



# **Potential Measures for the IPFQR Program and the Pre-Rulemaking Process**

**March 21, 2017**

# Speakers

## **Michelle Geppi**

Health Insurance Specialist  
Centers for Medicare & Medicaid Services

## **Erin O'Rourke**

Senior Director  
National Quality Forum

## **Kyle Campbell, PharmD**

Vice President, Pharmacy and Quality Measurement  
Health Services Advisory Group

## **Evette Robinson, MPH**

Inpatient Psychiatric Facility Quality Reporting Program Lead  
Hospital Inpatient Value, Incentives, and Quality Reporting  
Outreach and Education Support Contractor

# Acronyms and Abbreviations

<b>AHRQ</b>	Agency for Healthcare Research and Quality	<b>MAP</b>	Measure Applications Partnership
<b>AMA</b>	American Medical Association	<b>MDD</b>	Major Depressive Disorder
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>MUC</b>	Measures Under Consideration
<b>CM</b>	Center for Medicare	<b>N/A</b>	Not Available
<b>CMMI</b>	Center for Medicare & Medicaid Innovation	<b>NQF</b>	National Quality Forum
<b>DHSS</b>	Department of Health and Human Services	<b>NQS</b>	National Quality Strategy
<b>FY</b>	Fiscal Year	<b>ODD</b>	Opioid Use Disorder
<b>HSS</b>	Health and Human Services	<b>PAC</b>	Post Acute Care
<b>ICD</b>	International Classification of Diseases	<b>POC</b>	Point of Contact
<b>IPF</b>	Inpatient Psychiatric Facility	<b>PTA</b>	Prior to Admission
<b>IPFQR</b>	Inpatient Psychiatric Facility Quality Reporting	<b>Q</b>	Quarter
<b>LTC</b>	Long-Term Care	<b>SC</b>	Support Contractor
		<b>TEP</b>	Technical Expert Panel
		<b>TBD</b>	To be determined
		<b>TJC</b>	The Joint Commission
		<b>VIQR</b>	Value, Incentives, and Quality Reporting

# Purpose

This presentation will provide participants with an overview of the measure development and review process that occurs prior to rulemaking, as well as, information about the measures that the IPFQR Program is considering for adoption in the future.

# Learning Objectives

Upon completion of this presentation, participants will be able to describe

- The review process that occurs prior to the proposal and adoption of measures
- The measures that the IPFQR Program is considering for future adoption

# General Overview

All CMS Quality Program measures go through a pre-rulemaking process. Key components of the process include:

- Creation of the Measures Under Consideration List
- Review of measures by the Measures Application Partnership

# Agenda

---

## **Michelle Geppi**

*Overview of the Measures Under Consideration Process*

## **Erin O'Rourke**

*Overview of the Measures Application Partnership*

## **Kyle Campbell**

*Measures on the 2016 MUC List for the IPFQR Program*

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

---

## **Overview of the Measures Under Consideration Process**

# CMS Center for Clinical Standards and Quality

## Home to the Pre-Rulemaking Process

---

The Quality Measurement and Value-Based Incentives Group has a variety of different divisions, including:

- Division of Quality Measurement
- Division of Value, Incentives, and Quality Reporting

# CMS Quality Strategy

## Aims and Goals



# Pre-Rulemaking

## Statutory Reference

- Section 3014 of the Patient Protection and Affordable Care Act
- Section 1890 and 1890A of the Social Security Act

## Pre-rulemaking Steps

1. CMS annually publishes the Measures Under Consideration List by December 1
2. NQF MAP convenes Multi-Stakeholder Groups
3. MAP provides recommendations and feedback to the Secretary annually by February 1

# Caveats

- Measures in current use do not need to go on the Measures Under Consideration List again. The exception would be, if you are proposing to expand the measure into other CMS programs, then proceed with the measure submission, but only for the newly proposed program.
- Submissions will be accepted if the measure was previously proposed to be on a prior year's published MUC List, but was not accepted by any CMS program(s).
- Measure specifications may change over time; if a measure has significantly changed, proceed with the measure submission for each applicable program.

# Pre-Rulemaking Process

## Medicare Programs

The pre-rulemaking process applies to certain programs and measures.

Medicare Programs	
Ambulatory Surgical Center Quality Reporting	Inpatient Psychiatric Facility Quality Reporting
End-Stage Renal Disease Quality Incentive	Inpatient Rehabilitation Facility Quality Reporting
Home Health Quality Reporting	Long-Term Care Hospital Quality Reporting
Hospice Quality Reporting	Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals
Hospital-Acquired Condition Reduction	Medicare Shared Savings
Hospital Inpatient Quality Reporting	Merit-based Incentive Payment System
Hospital Outpatient Quality Reporting	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
Hospital Readmissions Reduction	Skilled Nursing Facility Quality Reporting
Hospital Value-Based Purchasing	Skilled Nursing Facility Value-Based Purchasing

# Pre-Rulemaking Process

Measure selection considerations include the following:

- Does the submission align with the NQS priorities?
- Is the candidate measure fulfilling a NQS gap for this program?
- Take a cascading look across programs to identify potential duplication of measures from both the private and public sectors; if so, maybe the newer version is enhanced in some way? In this scenario, could the original measure be removed?
- Is the measure evidence-based, fully developed and tested; would the measure be burdensome to operationalize?
- Endorsement status?

# Measures Development Timeline

Approximation in Months							
← 1	4	8	12	16	20	24	28 →
Develop and test new measure initial concept (ongoing process)	Submit measures to MUC process	Review and clearance	MUC list published annually	MAP public process and workgroup recomm.	DHHS and CMS develop proposed rules for measures	Issue final rules	Measures adopted in the field

# Measures Under Consideration List Publishing



# Measures Under Consideration List Trends

Year	2011	2012	2013	2014	2015	2016
Number of Measure Records	366	507	234	202	131	97

- The MUC List is published by December 1, annually.
- The NQF publishes the MAP Final Recommendations Report in Q1 of the subsequent year, each year.
- A complete repository of these lists and reports is located at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>.



# 2017 Next Steps

- JIRA opened January 31, 2017
- Pre-rulemaking meeting series
  - MUC Kick-off on Tuesday, April 4, from 10 a.m. to noon ET
  - CMS Program Measurement Needs and Priorities Session on Tuesday, April 11, from 10 a.m. to noon ET
  - Open Forum Discussions on Thursday, April 6 and 13, from 11 a.m. to noon ET
- CMS Pre-rulemaking Resources  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

---

## **Overview of the Measures Application Partnership**

# The Role of MAP

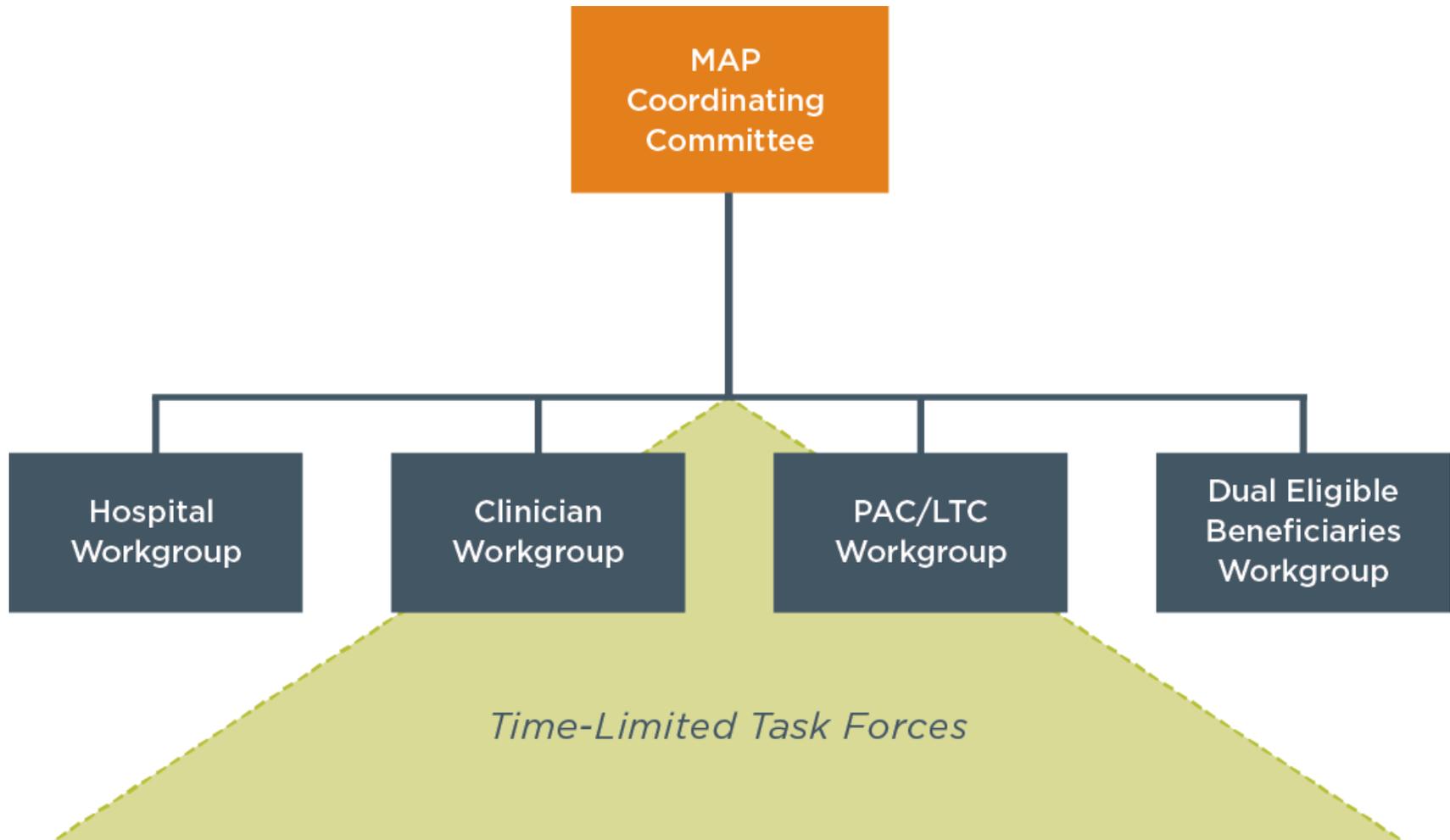
In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, as well as different settings, levels of analysis, and populations, in order to:
  - Promote coordination of care delivery
  - Reduce data collection burden

# What is the value of pre-rulemaking input?

- Facilitates multi-stakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent open forum
- Makes proposed laws “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

# MAP Structure



# MAP Members

## Three types of members:

- **Organizational Representatives**

- Constitute the majority of MAP members
- Include those that are interested in or affected by the use of measures
- Designate their own representatives

- **Subject Matter Experts**

- Serve as individual representatives bringing topic specific knowledge to MAP deliberations
- Include chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces

- **Federal Government Liaisons**

Serve as ex-officio, non-voting members representing a Federal agency

# Approach

The approach to the analysis and selection of measures is a four-step process:

1. Develop program measure set framework
2. Evaluate MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings
4. Develop recommendations for removal

# MAP Measure Selection Criteria

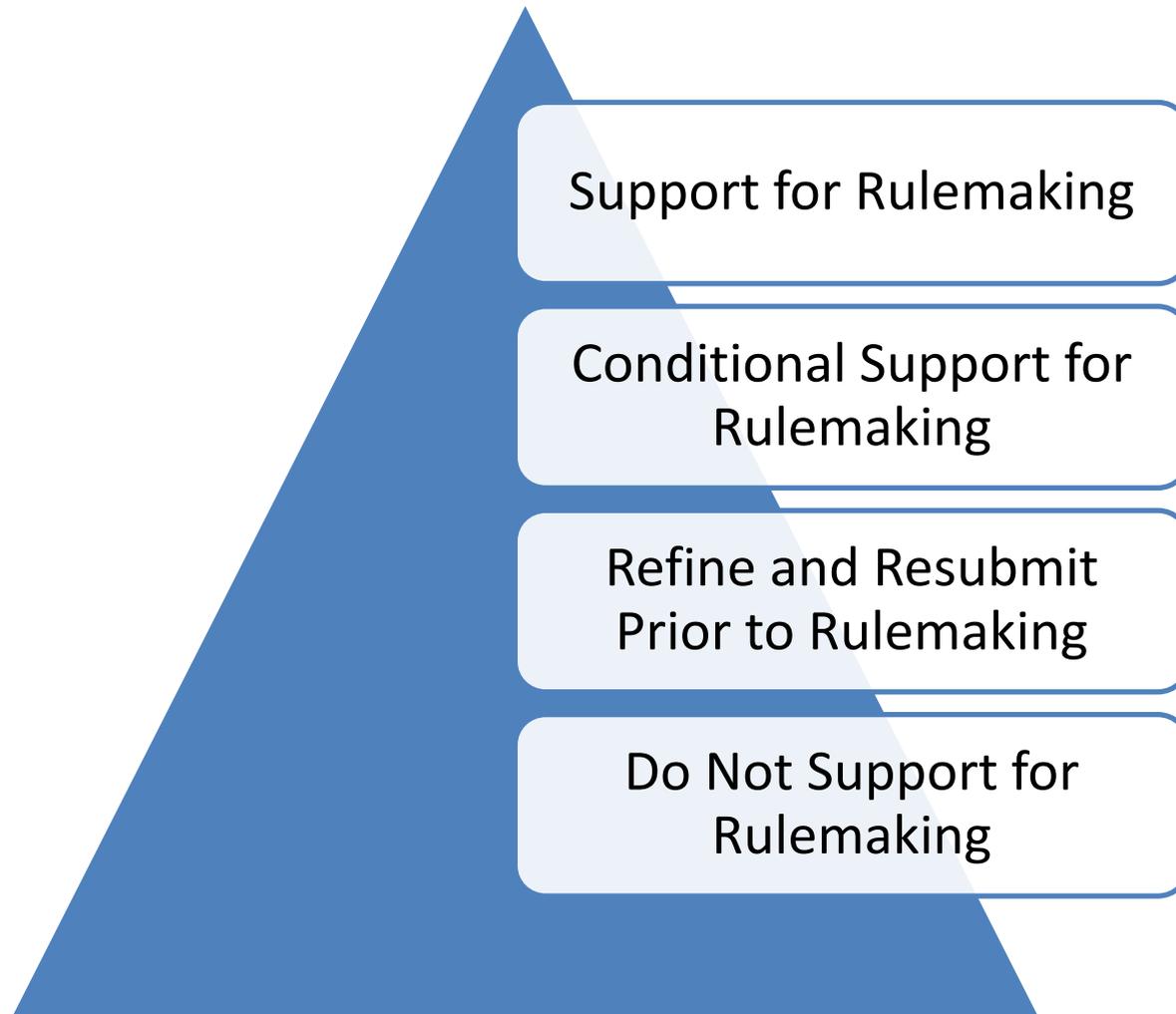
1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective.
2. Program measure set adequately addresses each of the National Quality Strategy's three aims.
3. Program measure set is responsive to specific program goals and requirements.
4. Program measure set includes an appropriate mix of measure types.
5. Program measure set enables measurement of person- and family-centered care and services.
6. Program measure set includes considerations for healthcare disparities and cultural competency.
7. Program measure set promotes parsimony and alignment.

# Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration.
  - Decision categories are standardized for consistency.
  - Each decision should be accompanied by one or more statement of rationale that explains why each decision was reached.
- The decision categories have been updated for the 2016-2017 pre-rulemaking process.

**NOTE:** MAP will no longer evaluate measures under development using different decision categories.

# MAP Decision Categories



# Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.

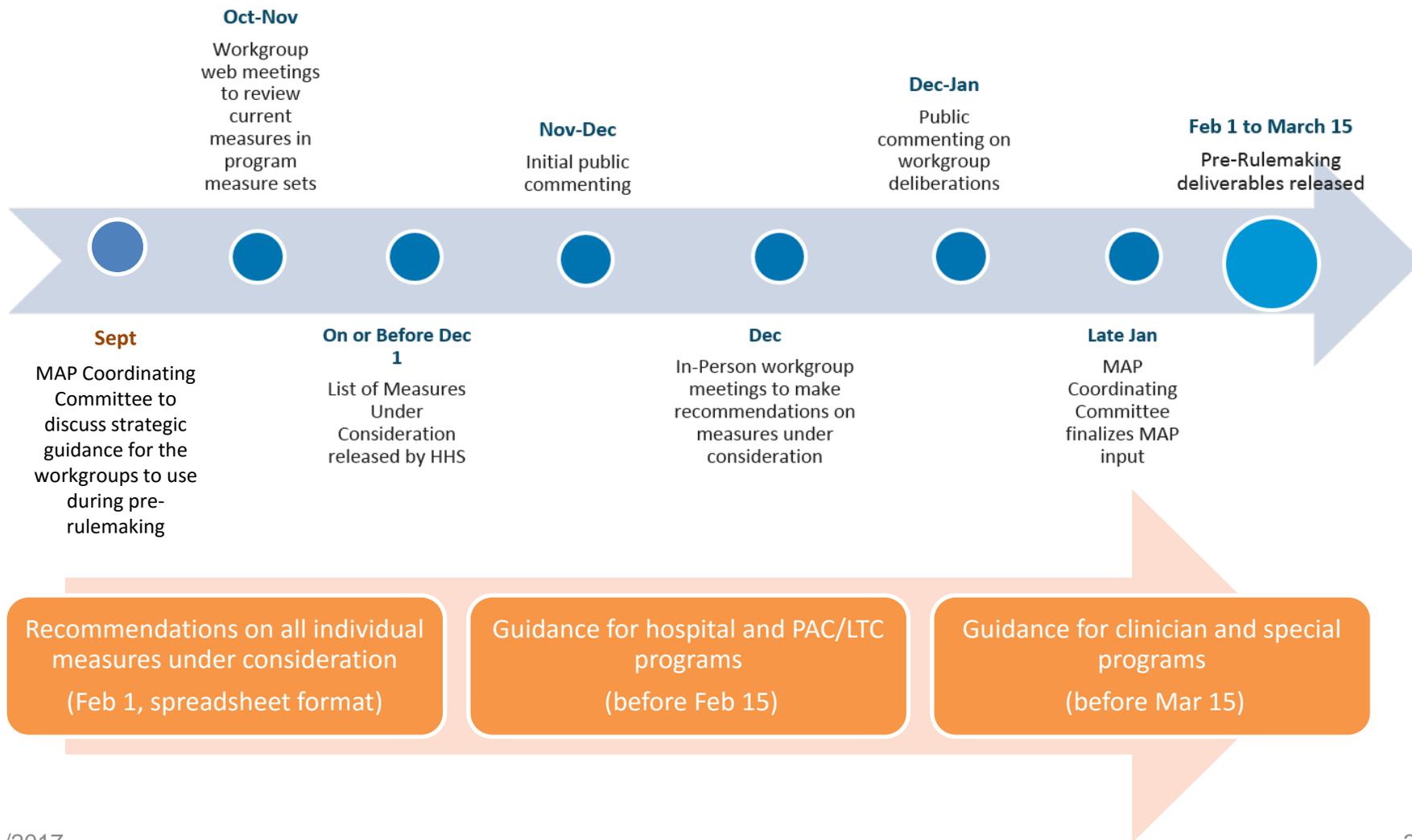
The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Approach to Pre-Rulemaking



# Nominations to Serve on the MAP

- One-third of the seats on MAP are eligible for reappointment each year.
- The formal call for nominations occurs in the early Spring, but NQF accepts nominations year round.
- For more information and to apply, please visit the NQF Committee Nominations webpage at <http://www.qualityforum.org/nominations/>.
- Nominations are sought from organizations and individual subject matter experts.

# Contacts for Pre-rulemaking

**CMS MUC Coordinator:** Michelle Geppi

[Michelle.Geppi@cms.hhs.gov](mailto:Michelle.Geppi@cms.hhs.gov)

(410) 786-4844

**NQF POC:** Erin O'Rourke

[eorourke@qualityforum.org](mailto:eorourke@qualityforum.org)

(202) 559-9465

Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

---

## **Measures on the 2016 MUC List for the IPFQR Program**

# 2016 MUC List: IPFQR Program Measures Under Consideration

The 2016 MUC list includes measures that CMS is considering to propose for the program, which may appear in future proposed rules.

As stated earlier, the MAP evaluates measures on the MUC and recommends to CMS the decision category for rulemaking

# IPFQR Measures on the 2016 MUC List

1. Medication Continuation Following Inpatient Psychiatric Discharge
2. Medication Reconciliation on Admission
3. Identification of Opioid Use Disorder

# Medication Continuation Following Inpatient Psychiatric Discharge

## Measure Overview

- Process measure

Percent of psychiatric patients admitted to an IPF for MDD, schizophrenia, or bipolar disorder who were dispensed a prescription for evidence-based medication during the follow-up period

- Claims-based calculation by CMS

No data submission required of IPFs

- 2-year measurement period

Ensures adequate sample size for reliable measure results

# Medication Continuation Following Inpatient Psychiatric Discharge

## Denominator

- Includes discharges for patients:
  - Admitted to IPF with MDD, schizophrenia, or bipolar disorder
  - Admitted when 18 years of age or older
  - Enrolled in Medicare Part A, B, and D
  - Alive at discharge and during follow-up period
  - Discharged to home or home health
- Excludes discharges for patients who:
  - Received electroconvulsive therapy or transcranial magnetic stimulation
  - Were pregnant during inpatient stay
  - Had secondary diagnosis of delirium
  - Had principal diagnosis of schizophrenia with secondary diagnosis of dementia

## Numerator

Discharges in denominator for patients who were dispensed evidence-based outpatient medication within two days prior to discharge through 30 days post-discharge

# Measure Information

A Technical Report with full measure specifications for the Medication Continuation Following Inpatient Psychiatric Discharge measure will be available for review on April 1, 2017, on the CMS Measure Methodology Webpage:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>

# Medication Reconciliation on Admission

## Measure Overview

- Process measure  
Average completeness of medication reconciliation conducted within 48 hours of admission to an inpatient psychiatric facility
- Chart-abstracted  
Sampling allowed
- Measure has three components  
Component scores aggregated to a single facility-level score
- Measure testing is complete

# Medication Reconciliation on Admission

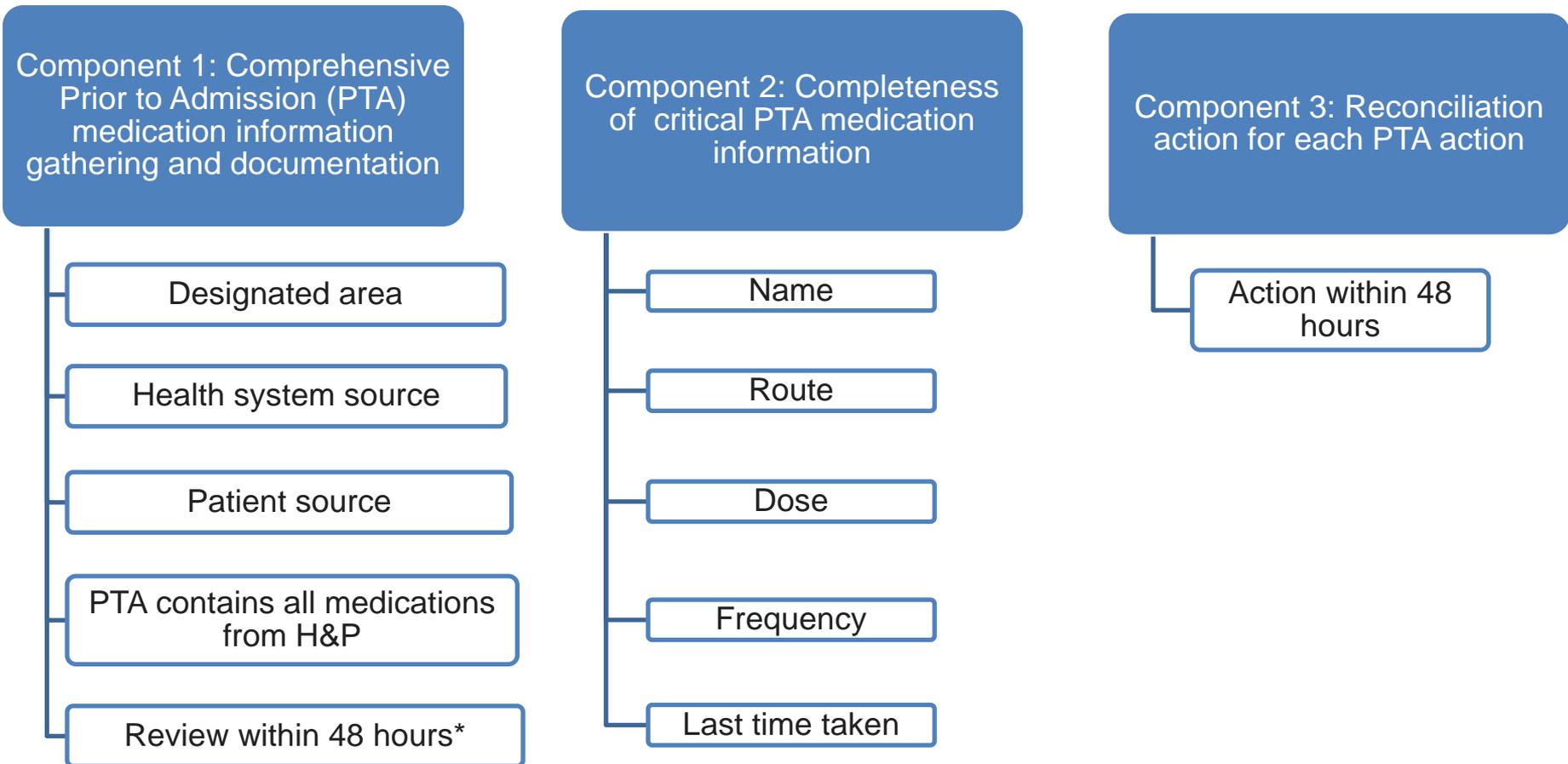
## Denominator

Admissions to an inpatient facility from home or non-acute setting with length of stay greater than or equal to 48 hours

## Numerator

- Facility-level score is the average of three component scores
- Each component measures a process that is necessary for high quality medication reconciliation on admission
- Score can range from 0% to 100%

# Medication Reconciliation on Admission



\*Only applicable for medical records without medications on the PTA list

# Identification of Opioid Use Disorder

## Measure Overview

- Process measure  
Percent of patients admitted to an inpatient psychiatric facility who were screened and evaluated for OUD
- Chart-abstracted  
Sample size to be determined
- Measure score has three components
  1. Urine drug screen
  2. Prescription drug monitoring program check
  3. Documentation of presence and severity of OUD
- Measure is in development and testing phase with anticipated completion in Summer 2017

# IPFQR Measures on the MUC List

## Next Steps in Measure Development

Measure	Next Steps in Measure Development
Medication Continuation Following Inpatient Psychiatric Discharge	<ul style="list-style-type: none"><li>Submitted to NQF for endorsement December 2016</li></ul>
Medication Reconciliation on Admission	<ul style="list-style-type: none"><li>Submitted to NQF for endorsement December 2016</li></ul>
Identification of Opioid Use Disorder	<ul style="list-style-type: none"><li>Field testing through Summer 2017</li><li>Public comment period on measure specifications to open in September 2017</li></ul>

Potential Measures for the IPFQR Program and the  
Pre-Rulemaking Process

---

## **Helpful Resources**

# Helpful Resources Links

For more information regarding the MAP's purpose, meetings, 2016 MUC List deliberations and voting, visit the NQF website at <http://www.qualityforum.org/map/>.

The FY 2017 IPPS Final Rule is at <https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>.

# Helpful Resources

## IPFQR Program General Resources

Q & A Tool	Email Support	Website	Phone Support
<a href="https://cms-IP.custhelp.com">https://cms-IP.custhelp.com</a>	<a href="mailto:IPFQualityReporting@hcqis.org">IPFQualityReporting@hcqis.org</a>	<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	(866) 800-8765
Monthly Web Conferences	ListServes	Hospital Contact Change Form	Secure Fax
<a href="http://www.QualityReportingCenter.com">www.QualityReportingCenter.com</a>	<a href="http://www.QualityNet.org">www.QualityNet.org</a>	<a href="#">Hospital Contact Change Form</a>	(877) 789-4443

# Helpful Resources

## IPFQR Program Manual and Paper Tools

CMS recommends that IPFs refer to the updated IPFQR Program Manual for information pertaining to the IPFQR Program. This document, and other helpful resources and tools, can be found at:

- [Quality Reporting Center](http://www.qualityreportingcenter.com/inpatient/ipf/tools/) > IPFQR Program > Resources and Tools  
(<http://www.qualityreportingcenter.com/inpatient/ipf/tools/>)
- [QualityNet](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255) > Inpatient Psychiatric Facilities > Resources  
(<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864255>)

# Helpful Resources

## Save the Dates

Upcoming IPFQR Program educational webinars:

### **April 2017**

*Navigating to Success: A Review of the Abstractions Process for the Transition Record Measures*

### **May 2017**

*FY 2018 Proposed Rule*

### **June 2017**

*Keys to Successful FY 2018 Data Submission*

# Potential Measures for the IPFQR Program and the Pre-Rulemaking Process

---

## **Questions?**

# Disclaimer

This presentation was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to this presentation change following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included in the presentation are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.