

PQA Quality Forum

NQF's Measure Applications Partnership

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Acknowledgements

This presentation on the
National Quality Forum's (NQF)
Measures Applications Partnership (MAP)
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generous cooperation of

Thomas Valuck, MD, JD

NQF Senior Vice President, Strategic Partnerships

And

Constance Hwang, MD, MPH

NQF Vice President, Measure Applications Partnership

Strategies for Reforming Health Care

- **Public Reporting:** engaging consumers and other stakeholders
- **Health Information Technology:** enabling improvement
- **Value-Based Payment:** rewarding achievement
- **Clinically-Integrated Delivery Systems:** achieving patient-centered, coordinated care

National Quality Strategy

Statutory Authority

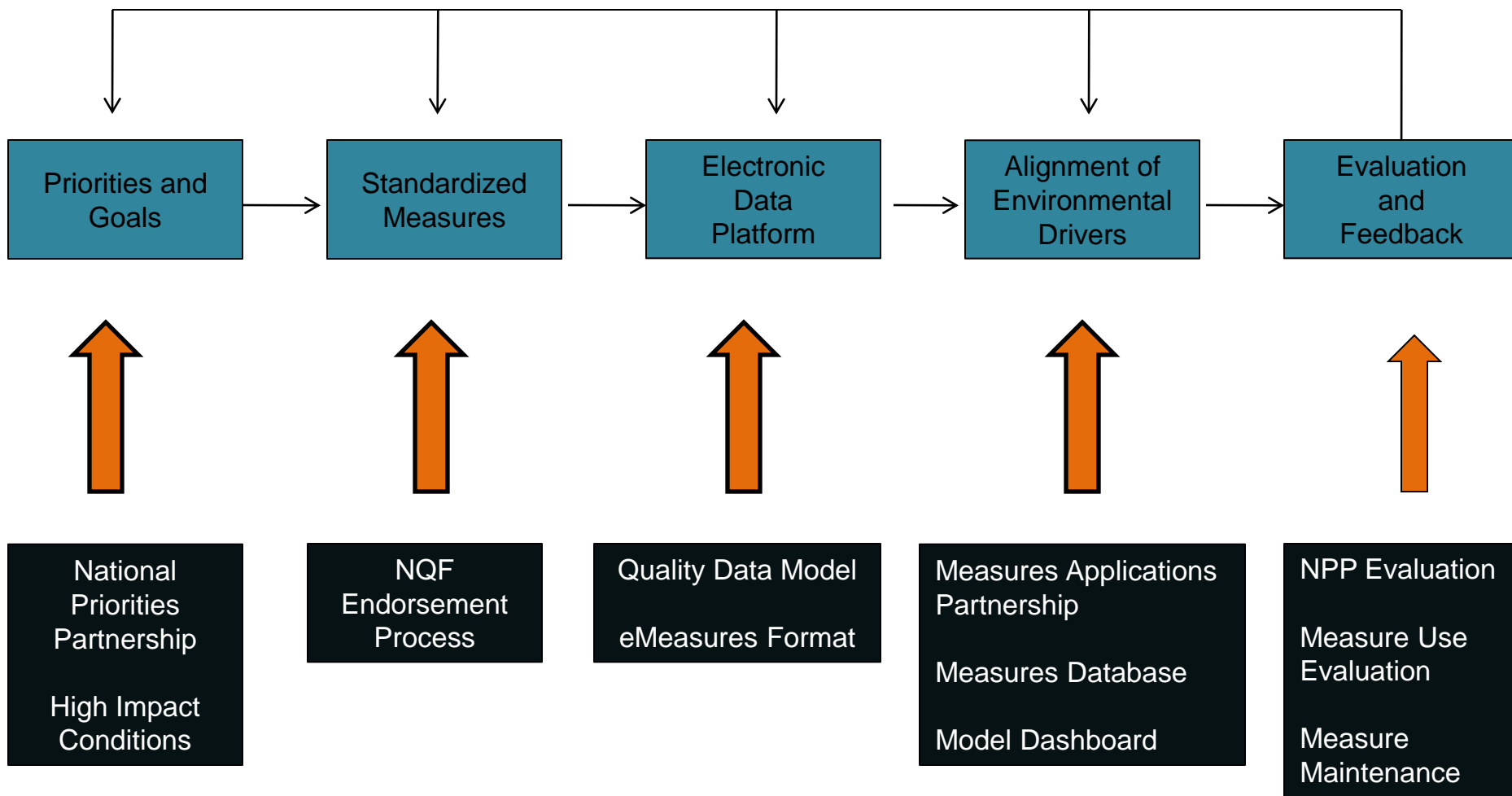
- Health reform legislation, the Affordable Care Act (ACA), requires the Secretary of Health and Human Services to *“establish a national strategy to improve the delivery of healthcare services, patient health outcomes, and population health.”*
 - HR 3590 §3011, amending the Public Health Service Act (PHSA) by adding §399HH (a)(1)

National Quality Strategy

Aims and 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
- Affordable Care

NQF's Quality Measurement Enterprise



NQF's Mission

To improve the quality of American healthcare by:

- **Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;**
- **Endorsing national consensus standards for measuring and publicly reporting on performance;**
- Promoting the attainment of national goals through **education and outreach** programs.

NQF's Role: Priorities and Goals

National Priorities Partnership

A 48-Partner multi-stakeholder effort, including:

- 42 Voting Partners
 - Quality alliances, including PQA
 - Consumers
 - Purchasers
 - Health professionals/providers
 - State-based associations
 - Community collaboratives & regional alliances
 - Accreditation/certification groups
 - Health plans
 - Supplier & industry groups
- Six Ex-Officio, Non-Voting Partners
 - AHRQ, CDC, CMS, HRSA, NIH, VHA

NPP's Actions

- *October 2010*: NPP provides input to HHS to inform the development of the initial NQS
- *March 2011*: HHS issues 2011 NQS
- *September 2011*: NPP input to HHS helps to make 2012 NQS more actionable:
 - Identification of goals and measures
 - Recommendation of strategic opportunities
 - Consensus across key leaders about where they should drive their organizations

Measurement Needs Across Priorities

Health & Well-Being:

- Healthy lifestyle behavior composite
- Community environmental assessment
- Productivity measures

Prevention & Treatment of Cardiovascular Disease:

- Blood pressure and cholesterol control composite
- ABCS composite
- Access to healthy foods

Person- & Family-Centered Care:

- Person and family experience of care composites
- National indicator of the use of experience surveys in various settings
- Joint care planning developed through shared decision-making

Patient Safety:

- Healthcare-associated condition composite
- Harmonized readmission measures
- Inappropriate medication use and polypharmacy
- Unnecessary imaging

Effective Communication & Care Coordination:

- Care transition composite across settings
- Care concordant with end-of-life preferences
- Exchange of patient information & records composite
- Care of vulnerable populations requiring healthcare and social supports

Affordable Care:

- Consumer affordability indices
- Measures of unwarranted variation and overuse

NQF's Role: Standardized Measures

9-Step Consensus Development Process:

1. Call for Intent to Submit Candidate Standards
2. Call for Nominations for Steering Committee and Technical Expert Panels
3. Call for Candidate Standards
4. Candidate Consensus Standard Review
5. NQF Member and Public Comment
6. NQF Member Voting
7. Consensus Standards Advisory Committee (CSAC) Decision
8. NQF Board of Directors Endorsement
9. Appeals Process

NQF Evaluation Criteria

- **Importance to measure and report**
 - What is the level of evidence for the measure?
 - Is there an opportunity for improvement?
 - Relation to a priority area or high impact area of care?
- **Scientific acceptability of the measurement properties**
 - What is the reliability and validity of the measure?
- **Usability**
 - Can the intended audiences understand and use the results for decision-making?
- **Feasibility**
 - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
- **Assess competing and related measures**

NQF's Role: Electronic Data Platform

- Measures work on multiple data platforms:
 - Level 1: Single source of claims
 - Level 2: Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
 - Level 3: Clinically enriched sources (e.g., claims plus clinical laboratory results)
 - Level 4: Electronic health record data
 - Retooling effort underway for electronic data collection

NQF Migration of Measures

- Immediate Strategy
 - Over 100 measures have been retooled
- Preferred Approach
 - Establish a comprehensive data platform to support performance measurement and improvement
 - Develop performance measures that take advantage of available data and are “turnkey”

NQF's Role: Alignment of Environmental Drivers

- Measures Applications Partnership
- Measures Database
- Model Dashboard

Statutory Authority for MAP

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

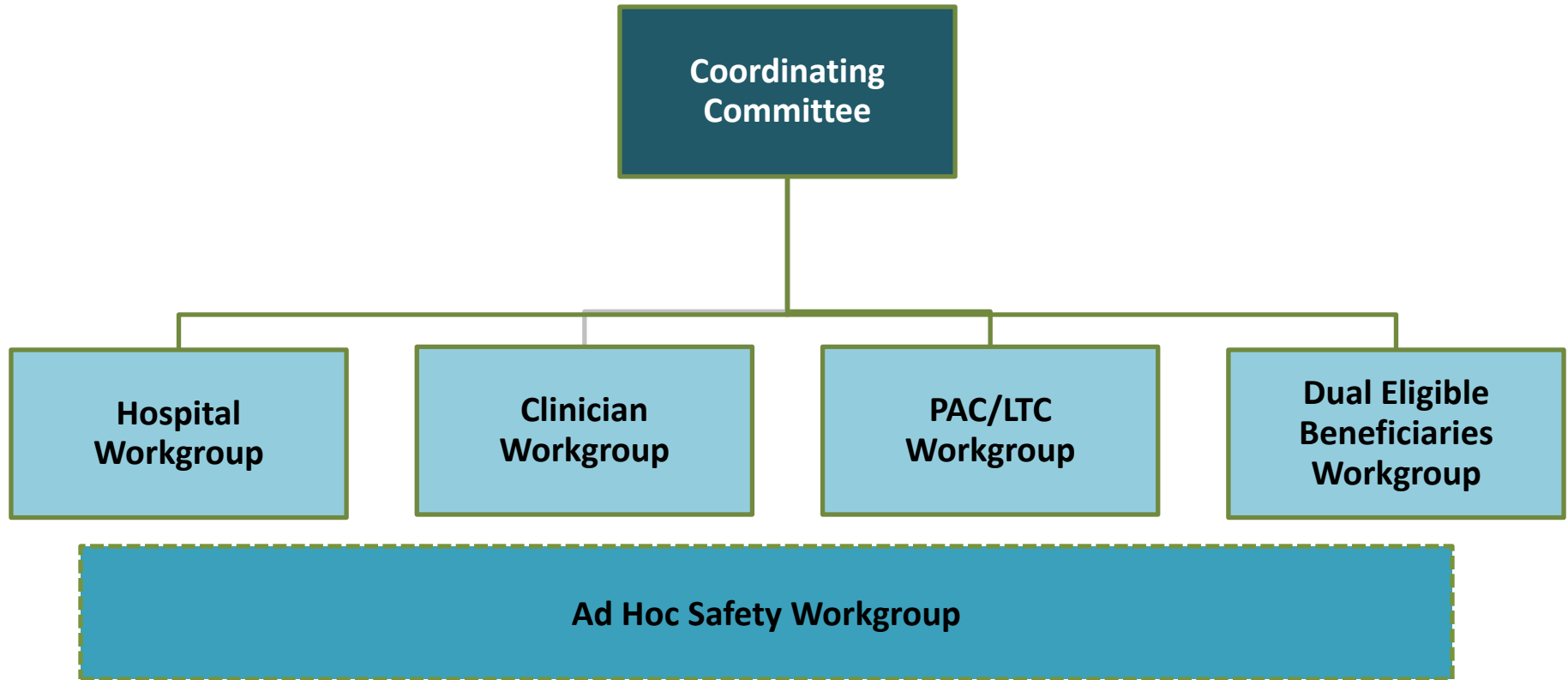
- HR 3590 §3014, amending the Social Security Act (PHSA) by adding §1890(b)(7)

MAP

Purpose

- Determine the best available measures for use in specific programs
- Identify gaps for measure development, testing, and endorsement
- Encourage alignment of public and private sector programs
- Harmonize measurement across levels of analysis and settings to promote coordination of care delivery and reduce data collection burden

MAP Two-Tiered Structure



More than 60 major stakeholder organizations, 40 individual experts, and 9 federal agencies are represented on the MAP.

MAP Measure Selection Criteria

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities
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)
4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

MAP Measure Selection Criteria

5. Program measure set includes an appropriate mix of measure types
6. Program measure set enables measurement across the person-centered episode of care
7. Program measure set includes considerations for healthcare disparities
8. Program measure set promotes parsimony

Themes Across MAP Reports

- Measures and measurement issues, including measure gaps
- Data sources and HIT implications, including the need for a common data platform
- Alignment across public and private sector programs
- Special considerations for dual eligible beneficiaries
- Path forward for improving measure applications

MAP Clinician Coordination Strategy

Recommendations for coordinating clinician performance measurement across federal programs:

- Alignment of measures and data sources to reduce duplication and burden
- Characteristics of an ideal measure set to promote common goals across programs
- Standardized data elements

MAP Safety Coordination Strategy

Recommendations for coordinating efforts to reduce healthcare-acquired conditions and readmissions across public and private payers:

- National core set of safety measures applicable to all patients
- Data element library for core measure set
- Public and private coordination of efforts, beginning with incentive structures

MAP PAC/LTC Coordination Strategy

Recommendations for coordinating performance measurement across federal programs for nursing homes, home health, inpatient rehabilitation facilities, and long-term care hospitals:

- Identified priority areas for measurement
- Determined 12 core measure concepts to be used across all PAC and LTC settings
- Identified priority measure gap areas

Final report due to HHS 2/1/2012.

Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries

Vision: In order to promote a system that is both sustainable and person- and family-centered, individuals eligible for both Medicare and Medicaid should have timely access to appropriate, coordinated healthcare services and community resources that enable them to attain or maintain personal health goals.

- Elements of Strategic Approach
 - Guiding Principles
 - High-Need Subgroups
 - High-Leverage Opportunities
 - Data Sources
 - Program Alignment
 - Performance Measures

MAP Pre-rulemaking Task

To provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs

Pre-rulemaking Analysis Timeline

- **Dec 8:** MAP receives list of pre-rulemaking measures from HHS
- **Dec 8 – 16:** Work groups prepare analyses
- **January:** Coordinating Committee refines analyses received from work groups and public comment
- **Feb 1:** Final report submitted to HHS

How to Participate in MAP Process

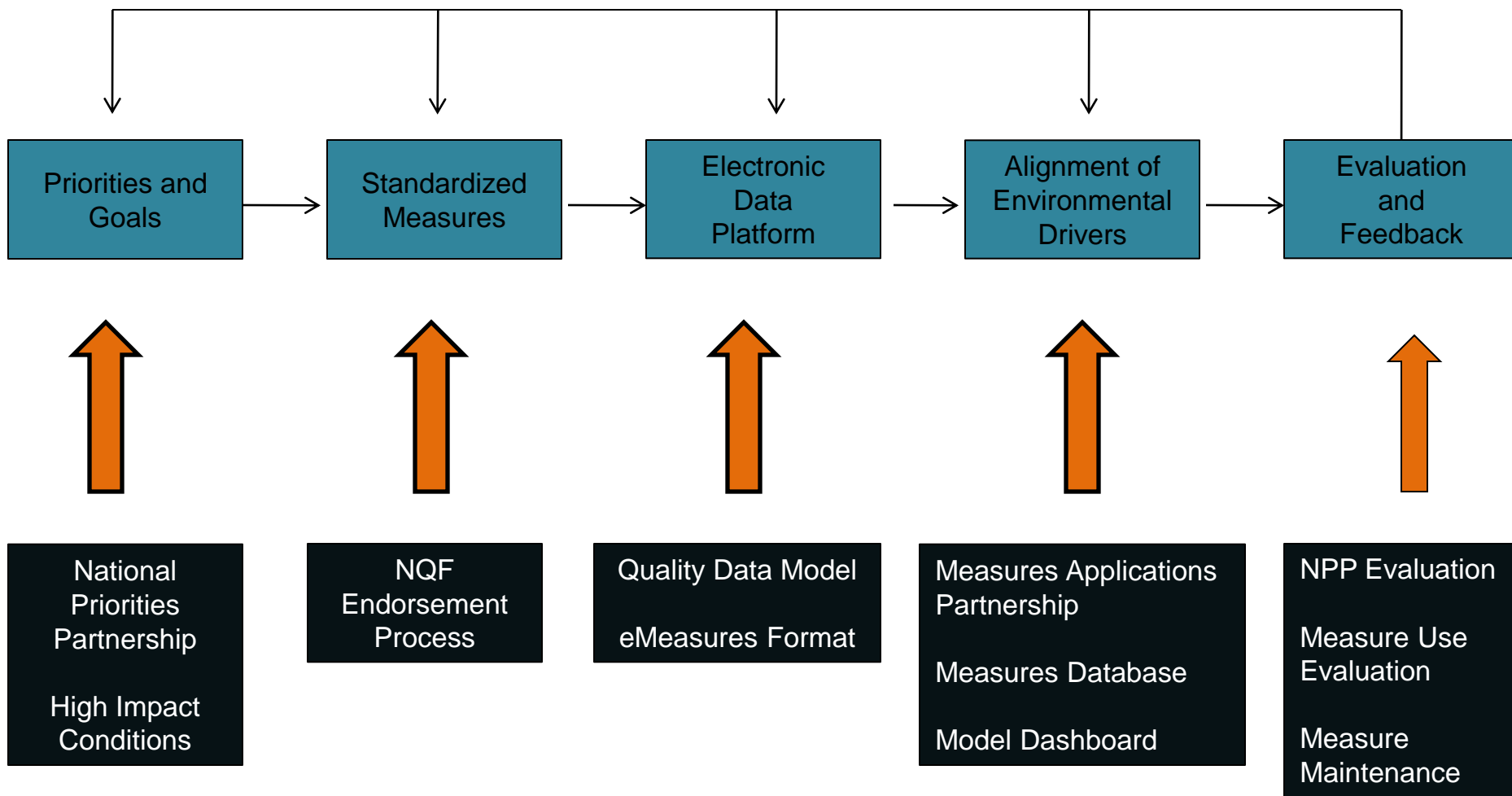
- Visit the NQF website to see listing of HHS measures under consideration for 2012 rulemaking
- Attend MAP committee and workgroup meetings

- All meetings are open to the public

Upcoming Meetings:

- Clinician Workgroup In-person, December 12
 - PAC/LTC Workgroup In-person , December 14
 - Hospital Workgroup In-person, December 15
 - Dual Eligible Beneficiaries Workgroup web meeting, December 16
 - Coordinating Committee in-person, January 5-6
 - Materials located on NQF website
- Public comment periods for reports

NQF's Quality Measurement Enterprise



Questions?

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