS in strategies to achieve the P4P goals.

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Psychiatric Institute for Research and Education	Robert Plovnick	We recommend that NQF Measure #0552 HBIPS-4 Patients discharged on multiple antipsychotic medications and NQF Measure #0560: HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification only be implemented and reported as a pair. Noted on page 65 of the Report: "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." HBIPS-4 measures the number of discharges on multiple antipsychotic medications without regards to justification to quantify the extent of patients who are discharged on multiple antipsychotic medications regardless of the rationale. If implemented independently, it could yield unintended consequences such as applying inappropriate pressure to discontinue medications too rapidly. HBIPS-5 is intended to differentiate discharges on multiple antipsychotic medications that comply with certain acceptable justifications, such as that a medication is being tapered off beyond the length of the hospitalization, and those that do not include an allowable justification. To address the concern about inappropriate discontinuation of antipsychotic medications during a short hospital stay, the Report should recommend that HBIPS-4 and HBIPS-5 only appropriately address accountability and desired quality measurement if used in tandem.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	American Psychiatric Institute for Research and Education	Robert Plovnick	The American Psychiatric Association supports the utilization of NQF Measure #0557:HBIPS-6 Post discharge continuing care plan created and NQF Measure #0558: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge, but similar to the HBIPS-4 and -5 measures, suggests they should only be implemented and reported as a pair. It is within the discharging hospital's control that the discharge continuing care plan be included in the patient's chart upon departure. However, transmission of these records, while critical for quality, is dependent on receipt by the next setting of care and is therefore partially beyond the institution's direct control. By pairing these measures, accountability and quality improvement are better balanced.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	America's Health Insurance Plans	Carmella Bocchino	We applaud the efforts to measure and report on quality of care at Ambulatory Surgical Centers (ASC) using many of the measures that were initially part of Hospital Compare. Quality measurement of ASCs should evolve to more meaningful outcome measures that reflect the ASCs' scope of practice.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	Comments Regarding Specific Hospital Measure Recommendations Readmission Composite Measures The AAMC has serious concerns with the three hospital readmission composite measures (NQF #s 0698, 0699, 0707) that were supported by the MAP Coordinating Committee. While the AAMC strongly supports actions to improve coordination across care settings, we do not believe that these composite measures, as specified, are appropriate for the Inpatient Quality Reporting (IQR) program. These composites are not readily actionable by providers, and will likely not result in improve patient care as desired. Moreover, components of these composites are duplicative of the readmission measures that are already reported in the IQR program. The AAMC requests that the MAP list these concerns in its final report.

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	Hospital Value-Based Purchasing: Program Measure Set Characterization The AAMC seeks clarification with the last sentence in the first paragraph in the Hospital Value-Based Purchasing Program section (Page 56). The draft report states that “the set includes very few measures of cost or patient experience.” Since the VBP program includes the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measure set, which accounts for 30 percent of a hospital’s total performance score for this program, we believe this statement is inaccurate and should be modified. We also believe this statement reflects the need for a better taxonomy to distinguish between patient-centered care, patient-reported outcomes, and patient experience/satisfaction measures.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	Comments Regarding Medicare and Medicaid EHR Incentive Program Measures The AAMC requests that the MAP prioritize EHR sensitive measures for inclusion in the Meaningful Use and other payment programs that capitalize on the capabilities of the EHR system. Attention should be given to measures that can be fully captured by a provider’s EHR system, instead of those that are simply converted into an electronic format without proper testing for compatibility. EHR systems have the ability to revolutionize patient care. However, we must be careful to select electronic measures that can seamlessly drive improvement, without resulting in unnecessary burden for providers.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Association of American Medical Colleges	Jennifer Faerberg	NQF Expedited Review Process The AAMC is concerned with suggestions expressed during the MAP Workgroup and Coordinating Committee meetings that the NQF increase the use of an expedited review process for measures proposed for inclusion in the clinician and hospital payment programs. While the AAMC recognizes that an expedited review process is necessary in certain circumstances, we recommend that this be limited in order to ensure the integrity of the current system.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Baylor Health	Marisa Valdes	EHR: NQF # 0143 & 0144 - Confirmed - these measures are only for use in the pediatric population (2-17 years of age). NQF # 0469 - We believe it is problematic to determine benchmark or appropriate rates for this measure. We believe there are acceptable exceptions that are not currently included in the definition. We do not believe there is enough clarity around this measure definition. NQF # 0527, 0528, 0529 - BHCS is currently documenting this data on paper records. It could place an important burden on hospitals to capture the data and IS would need to create screens to capture electronically. NQF # 0484 & 0485 - BHCS: Need to ascertain if documentation for this metric available in the QS system and/or Eclipsys (EHR). Suggestion to contact the pediatrics to learn more about this documentation. NQF # 0136 - In agreement with NQF

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Baylor Health	Marisa Valdes	<p>IQRP:</p> <p>NQF # 0083 - Recommend alignment with the similar AMI measure. Denominator exclusions have CPT codes but it only an IP measure</p> <p>NQF # 0228 - We believe there is a need to know better how would this measure be validated</p> <p>The burden placed on hospitals to collect this data will be significant.</p> <p>NWF # 0698 & 0699 - We believe there is a need to know better how would this measure be validated. How are these measures different from 0228? The burden placed on hospitals to collect this data will be significant.</p> <p>NQF # 1550 - There are already a number of measures looking at complications. Is this measure different from similar PSI's? Would need to have specifications before providing comments</p> <p>NQF # 01789 - Need specifications to comment more fully. This measure is duplicative of other readmission measures.</p> <p>NQF # 1651, 1654, 1656, 1657 - These measures would place a large collection burden on hospitals now that we are using global sampling. Implementing processes to fulfill these measures also places a large burden on the inpatient setting. The FTE's required at BHCS could amount to 10 additional for manual abstraction.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Baylor Health	Marisa Valdes	<p>NQF # 1661 & 1665 - These measures would place a large collection burden on hospitals now that we are using global sampling. Implementing processes to fulfill these measures also places a large burden on the inpatient setting. The FTE's required at BHCS could amount to 10 additional for manual abstraction.</p> <p>Safe surgery check list - Already collecting this measure as part of the OPPS requirement.</p> <p>Seems redundant to add to the IQR.</p> <p>VBP:</p> <p>NQF # 0139 - Needs more validation nationally to be used for payment. Not publicly reported yet. Should not be part of VBP at this time.</p> <p>NQF # 0452 - Measure not publicly reported yet. Should not be part of VBP program at this time.</p> <p>NQF # 0639 - Measure not publicly reported yet. Should not be part of VBP program at this time.</p> <p>Health Care Acquired Conditions - Support NQF's position on these measures.</p> <p>OQR:</p> <p>NQF # 0499 - Measure not supported by national subject matter experts and national specialty associations. Requires more validation.</p> <p>OQR - In support of all other MAP recommendations for OQR.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Center to Advance Palliative Care	Carol Sieger	<p>The Center to Advance Palliative Care notes the absence of any measures that address palliative care domains, despite the availability of appropriate NQF endorsed measures. The patients experience during serious illness, that may or may not be terminal, is a critical aspect of patient-centered care and should be addressed by existing measures of patient comfort, and integration of patient values, goals and preferences in care planning.</p> <p>The focus on hospital mortality as a quality measure needs to be refined to account for deaths where the hospital is the appropriate site of care. Some proportion of patients who accept that they are actively dying view the hospital as the preferred site of care during end-of-life care. In these circumstances mortality would be a poor measure, as in-hospital death may be appropriate and indeed reflective of high quality care consistent with patient preferences. (see; Holloway RG, Quill TE, Mortality as a measure of quality: implications for palliative and end-of-life care. JAMA. 2007 Aug 15;298(7):802-4. PMID: 17699014)</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Federation of American Hospitals	Jayne Chambers	<p>FAH members agree with the MAP recommendations that hospital measures would benefit from utilizing all payer data wherever possible, and we look forward to the development and opportunity to act on additional measures that also address multiple age groups as called for on page 49 of the report.</p> <p>The FAH appreciates the MAP recommending the retirement of measures that are no longer NQF endorsed or where the measure specifications need to be clarified or further tested. We support the recommendation of the MAP to use NQF-endorsed patient safety measures rather than the CMS-developed Hospital Acquired Condition measures that are currently in the Inpatient Quality Reporting and proposed for the Value-based Purchasing (VBP) program; measures which were never submitted to NQF for endorsement.</p> <p>We would recommend on the “VBP Program Measure Set Characterization” paragraph on page 56 adding a sentence that indicates measures for consideration for use in the VBP program are drawn from the IQR program and must be reported on Hospital Compare for a year prior to their being included in VBP.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>The Impact of Performance-Based Payment Programs on Health Disparities Ever since November 2007, when the Centers for Medicare & Medicaid Services' (CMS') published its 2007 report to Congress on hospital value-based purchasing (VBP), we have been deeply concerned that Medicare performance-based payment systems would increase health disparities by disproportionately cutting payments to hospitals and other providers primarily serving communities disadvantaged by poverty and cultural/linguistic diversity.</p> <p>Our early concern centered on the 30% weight given to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score because hospitals serving disadvantaged inner-city communities have lower overall margins, poor access to capital, older and less efficient facilities, fewer patients in single rooms, more noise, overcrowding, and other conditions that depress HCAHPS environmental and overall scores. Today we are also concerned about the readmissions penalties in the Affordable Care Act (ACA). Hospitals serving inner-city communities bear systematic risk in this area as well because of their patients' poor access to community-based health care services. Even when services are available, patients often cannot obtain them due to uncontrolled mental illness and addictions, inadequate housing and social supports, and physical disability.</p> <p>Our member hospitals serving disadvantaged inner-city communities are collaborating with other providers and community-based organizations to develop health homes and other care management and coordination strategies, which are supported by temporary funding through the ACA. However, it will take more time and resources than are currently available to restructure the delivery system. In the meantime, policy-makers will impede these efforts with inequitable performance-based payment penalties: if factors beyond a hospital's control prevent it from improving its relative performance, it won't be able to avoid a performance penalty, and its permanently reduced resource level will actually inhibit quality improvement or even diminish quality and service levels. Therefore, performance-based payment systems must control for such factors.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>Our member hospitals serving disadvantaged inner-city communities are collaborating with other providers and community-based organizations to develop health homes and other care management and coordination strategies, which are supported by temporary funding through the ACA. However, it will take more time and resources than are currently available to restructure the delivery system. In the meantime, policy-makers will impede these efforts with inequitable performance-based payment penalties: if factors beyond a hospital's control prevent it from improving its relative performance, it won't be able to avoid a performance penalty, and its permanently reduced resource level will actually inhibit quality improvement or even diminish quality and service levels. Therefore, performance-based payment systems must control for such factors.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>In June 2011, the Executive Committee of the GNYHA Board of Governors traveled to Washington, D.C., to meet with Donald M. Berwick, M.D., who was the CMS Administrator at the time. The purpose of the meeting was to try to persuade Dr. Berwick that controlling for patient risk factors that systematically impair relative hospital performance on certain measures was not only appropriate but necessary to avoid worsening disparities. We presented empirical analyses to illustrate problems in several programs, and summarized our concerns and research findings in the attached letter to Dr. Berwick. We urge you and your colleagues to review this material.</p> <p>Even though CMS, NQF, and MAP oppose controlling for socio-economic risk factors in hospital performance measures, we hope you will acknowledge the validity of our concerns.</p> <p>We are encouraged by the attention paid to disparities throughout MAP's documents and we are eager to work with the measurement community to address our concerns in any other way you might find acceptable.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>For example, we thoroughly reviewed the measures Brandeis University developed to compare the proportion of each hospital's patients who had an evaluation and management (E/M) visit within 30 days of a hospital discharge. We were intrigued by these measures because several risk factors that significantly reduce the probability of an E/M visit—dementia, addictions, and protein-calorie malnutrition—are correlated with poverty, especially in under-served communities. The risk-adjustment model might therefore result in a lower expected E/M visit rate in those communities, so that a lower predicted rate would be in line with expectations.</p> <p>Further, if post-discharge E/M visits reduce readmissions, then the opposite might be true—i.e., a low E/M visit rate would predict a higher-than-average readmission rate. It would be interesting to include each hospital's expected E/M rate as a risk factor in CMS' risk-adjusted readmission models to see if they increase the expected readmission rate. If so, such a variable could reduce the systematic risk born by hospitals in under-served communities and improve the equity of the readmission models.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>30-Day Post-Discharge Transition Composite Measures</p> <p>Even though we were intrigued by the E/M component of Brandeis' post-discharge transition composite measures, we are uncomfortable about the arbitrary weighting of the standardized risk ratios of the component measures—readmissions, E/M visits, and emergency department (ED) visits—and that the hospital community has never seen data on the E/M and ED measures. Therefore, we recommend that MAP withdraw its support for including these measures in the Inpatient Quality Reporting (IQR) program next year. Instead, we would like CMS to develop a data file for hospitals to review, which would include the derivation of hospital specific results for each of the component measures as well as the composite result. We also request that MAP explain why NQF did not endorse the E/M and ED measures on a stand-alone basis.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>Measures for Meaningful Use</p> <p>Our members' experience with meaningful use measures has been unsatisfactory so far. This is because the implementation process does not include a testing phase in which the Office of the National Coordinator (ONC) would work with EHR vendors to identify and correct problems with electronic measure specifications and to ensure that vendor implementation of those specifications produces accurate measure reports for CMS. In fact, there were so many inaccuracies in the Stage 1 measure reports that the Centers for Medicare & Medicaid Services (CMS) had to suspend its requirement that hospitals attest to the accuracy of their measure reports. Therefore, in Stage 1, hospitals only had to attest that a certified EHR generated their reports.</p> <p>Further, while the EHR vendors have (understandably) focused intently on ensuring compliance with ONC standards and specifications, the majority have thus far neglected development of features to improve hospital productivity, including electronic capture of the data elements needed to produce measure reports. Therefore, most EHR products still require manual chart abstraction and data entry into the certified EHR system. This has perpetuated administrative waste and, more importantly, prevented hospitals from using their EHR systems for quality improvement.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Greater NY Hospital Association	Karen Heller	<p>To help remedy these significant problems, we urge MAP to modify its recommendation for meaningful use measures, as follows:</p> <ul style="list-style-type: none"> • Current statement: MAP supports the inclusion of the following clinical quality measures that are NQF-endorsed, assuming eMeasure specifications become available. • Recommended statement: MAP supports development of the following NQF-endorsed clinical quality measures for the meaningful use program, including 1) development and validation of eMeasure specifications, and 2) verification that all certified EHRs can produce accurate measure reports and electronically capture the data elements necessary to produce each measure report. <p>Other Measures</p> <p>We thoroughly reviewed all the hospital-related measures and recommendations in MAP's draft Pre-Rulemaking Report and commend the rigorous efforts made by the measure sponsors and reviewers—particularly for the new readmission and complication measures for total hip and knee arthroplasty, as well as the hospital-wide all-cause unplanned readmission measure. As noted in our introduction, we did not have time to prepare specific comments on measures but will do so in the future. In the meantime though, we strongly urge MAP to address the need to cull existing measures in each program as new measures addressing the same topics are introduced.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Hospice and Palliative Nurses Association	Amy Killmeyer	<p>The National Coalition for Hospice and Palliative Care notes the absence of any measures that address palliative care domains, despite the availability of appropriate NQF-endorsed measures. The patients experience during serious illness that may or may not be terminal is a critical aspect of patient-centered care and should be addressed by existing measures of patient comfort, and integration of patient values, goals and preferences in care planning.</p> <p>The focus on hospital mortality as a quality measure needs to be refined to account for deaths where the hospital is the appropriate site of care. Some proportion of patients who accept that they are actively dying view the hospital as the preferred site of care during end-of-life care. In these circumstances mortality would be a poor measure, as in-hospital death may be appropriate and indeed reflective of high quality care consistent with patient preferences. (See; Holloway RG, Quill TE Mortality as a measure of quality: implications for patient and end-of-life care. JAMA. 2007 Aug 15;298(7):802-4. PMID: 17699014)</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Intermountain Healthcare	Jan Orton	<p>With regard to the Hospital Inpatient Quality Reporting, Intermountain would support the implementation of the TAM measures with the exception of TAM 4 and TAM 8. Intermountain believes that mandatory post discharge follow-up for patients regarding tobacco or alcohol and other drug use will be a significant time and overly burdensome. Intermountain does believe that this information is better provided on a care-transition record and that follow-up should occur with the patient/clients provider.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Intermountain Healthcare	Wayne Watson	<p>Intermountain Healthcare would not be in support of the transition of SCIP measures into the HITECH/Meaningful Use program at this time. Some of these measures (SCIP INF-1, SCIP INF-2, SCIP-VTE-2, SCIP Cardiovascular-2) will most likely require use of critical data elements found in the intraoperative nursing or intraoperative anesthesia record. Widespread adoption of perioperative electronic health records is not currently available. Intermountain believes other measures are more appropriate for earlier phases in the EHR Incentive Program. We would recommend MAP consider changing their conclusion to "Support Direction."</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Iowa Hospital Association	Abigail Stork	<p>On behalf of Iowa's 118 hospitals, IHA urges MAP to support the efficiency measure, Medicare spending per beneficiary, and to reconsider its position not to include the measure at this time. IHA supports implementation of the measure as soon as possible. Iowa hospitals; experience with process improvement techniques, such as LEAN, Six Sigma and Baldrige have demonstrated the importance of emphasizing efficiency as a method improving outcomes and patient care. IHA advocated for inclusion of the efficiency measure throughout the creation of the ACA and supported CMS's plans to include the measure in VBP by FY 2014. Both quality and resource utilization must be evaluated in order to establish an effective VBP program and begin bending the cost curve. Unlike any other measure, Congress explicitly mandated in the ACA the inclusion of this efficiency measure in VBP. As CMS implemented VBP, IHA urged CMS to utilize the decades of research on Medicare spending per beneficiary by the Dartmouth Institute for Health Policy & Clinical Practice in the Dartmouth Atlas of Health Care. In addition, CMS and hundreds of hospitals across the country have had years of experience of rewarding providers based on a Medicare spending per enrollee measure because Section 1109 of health reform calls for CMS to reward hospitals located in counties within the lowest quartile of total Medicare Part A and Part B spending per enrollee nationwide.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	McKesson Corporation	Ginny Meadows	<p>Given the existence of the Federal EHR incentive program for eligible hospitals and critical access hospitals, McKesson does not believe it is appropriate to adopt additional measures for Hospital Performance Measurement Programs included in the EHR incentive program unless those measures have existing, production-tested electronic specifications. Continuing to add to manual abstraction requirements while at the same time trying to drive toward high caliber eMeasures within the hospital setting creates conflicting incentives and processes and adds an undue burden to providers. While limiting new measures to those with tested eSpecifications may limit the number of measures for 2012, we believe it will pay long term dividends in measurement capacity and quality.</p> <p>For the EHR incentive program, MAP supports the inclusion of 27 measures under consideration. Adopting measures for 2012 that do not have publicly available, production-tested eMeasure specifications is highly problematic, assuming this is for Stage 2 of the EHR incentive program. McKesson recommends selecting a smaller set of measures with existing specifications, with the understanding that these specifications will be further refined and updated.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	McKesson Corporation	Ginny Meadows	<p>McKesson supports the goal of fostering alignment with other settings of care, provided specifications are written appropriately. Some existing measures intended for multiple care settings identify activities using code sets that are inconsistent with one or more settings; for example, CPT codes used to identify inpatient procedures within a hospital EHR.</p> <p>McKesson also supports the goal of care coordination but notes that readmission measures are challenging to compute accurately within an EHR, and require the resolution of technical and policy challenges to compute across payors at the regional or national level. It should also be noted that while readmission measures computed by CMS are often perceived as posing little burden on providers, they have limited value for performance improvement because the data is reported back to the provider so long after the events occur.</p> <p>McKesson appreciates the discussion of the challenges of attribution across care settings, and would add to this that if the goal of measurement is, in fact, performance improvement, attribution must be considered within single settings as well. In the hospital setting, with the growing use of hospitalists, it can be nearly impossible to attribute performance, or lack of it, to a single caregiver.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	McKesson Corporation	Ginny Meadows	<p>McKesson does not find a recommendation for 3 measures proposed for the EHR incentive program for EH/CAH. These are NQF measures 371 (Venous Thromboembolism (VTE)-1 VTE Prophylaxis), 374 (VTE Patients Unfractionated Heparin (UFH) Dosages/Patelet Count Monitoring by Protocol (or Nomogram) Receiving Unfractionated Heparin), 375 (VTE 5 VTE discharge instructions). We also note that these measures are already part of the EHR incentive program for Stage 1.</p> <p>Measure 439 (AMI-10 Discharged on Statin Medication) is proposed for two programs, and seems to be supported by the MAP for both, but is listed as 639. Can we assume that the list of proposed measures referenced 439 in error?</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	National Partnership for Women & Families	Tanya Alteras	We have a significant concern over the language in the report that states that the Hospital-Acquired Conditions measures are not being recommended for either the IQR program, or the HVBP program, except in cases where there is an NQF-endorsed measure to replace a current HAC measure. This was not the recollection of those who sat on the coordinating committee and we are concerned with this recommendation, given the importance of the HACs to consumers and purchasers alike, and our consistent support of those measures at the federal regulatory advocacy level. We ask for clarification from NQF regarding the discussion around these measures. We do support the use of NQF-endorsed HAC measures where they exist, but we do not support the recommendation to eliminate the remaining HACs from the IQR or HVBP.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	NYC Dept of Health and Mental Hygiene	Frances Paris	<p>We endorse the inclusion of the four Tobacco Measures (TAM 1-4; pg. 54) within the Hospital Inpatient Quality Reporting (IQR) pay for reporting program (pg. 53).</p> <p>It is our understanding that MAP recognizes the value of these measures, but believes that they should go through the complete National Quality Forum (NQF)-endorsement process before further consideration (pg. 53). We support the endorsement and inclusion of the TAM Tobacco Measures within the IQR program. Tobacco use has been recognized by the medical community as a major contributor to preventable illness and death. This health behavior also has a negative impact on the economy and healthcare system, with smoking-attributable health care expenditures amounting to approximately \$96 billion per year nationally in direct medical expenses. Incorporating the TAM Tobacco Measures within the IQR program will create a powerful incentive for hospitals to deliver treatment that addresses tobacco use, and can enhance the quality of care and outcomes for hospitalized tobacco users.</p> <p>(Continued below) ...</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	NYC Dept of Health and Mental Hygiene	Frances Paris	In its draft report, MAP indicated that these measures may be more appropriate for an outpatient setting. While the outpatient setting may be an important site for tobacco interventions, the inpatient setting also provides a major opportunity for successful intervention. The 2008 Clinical Practice Guidelines on Treating Tobacco Use and Dependence released by the Department of Health and Human Services (HHS) identified hospitalized patients as a key group that can benefit from tobacco interventions. Tobacco use can interfere with the recovery process, and lead to further medical complications. A patient's hospitalization may also be associated with tobacco use, which can make the health risks of tobacco more salient and create an ideal opportunity for intervention. Furthermore, a patient cannot smoke in a hospital, establishing a smoke-free environment that is conducive to a quit attempt.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	NYC Dept of Health and Mental Hygiene	Frances Paris	<p>The TAM Tobacco Measures have been developed by the Joint Commission, a major national accrediting body for hospitals, and were designed to address the treatment of tobacco use for all patients within inpatient settings, regardless of diagnosis. These measures are also in line with the fundamental components of effective tobacco dependence treatment. While MAP expressed concern regarding implementation (pg. 53), these measures have been pilot tested in twenty four hospitals across nineteen states to assess reliability, data collection, and feasibility surrounding implementation. Pilot testing findings and staff recommendations regarding data collection and implementation informed the final measure specifications.</p> <p>MAP also expressed a concern that these measures might contribute to discrimination against patients who screen positive for tobacco use (pg. 53). While this concern is understandable, we recommend that MAP review options to minimize the risk of discrimination, such as necessary precautions that ensure patient data on tobacco use is not inappropriately accessed, and promoting hospital employee practices that encourage equal treatment of patients who use tobacco.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Pfizer	Eleanor Perfetto	<p>Pain Measures—Pfizer recommends that MAP consider including additional pain measures. Among NQF-endorsed measures on pain management, several could be considered for use in CMS programs:</p> <ul style="list-style-type: none"> • Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up (NQF #420): Percentage of patients aged 18 years and older with documentation of a pain assessment (if pain is present, including location, intensity, and description) through discussion with the patient including the use of a standardized tool on each qualifying visit prior to initiation of therapy AND documentation of a follow-up plan • Pain Interventions Implemented (NQF #524): Percent of patients with pain for whom steps to monitor and mitigate pain were implemented during their episode of care.
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Roswell Park Cancer Institute	Dana Jenkins	<p>We support the 5 measures recommended for PPS cancer hosp reporting and agree that some of the IQR measures, such as SCIP, Mortality, VTE & Tobacco Treatment are pertinent to the patients served by cancer hospitals. These should be considered, with modified definitions in some cases (ex. standard immunization measures aren't clinically applicable to immunocompromised cancer pts) , as applicable measures for this group. However, many measures; AMI, HF, Ashtma, are not applicable and could result in disruption of cost effective care coordination between PCP and specialists. RE: HCAHPS, we agree that a patient experience measure is important but argue that the tool used by the PPS exemp group for the last decade, and developed for cancer patients, is a more sentivie tool and should be considered as an alternative. We strongly endorse measures requiring appropriate web-based data entry such as NSQIP and NDNQI but not those for non-cancer conditions.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>Hospital Performance Measurement Programs</p> <p>Gaps in care -SHM strongly supports the inclusion of performance measures for transitions of care (including measures #0646-0649) and communication in future versions of hospital performance measurement, and can offer valuable resources and expertise through our Project BOOST program. SHM agrees that gaps in the area of cost and efficiency exist, but any measures tied to performance in this area must be carefully constructed to ensure the focus is on evidence based, risk adjusted results. An appeals process should be in place and exceptions made for clinical outliers. Although SHM supports such measures in concept, they will be challenging to implement.</p> <p>As noted by the MAP, attribution remains a challenging issue, particularly for hospitalist groups, as the care of hospitalized patients is frequently shared by multiple hospitalists and consultants during the course of a single admission. Thus, caution with application of HCHAPS data should be exercised. Attribution at a group level or hospital level may be more accurate but leaves little room for individual physicians to act on the data.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>Hospital Performance Measurement Programs (cont)</p> <p>SHM agrees with the choices of high impact conditions listed for future targeting of hospital performance measures.</p> <p>SHM supports the concept of clustering measures to combine both process and outcomes, because the effective application of evidence-based process measures should naturally result in improved outcomes. However, many high-profile adverse events, such as DVT's and CAUTI's, are not 100% preventable, despite the most effective implementation of appropriate preventive processes, thus outcomes targets should be carefully set such that hospitals are not penalized for the proportion of these adverse events that are not preventable.</p> <p>SHM supports the concept that all patients, not just those covered by federal insurers, should be reflected in hospital performance measurement.</p> <p>SHM appreciates the acknowledgement that hospital and individual physician measures should be aligned, given that many hospitalist programs strive to partner with the hospital to achieve quality goals.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>Inpatient Quality Reporting Measures (IQR)</p> <p>SHM agrees and supports the addition of the CTM-3 measure, which is patient-centered. CTM-3 aligns the patient's perception, understanding and acceptance of his/her post hospital care with transition of care processes. SHM supports the inclusion of the AMI, Heart Failure and Pneumonia 30 day Post Discharge Transition Composites to the IQR, which are aligned with and enhance the current NQF endorsed cardiac/respiratory measures #229, 230, 330, 505, 486 and 506 (Heart Failure, AMI and Pneumonia 30 day mortality and risk standardized readmission rates).</p> <p>SHM supports the inclusion of the Hospital-Wide All-Cause Unplanned Readmission measure pending NQF endorsement. SHM would favor a Hospital-Wide Readmission measure that includes all adult patients, identifies and stratifies for "unpreventable admissions" (i.e., patients with chronic relapsing pain syndromes, chronic relapsing alcoholic syndromes), is a composite of current NQF endorsed measures (such as mortality measure 530 which includes CHF, stroke, hip fracture, AMI, GI hemorrhage, respiratory measure 1381 which relates to Asthma ED visits and safety measure 299 which pertains to surgical site infections) and includes other well-known high impact conditions.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	Society of Hospital Medicine	Jill Epstein	<p>Inpatient Quality Reporting Measures (IQR) (cont) SHM agrees with MAP that assessing the use of tobacco and alcohol after discharge (TAM, Tobacco/Alcohol#4 and #8) seems more appropriate for outpatient measure sets and should not be part of IQR. In general, SHM agrees with MAP that only NQF supported measures should be represented in IQR.</p> <p>Hospital Value-Based Purchasing (HVBP) In general, SHM agrees with MAP that only NQF supported measures should be represented in the HVBP program.</p> <p>Consideration of using some process measures, rather than outcome measures, for conditions such as CAUTI (Process: triggered Foley reminders), poor glycemic control (process: multidisciplinary team, order sets), may be reasonable until better NQF endorsed outcome measures exist.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>The ADCC generally supports the five measures recommended for PPS-exempt cancer center reporting as a basic first step in cancer quality measurement. In general, it is relevant that the proposed measures deal with two of the four most common and highest impact cancers, especially in the Medicare population. Prostate cancer and lung cancer are notably absent from the initial measures list, and consideration should be given to applicable measures for those cancers also. We also note that the proposed measures overlook two primary curative treatment modalities (surgery and radiation), which account for over 90% of cancer care. Moreover, three of the five measures are process measures, albeit NQF-endorsed, NCCN guideline-based, and ASCO-sponsored. Only two are true outcomes measures, and those, while relevant to the cancer population, are not cancer-specific.</p> <p>It is important to remember that the most important goal of quality measures is to measure and improve quality and not to serve primarily as mechanisms for reimbursement. Attention must be given to the precise definitions of the numerators and denominators (and thus the final metrics), so that what the measure reports does not mistakenly label excellent clinical care as less than that. Serious consideration must also be given to relevant patient subsets and stratifications.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>PPS-Exempt Cancer Hospital Quality Reporting Program: Colon Cancer Measure</p> <p>Relevance: For colon cancer, the role of adjuvant chemotherapy is evidence-based. Chemotherapy, however, constitutes only one aspect of the total care of the patient and consideration should be given to the proper application of the other modalities involved in the provision of care. The evidence for administration of adjuvant chemotherapy is probably less of a contributing factor to long-term outcome than performance of the proper surgical procedure, and yet no consideration has been given to this modality in the initial measure development process. For example, proper evaluation and treatment of the regional nodal status is at least equally important.</p> <p>Usefulness: The administration of adjuvant chemotherapy to patients with colon cancer is a useful measure as long as proper consideration is given to denominator exclusions. It is important to account for differences in patient preference and co-morbidities.</p> <p>Feasibility: Duplicate data abstraction can only serve to increase the chance of data errors. There is strong support for mechanisms of data delivery from an existing centralized data repository, such as the American College of Surgeons' (ACoS) National Cancer Data Base (NCDB). It will be important to ensure that standardized processes are in place for the submission of data to such a registry, including the consistent use of existing exclusion codes.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>PPS-Exempt Cancer Hospital Quality Reporting Program: Breast Cancer</p> <p>Relevance: For breast cancer, the role of adjuvant chemotherapy and hormonal therapy for defined populations is evidence-based. These treatments, however, constitute only one aspect of the total care of the patient, and consideration should be given to the proper application of the other modalities involved in the provision of care. The evidence for administration of adjuvant therapies is probably less of a contributing factor to long-term outcome than performance of the proper surgical procedure and, for breast cancer, the application of proper radiation therapy techniques. Yet, no consideration has been given to these modalities in the initial measure development process. For example, proper evaluation and treatment of the axillary and regional nodal status is at least equally important.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>PPS-Exempt Cancer Hospital Quality Reporting Program: Breast Cancer</p> <p>Usefulness: The administration of adjuvant chemotherapies and hormonal therapies to patients with breast cancer are useful measures as long as proper consideration is given to denominator exclusions. It is important to account for differences in patient preference and co-morbidities, which are considerable in this population.</p> <p>Feasibility: Duplicate data abstraction can only serve to increase the chance of data errors. There is strong support for mechanisms of data delivery from an existing centralized data repository, such as the ACoS NCDB. It will be important to ensure that standardized processes are in place for the submission of data to such a registry, including the consistent use of existing exclusion codes.</p>

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Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>PPS-Exempt Cancer Hospital Quality Reporting Program: Central Line Associated Blood Stream Infections (CLABSI) Measure</p> <p>Relevance: The development of catheter-related sepsis in a patient with cancer is a life-threatening event, especially in those who are immunocompromised, such as patients with leukemia and those patients undergoing stem cell transplantation. Avoidance of these infections clearly leads to decreased morbidity and mortality.</p> <p>Usefulness: As implied above, the measure itself suffers from a lack of stratification for these populations. As a comparative measure, consideration must be given to the difference between patients with solid tumors and those with hematologic malignancies for the measure to be useful. The measure suffers from a lack of specificity in this regard. Careful consideration must also be given to ensure that the acuity level of our patients is reflected in the measure denominator, particularly since this measure is applied to other types of hospitals and care settings.</p> <p>Feasibility: We support the elimination of duplicate data abstraction and submission and recognize the limitations of administrative data for reporting this measure. Thus, the usage of the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) database is supported.</p>
Pre-Rulemaking Input for the Hospital Performance Measurement Programs	University of Texas-MD Anderson Cancer Center	Ron Walters, MD	<p>PPS-Exempt Cancer Hospital Quality Reporting Program: Catheter-Associated Urinary Tract Infections (CAUTI) Measure</p> <p>Relevance: The development of a urinary tract infection in a patient with cancer can lead to a life-threatening septicemia, especially in those who are immunocompromised, such as patients with leukemia and those patients undergoing stem cell transplantation. Avoidance of these infections clearly leads to decreased morbidity and mortality.</p> <p>Usefulness: While the measure suffers from a lack of stratification for the diverse cancer population, overall urinary tract infection rates in catheterized patients is a useful quality measure. The applicable target rate for the cancer-specific hospitals is unknown, however, as this measure has not been routinely collected and reported by these centers. Careful consideration must be given to ensure that the acuity level of our patients is reflected in the measure denominator, particularly since this measure is applied to other types of hospitals and care settings.</p> <p>Feasibility: We support the elimination of duplicate data abstraction and submission and recognize the limitations of administrative data for reporting this measure. Thus, the usage of the CDC NHSN database is supported, and participation in that database is encouraged.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Henry Ford Health System	William Conway	<p>We are very supportive of the vast majority of measures with the following exceptions:</p> <p>End-Stage Renal Disease We are opposed to MUC3- reporting BSis through NHSN- reporting through NHSN is time consuming and hospitals are already over burdened with reporting ICU BSis,ICU CAUTis,and surgical site infections for Colon and Hysterectomy surgeries. The NHSN system requires much more data to be entered than is necessary to have effective organization monitoring of infection rates. CMS should require simplification or find a new vendor. This is outcome reporting, not a research project.</p> <p>Hospice Care We are opposed to MUC7- Dyspnea Screening. Our hospice physicians feel that this is too subjective for the provider to assess. They assess all their patients for this already and offer treatment measures as needed to keep their patients comfortable.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Henry Ford Health System	William Conway	<p>Inpatient Measures</p> <p>Our cardiologists are opposed to MUC17- assessment of HF symptoms and activity- as being too subjective and difficult for the clinician to quantify. We are opposed to the Tobacco and Drug screening measures. Although important, there is a lack of evidence that these activities are effective and they overburden hospitals with additional required data collection. They can also be met by simply creating check boxes that really don't change patient behaviors. In particular- polling patients 30 days after discharge would be a nightmare for hospitals.</p> <p>Inpatient Value Based Purchasing</p> <p>We feel that MUC38 would be a bad measure because coding is too unrealizable a method to be used to penalize or reward hospitals. MCU40- manifestation of poor glycemic control- is a very rare occurrence in our facility which we already monitor and review. MUC41- Medicare spending per beneficiary- would provide interesting data but that is a population we really don't control. Our managed Medicare population does well in this but they would not be part of the measure. MUC45, vascular catheter infections, would also rely on coding data which is not that reliable and is redundant with MUC3.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Henry Ford Health System	William Conway	<p>IPD Rehab</p> <p>We are not opposed to these measures but they would certainly put an additional data collection burden on hospitals. I think that if other required data collection could be retired then additional measures could be added. Or, hospitals could choose from a menu of populations, giving them a chance to have a focused review of various populations for a finite time, then moving on to something else.</p> <p>UCD357-366- Value Based Purchasing Modifiers</p> <p>We are opposed to MUC357-358. 30-day post-discharge visit and all-cause readmissions are not measures we have complete knowledge on to be able to track them. This would make for interesting data, but nothing that would be actionable on our part. This would be frustrating to our providers and not very helpful.</p> <p>MUC361does not seem to be a very meaningful measure- it could be met by electronic work-flow that would make any difference for patients.</p> <p>MUC365- any type of attribution formula needs careful vetting- we have found these measures to be highly unreliable when applied by other health insurance providers. More time is spent cleaning up the data than is spent on making improvements.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Abbott Laboratories	Carol O'Brien	<p>Abbott commends MAP on development of PAC/LTC core measure concepts. We support MAP's recommendation to include NQF#181 Increase in Number of Pressure Ulcers in Home Health Compare and pending NQF- endorsement inclusion of functional status measures. Abbott urges MAP to evaluate the need for malnutrition measures for PAC/LTC programs as soon as feasible. Malnutrition is a fundamental element that addresses the highest leverage areas for performance measurement and core measure concepts MAP identified for this population. We believe there is compelling evidence that screening patients for malnutrition and risk of malnutrition, further assessing patients if appropriate, and providing timely interventions (e.g. dietary counseling, the use of appropriate oral supplements, and tube feeding when indicated) can improve patient's health status and reduce costs and complications.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	American Cancer Society	Rebecca Kirch	The American Cancer Society supports MAP endorsement of the six measures for hospice care. Recognizing the importance of preserving and promoting patient and family choice in making quality of life-related decisions, the Society agrees that there is a “need to move beyond the Medicare hospice benefit and identify patient-centered measures that broadly assess end-of-life preferences and care.” The failure in this report to include available and appropriate NQF-endorsed palliative care measures in the Clinician and Hospital Performance programs, however, is a significant omission that requires correcting to ensure delivery of truly patient-centered and family-focused care that addresses preventable suffering, integrates patient values, goals and preferences in care planning, and promotes improved quality of life for all patients and families facing serious illness.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	American Medical Rehabilitation Providers Association	Marsha Lommel	AMRPA does not agree with the MAP’s decision to support the direction of the patient influenza and pneumococcal vaccination measures. Vaccinations may not be appropriate for all patients and a measure designed to capture incidence of vaccination may unfairly penalize providers who determine that the patient’s condition would be negatively impacted by the it. MAP also considered a measure capturing staff immunization rates. This is a process measure that does not improve outcomes. Also, this measure is addressed by the accreditation process PAC/LTC providers undergo through the Joint Commission so it would be redundant. The MAP also supported the direction of several functional measures. We recognize the importance of improving a patient’s functional status in order to return her to the community however; these measures are not well-defined at this time. AMRPA believes that any functional change measures adopted by CMS should acknowledge and address the importance of risk adjustment and patient self-care, mobility, communication and cognition. We believe thepain management measure under consideration fails to recognize that pain management takes a variety of forms and is not managed by medication alone. We encourage the use pain management measures that assess and address pain over the episode of care. We support the venous thromboembolism measure because its incidence is high and feel addressing this condition has the potential to improve patient care.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	American Nurses Association	Maureen Dailey	Given the evidence of improved patient safety outcomes related to adequate RN staffing in nursing homes, the gap in NQF endorsed staffing and other evidence-based structural measures should be filled. The increased care intensity needed for patients, creates an urgent need for expedited measure development. Nursing homes with an adequate RN staffing plan, can better engage in patient and family-centered goal planning, such as palliative care (PC) and end of life (EOL) decisions. The risk of unplanned readmissions increases with lack of access to timely PC and EOL decision making. Lack of patient and family access to RNs, and time for interprofessional collaboration, are costly in dollars and quality of life. Unwanted futile care is amoral and often causes avoidable suffering for the patient and family (Pellegrino, 2005, 2008). The dual eligible and other vulnerable populations in nursing homes are at risk for avoidable loss of function and other morbidity (e.g., healthcare acquired conditions). Nursing Home Compare has a transparent measure of overall staffing, not RN specific. Cost-effective, quality RN staffing patterns should be evaluated with transparency to all stakeholders through both public reporting and pay for quality programs. The importance of these measures is amplified as the prevalence of populations with dementia increases. Adequate staffing patterns could reverse the trend of inappropriate use of antipsychotics.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	American Physical Therapy Association	Heather Smith	<p>The American Physical Therapy Association (APTA) supports the alignment of performance measures across the PAC /LTC settings; however, we do feel that this may be a difficult task given the heterogeneity of the patient populations included in these settings. The lack of a uniform data collection tool and data definitions is also a challenge in the alignment of this data.</p> <p>Both in the IRF and the LTCH settings MAP has supported the direction of functional outcome measures for the change from admission, change in mobility and change in self-care. Although APTA supports the concept behind these measures, we are concerned about the data collection tools. In the LTCH setting, CMS will be implementing use of the CARE tool; APTA feels that this tool, as proposed, will not accurately document functional status. The questions lack sensitivity to change and therefore the type of information about the patient needed to measure outcomes, effectiveness, and severity is not being collected by this instrument. Similar issues exist with the data collection tool currently utilized in the IRF setting (IRF-PAI). APTA feels strongly that mobility and self-care are important person-centered measures and is working to identify appropriate measure that will reflect patient improvements in these two areas.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	American Psychiatric Institute for Research and Education	Robert Plovnick	The American Psychiatric Association is in agreement with the Post-Acute Care/Long-Term Care work group's determination that mental health is a priority gap in this aspect of measurement. Further, we appreciate that measures will be identified in the future to fill this gap.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Baylor Health	Marisa Valdes	Recommend exploration of measuring readmissions from the long term and post acute care into the acute care facilities.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Center to Advance Palliative Care	Carol Sieger	<p>The Center to Advance Palliative Care agrees with MAP endorsement of the six measures for hospice care. We wholly concur with the MAP recommendation that the Family Evaluation of Hospice Care is an exemplary patient-centered measurement instrument that should be adapted for broad use across all settings of care.</p> <p>CAPC also agrees with the need to move beyond the Medicare hospice benefit and identify patient-centered measures that broadly assess end-of-life preferences and care. In fact, the almost complete absence of palliative care measures in the Clinician and Hospital Performance programs is of grave concern, and we believe it is a critical gap that should be addressed in this report.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Centers for Medicare and Medicaid Services	Dr. Michael Rapp	<p>CMS submits the following comments on the Home Health section (page 70):</p> <p>(a) It does not differentiate between good and poor performance.</p> <p>(b) Actual rates of increase were so low among Home Health population that almost all agencies would receive a 0% as their scoring on Home Health Compare.</p> <p>(c) Risk Adjustment for this model is insufficient.</p> <p>Page 70, paragraph 1 should be edited to state: "Currently, 21 of the 96 OASIS quality measures have been finalized for reporting on Home Health Compare."</p> <p>CMS did not indicate any Home Health Measures as being under consideration for 2012 adoption. We believe the endorsement of measure O181 is inaccurate, as CMS did not submit the measure for maintenance. Ultimately, this measure was removed from public reporting in October of 2011.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Centers for Medicare and Medicaid Services	Dr. Michael Rapp	<p>CMS submits the following comments on the Long-Term Care Hospital and Inpatient Rehabilitation Facilities Quality Reporting sections (pages 70-74): Measures O680 and O682 are currently undergoing a NQF Ad Hoc Review to expand the measure setting from Nursing Homes to Long-term Care Hospitals and Inpatient Rehab Facilities.</p> <p>Please clarify the MAP conclusion for measure O675.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Federation of American Hospitals	Jayne Chambers	<p>The FAH appreciates the thoughtful attention that has been given to the post-acute care setting and the development of new quality reporting programs for long term acute care hospitals (LTACH) and inpatient rehabilitation hospitals (IRF). We look forward to working with the MAP to evaluate the initial implementation of measures and to evaluation of effective tools for measuring patient functional status, which is a critical area of focus for post-acute and long-term care providers.</p>
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Hospice and Palliative Nurses Association	Amy Killmeyer	<p>The National Coalition for Hospice and Palliative Care (NCHPC) agrees with MAP endorsement of the six measures for hospice care. We wholly concur with the MAP recommendation that the Family Evaluation of Hospice Care is an exemplary patient-centered measurement instrument that should be adapted for broad use across all settings of care.</p> <p>NCHPC, consisting of AAHPM, CAPC, HPNA, NASW, NHPCO and NPCRC, also agree with the need to move beyond the Medicare hospice benefit and identify patient-centered measures that broadly assess end-of-life preferences and care. In fact, the almost complete absence of palliative care measures in the Clinician and Hospital Performance programs is of grave concern, and we believe it is a critical gap that should be addressed in this report.</p>

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Intermountain Healthcare	Michael Galindo MD	In review of these measures it is obvious that they fit most appropriately for Hospice and the Hospice piece of Palliative Care. Intermountain Homecare believes that most of the measures are not appropriate for hospital based or outpatient based Palliative programs. Hospitals are starting to develop their Palliative Care Programs and determining standards of care with appropriate measures. These will be taxing and manual to pull but will give the building blocks for future development. With regard to the measures Recommended for Endorsement, Intermountain believes that there needs to be more clarity in the definitions, especially as they relate to inpatient/outpatient Palliative Care. In particular, there needs to be clear delineation that Palliative Care is primarily a consultation service, and as such has a limited ability to directly guide patient care. We are not aware of strict quality measures for consultation services, even for those with very straightforward measures (e.g., Nephrology). Intermountain believes that measures directed at Palliative Care consultation services will increase cost of patient care through the burden of data collection and vendor expenses at this time. They will also not be able to accurately reflect the quality of services provided.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Intermountain Healthcare	Michael Galindo MD	Intermountain Homecare has specific concerns about the following measures: Measure: "Hospice and Palliative Care—Pain Assessment" and "Hospice and Palliative Care - Pain Screening" are reasonable measures in a Hospice service. This is not currently reasonable for inpatient / outpatient Palliative Care Programs as the documentation and data extraction are a problem. There is also a lack of a well-defined standard of care in the industry. Measure: "Patients Treated with an Opioid who are Given a Bowel Regimen" would be a burden and manual process for data collection. Intermountain would recommend a measure such as "a bowel movement 3 times a week", which would provide an outcome for a process, rather than just a process.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Intermountain Healthcare	Larry Carlson	Intermountain is supportive of the recommendations of the MAP with regard to the End Stage Renal Disease. With regard to the measure: "Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL" Intermountain would appreciate a review of the measure to include an exclusion for patients who through patient choice, choose not to comply with recommendations for calcium binders.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Intermountain Healthcare	Jan Orton	Measure: "Percent of patients on a scheduled pain management regimen on admission who report a decrease in pain intensity or frequency" Intermountain supports the direction of this measure. However, the measure should be adjusted for type of diagnosis (surgical, orthopedic, medical) and account for some measure to address potential over utilization and un-intended consequences with over sedation.
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	McKesson Corporation	Ginny Meadows	In general, McKesson would like to comment on the need to incent and promote the adoption of EHRs within Post-Acute Care/Long-term Care settings to support expanded measurement.

Comment Category	Commenter Organization	Commenter Name	Comment
Pre-Rulemaking Input for the Post-Acute Care/Long-Term Care Performance Measurement Programs	Roswell Park Cancer Institute	Dana Jenkins	We agree that some of the IQR measures, such as SCIP, Mortality, VTE, & Tobacco treatment are pertinent to the patients served by PPS exempt cancer hosps and these should be considered, perhaps with modified defintions, as applicable measures for this group. For example, However, many measures, AMI, HF, Asthma, are not applicable and could result in over-care. We do not have an ED and would argue that some of the Immunizaton measures are no applicable for many cancer patients. Re: HCAHPS, we agree that a patient experience measure is very important but we believe the tool used by the PPS exempt group for the last decade, and developed for cancer patients, is a more sensitive tool and should be considered as an alternative. We strongly endorse measures requiring appropriate web-based data entry such as NSQIP and NDNQI but not those for non-cancer conditions. Thank you.

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