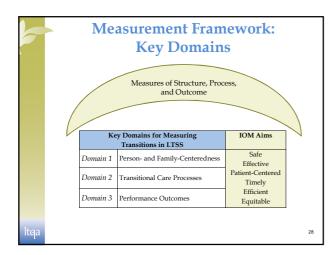
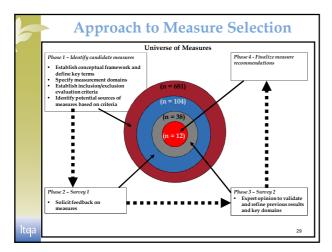




Quality Measurement Workgroup Heather M. Young, UC Davis Health System (co-chair) Mark McClellan, Engelberg Center for Health Care Reform, Brookings Institution Paul McGann, Centers for Medicare and Greg Pawlson, (co-chair through June 2011) Medicaid Services Lynn Feinberg, AARP Diane Meier, Center to Advance Palliative Care Joe Francis, Department of Veterans Affairs Vincent Mor, Brown University School of Medicine James Gardner, The Council on Quality Leadership Abigail Morgan, Office of Policy Analysis and Development, Administration on Aging Joseph Ouslander, Charles E. Schmidt College of Medicine, Florida Atlantic University David Gifford, American Health Care David Grabowoski, Harvard Medical School, Dept of Health Care Policy Susan Reinhard, AARP Jennie Chen Hansen, American Geriatrics Society Martina Roes, University of Pennsylvania School of Nursing (through August 2011) Bill Hartung, American Health Care Association Alan Rosenbloom, Alliance for Quality Nursing Home Care Di Shen, CARF Research and Quality Improvement (RQI) department Ellen Kurtzman, George Washington University School of Nursing Dave Kyllo, National Center for Assisted Lisa Shugarman, SCAN Foundation Mark Toles, Duke University School of Nursing Katie Maslow, Institutes of Medicine





1. Person and Family Centered Care
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)(NQF 166
Client Perceptions of Coordination Questionnaire (CPCQ)
2. Transitional Care
3-Item Care Transition Measure (CTM-3)(PCPI®)(NQF 228)
Percent of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months (AGS)(NCQA)(PCPI®)
Percent of Medicare members 65 years of age and older who received at least two different high-risk medications (NCQA HEDIS® 2011)
Percent of discharges from Jan 1st to Dec 1st of the measurement year for members 66 year of age and older for whom medications were reconciled on or within 30 days of discharge (NCQA HEDIS® 2011) (NQF 554)
Mean change score in basic mobility of patient in a post-acute-care setting assessed (AM-PAC)(CREcare)(NQF 429)

	Recommended Measures
	2. Transitional Care (continued)
	Mean change score in daily activity of patient in a post-acute-care setting assessed (AM-PAC) (CREcare)((NQF 430)
	Percent of patients who need urgent, unplanned medical care (HHC)(OASIS)(CMS)
	Percent of patients, regardless of age, discharged from an inpatient facility to home/any other site of care from whom a transition record was transmitted to the facility/Primary physician/other health care professional for follow-up-care within 24 hours of discharge (PCPI®)/NQF 648)
	Advanced Care Plan (NCQA)(NQF 326)
	3. Performance Outcomes
	All-cause-readmission (risk adjusted) (NQF 329) (HEDIS1@2011)
	31
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Gaps in Transitional Care Measurement

- » Person and family-centeredness (beyond clinical outcomes)
- » Process and outcome measures for older adults with cognitive impairment and those receiving palliative care
- » Transitional care management across episodes of care
- » Discharge readiness and social support
- » Preventive care
- » Access to, cost and cost-effectiveness of transitional care
- » Disparities and measures reflective of unique subpopulations
- » Performance of measure "bundle"

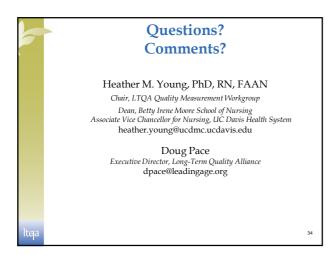
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Next Steps

- » These consensus-based recommendations synchronize and align with the work of NQF and Measures Application Partnership's (MAP) roles in recommending measures to CMS
- » Initial testing of this set of measures can begin through additional LTQA programs including the launch of the Innovative Communities Initiative
- » Further research is needed to develop and test measures that address LTSS priorities

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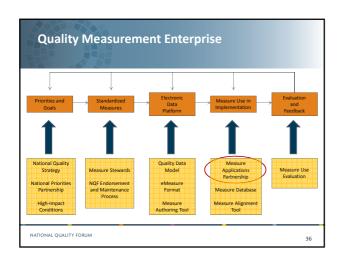
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Applying Performance
Measures to Improve Quali
and Demonstrate Value

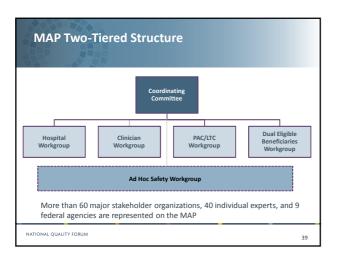
Long-Term Quality Alliance A
Meeting
February 16, 2012

Tom Valuck, MD, JD
Senior Vice President,
Strategic Partnerships



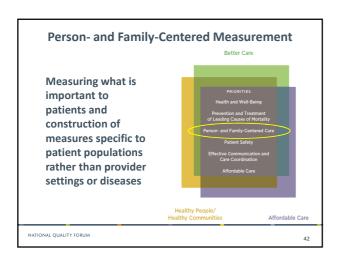
Applyi Inform	ng Performa ation	ince Meas	uremen	t	
•		Accountability			
Quality improvement Quality improvement benchmark		Accreditation and regulation fication		mance- payment Public Reporting	Improve Care
•		Transparency			•
NATIONAL QUALITY F	ORUM			-	37

Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs Identify gaps for measure development, testing, and endorsement Encourage alignment of public and private sector programs Align measurement across levels of analysis and settings to: Promote coordination of care delivery Reduce data collection burden



Measure Applications Partnership Initial Tasks	
Performance Measurement Coordination Strategies	
Coordination Strategy for Clinician Performance Measurement	
Readmissions and Healthcare-Acquired Conditions Performance Measurement Strategy Across Public and Private Payers	Reports submitted October 1, 2011
Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Interim Report	
Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care	Report submitted February 1, 2012
Reports can be found on the <u>NQF website</u>	
NATIONAL QUALITY FORUM	40

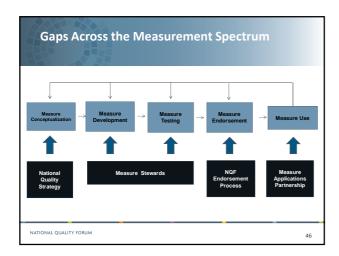




	Clinician	Hospital	Post-Acute Care/Long-Term Care
Care Transitions	Support CTM-3 (NQF #0228) if successfully developed, tested, and endorsed at the clinician level	Support immediate inclusion of CTM-3 measure and urge for it to be included in the existing HCAHPS survey. Support several discharge planning measures (i.e., NQF #0338, 0557, 0558)	Support CTM-3 if successfully developed, tested, and endorsed in PAC-LTC settings Identified specific measure for further exploration for its use in PAC/LTC settings (i.e., NQF #0326, 0647)
Readmissions	Readmission measures are a priority measure gap and serve as a proxy for care coordination	Support the inclusion of both a readmission measure that crosses conditions and readmission measures that are condition-specific	Identified avoidable admissions/readmissions (both hospital and ED) as priority measure gaps
Medication Reconciliation	Support inclusion of measures that can be utilized in an HIT environment including medication reconciliation measure (i.e., NQF #0097)	Recognize 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 use acros: all PAC/LTC settings (i.e., NQF #0097)

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

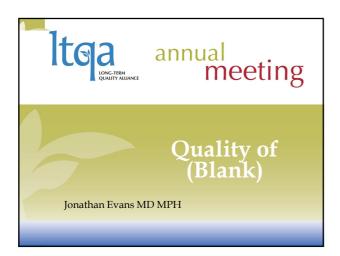
PAC-LTC Program	Measures Under Consideration	Support	Do Not Support	Support Direction
Nursing Home Compare	0	n/a	n/a`	n/a
Home Health Quality Reporting	0	n/a	n/a	n/a
Inpatient Rehabilitation Facility Quality Reporting	8	0	0	8
Long-Term Care Hospital Quality Reporting	8	0	0	8
Hospice Quality Reporting	6	6	0	0
End Stage Renal Disease Quality Management	5	3	1	1



F		
Perform	nance Measurement Coordination Strategie	2S
Measures i Hospitals	for Use in Quality Reporting for PPS-Exempt Cancer	
Measures	for Use in Quality Reporting for Hospice Care	Reports due June 1, 2012
	pproach to Performance Measurement for Dual Eligible es Final Report	

Ways to Participate in MAP Activities	
 Visit the NQF website Attend MAP committee and workgroup meetings All meetings are open to NQF members Upcoming Meetings: Dual Eligible Beneficiaries Workgroup In-Person Meeting, February 21 22, 2012 Coordinating Committee In-Person Meeting, March 15-16, 2012 Materials located on NQF website Public comment periods for reports Annual nomination process for new MAP members 	-
NATIONAL QUALITY FORUM	48

Thank You! Tom Valuck, MD, JD Senior Vice President Strategic Partnerships tvaluck@qualityforum.org



Quality Issues Quality of what? - Medical Care? Nursing Care? Life? Health? Says who? How can you tell? Quality compared to what? Whom? - Overall poor quality of health care, health in US compared to other nations - Lack of data on medical treatment in very elderly - Good quality at one age poor quality at another (e.g. diabetes control) What can you tell about quality when health and function decline? - Quality of death? Getting what you want and not what you don't

» » 1

Quality Issues (Cont'd)

- » Too Much and Too Little treatment, often at same time
 - » Medications in elderly
 - » Age-appropriate Care
 - Patient-Centered Care
 - » Measurement issues
 - » Surrogate decision making
 - » Biases
- Unintended consequences
 - » Measuring outcomes can result in cherrypicking, gaming the system, blaming patients

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Measuring and Rewarding What Matters

- » Will prolonging life always take precedence over quality of life?
 - » Quality of life and quality of care cannot be opposites.
- » We need to be able to measure how well people feel and how well they are getting what they want
- » The best care requires the concerted effort of many people working together and communicating effectively with patients, families, and each other. We need to directly encourage that.
- » Consistently good outcomes require good processes of care. Need to evaluate processes of care?
- » The efficient use of scarce or expensive resources





The Quality I Want

» Comfort, dignity, the relief of suffering, maximizing and maintaining function, promoting and preserving autonomy, helping people feel better through words and deeds- these are probably the truest measures of performance in health care but perhaps the most difficult to objectify and compare. They reflect the quality of caring, if not the quality of care itself.

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