



## **Stakeholder Listening Session:**

### ***Recommendations for the Initial Core Set of Health Quality Measures for Adults in Medicaid as Required under the Affordable Care Act***

**Monday, February 28, 2011**

**2:30 pm - 4:00 pm (EST)**

**(877) 251-0301 Conference ID #: 46597384**

The goal of this “Listening Session” is to gather feedback from stakeholders on the proposed set of adult quality measures for voluntary reporting under the Affordable Care Act. The Centers for Medicare & Medicaid Services (CMS) and its partner in this effort, the Agency for Healthcare Research and Quality (AHRQ), are seeking feedback and perspectives on the initial set of recommended, core quality measures for adults in Medicaid.

#### **Background**

The Affordable Care Act extends Medicaid coverage to large numbers of the nation’s uninsured population, particularly adults. It also seeks to address challenges to the effectiveness and efficiency of our current health system by providing methods to improve the delivery of quality health services for all Americans. Section 2701 of the Affordable Care Act directs the Secretary of the Department of Health Human Services to identify and publish an initial voluntary core set of health care quality measures for adults eligible for Medicaid. The law requires consultation with a variety of stakeholders including: States, purchasers, national organizations, individuals with experience in health quality measurement, and consensus standards setting organizations, to identify the core set of adult quality measures.

AHRQ, on behalf of CMS, convened a meeting of a Subcommittee to its National Advisory Council on Healthcare Research and Quality (the Subcommittee) on October 18-19, 2010 to provide guidance on quality measures for Medicaid eligible adults. The Subcommittee consisted of State Medicaid representatives, health care quality and policy experts, and representatives of health professional organizations.

The Subcommittee began by reviewing one thousand measures. In the end, the Subcommittee identified a set of 51 measures to recommend as the initial core set of quality measures. In identifying the list of measures, the Subcommittee considered alignment with the Institute of Medicine’s (IOM) revised framework for defining and evaluating health care quality and improving systems of care.



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As such, the Subcommittee sought to identify measures that represented the IOM's quality aims of safe, timely, effective, efficient, accessible, patient and family-centered, coordinated care and health systems infrastructure support. The Subcommittee further refined the core measures list by evaluating these measures based on validity, feasibility of use by Medicaid, and importance to Medicaid programs. The draft recommended core set of adult measures was published by the Secretary of the Department of Health Human Services for public comment on December 30, 2010 pursuant to requirements of section 1139B(a)(1) of the Act. The initial core measures set will be finalized and published via a Federal Register notice by December 31, 2011.

**Providing Feedback**

CMS is interested in hearing your overall thoughts as well as experiences in collecting and reporting any of the recommended measures. For example, it would be helpful to hear from you about:

- 1) Do the measures resonate with the measurement needs and priorities of the Medicaid population?
- 2) Are there measures that are not part of the 51 draft set you think more reflective of the needs and/care provided to adults in Medicaid?
- 3) How well do the measures align with the various dimensions of adult health care and available evidence base for care?
- 4) What kind of experience have you had with:
  - a. Collecting data as it relates to any of the recommended measures – how you collected these measure(s) and what have been the challenges in collecting them?
  - b. Using any of the measures as part of other health information technology initiatives.
- 5) Have you ever used any of the measures to drive quality improvement or as part of special initiatives? Did they yield valuable information?

We encourage you to submit comments during the formal public comment period which ends March 1, 2011 to [MedicaidAdultMeasures@ahrq.hhs.gov](mailto:MedicaidAdultMeasures@ahrq.hhs.gov) .

Measure Owner	Measure name	Measure Description
<b>Prevention &amp; Health Promotion</b>		
CMS	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters
NCQA	Breast Cancer Screening (BCS)	The percentage of women 50–69 years of age who had a mammogram to screen for Breast Cancer.
NCQA	Cervical Cancer Screening	Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the two years prior to the measurement year.
NCQA	Flu Shots for Adults - Ages 50-64 - Ages 65+  <i>from HEDIS CAHPS Supplemental Survey</i>	Percentage of patients age 50-64 who received an influenza vaccination between Sep 1 of the measurement year and the date on which the CAHPS 4.0H adult survey was completed  Percentage of patients age 65 and over who received an influenza vaccination between Sep 1 of the measurement year and the date on which the Medicare CAHPS survey was completed
NCQA	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation. <ul style="list-style-type: none"> <li>• Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.</li> <li>• Discussing Cessation Medications. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</li> <li>• Discussing Cessation Strategies. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users who discussed or were provided cessation methods or strategies during the measurement year.</li> </ul>
VHA	Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment	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 medical record  Patients screened 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 screen
CMS	Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up documented

<b>Measure Owner</b>	<b>Measure name</b>	<b>Measure Description</b>
AHRQ	PQI 1: Diabetes, short-term complications	The number of admissions for diabetes short-term complications per 100,000 population.
AHRQ	PQI 2: Perforated appendicitis	This measure is used to assess the number of admissions for perforated appendix per 100 admissions for appendicitis within Metro Area or county.
AHRQ	PQI 3: Diabetes, long-term complications	This measure is used to assess the number of admissions for long-term diabetes complications per 100,000 population.
AHRQ	PQI 5: Chronic obstructive pulmonary disease	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population.
AHRQ	PQI 7: Hypertension	This measure is used to assess the number of admissions for hypertension per 100,000 population.
AHRQ	PQI 8: Congestive heart failure	This measure is used to assess the number of admissions for congestive heart failure (CHF) per 100,000 population.
AHRQ	PQI 10: Dehydration	The number of admissions for dehydration per 100,000 population.
AHRQ	PQI 11: Bacterial pneumonia	This measure is used to assess the number of admissions for bacterial pneumonia per 100,000 population.
AHRQ	PQI 12: Infections - Urinary	This measure is used to assess the number of admissions for Infections - Urinary per 100,000 population.
AHRQ	PQI 13: Angina without procedure	All non-maternal discharges of age 18 years and older with ICD-9-CM principal diagnosis code for angina.
AHRQ	PQI 14: Uncontrolled Diabetes Admission Rate	This measure is used to assess the number of admissions for uncontrolled diabetes among patients with diabetes per 100,000 population.
AHRQ	PQI 15: Adult asthma	This measure is used to assess the number of admissions for asthma in adults per 100,000 population.
AHRQ	PQI 16: Lower extremity amputations among patients with diabetes	This measure is used to assess the number of admissions for lower-extremity amputation among patients with diabetes per 100,000 population.
NCQA	Plan All-Cause Readmission	The percentage of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days, for members 18 years of age and older, in the following categories: 1. Count of Index Hospital Stays (IHS) (denominator); 2. Count of 30-Day Readmissions (numerator); 3. Average Adjusted Probability of Readmission.
AMA-PCPI	Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge

<b>Measure Owner</b>	<b>Measure name</b>	<b>Measure Description</b>
AMA-PCPI	Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	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.
<b>Management of Acute Conditions</b>		
Hospital Corporation of America	Elective delivery prior to 39 completed weeks gestation	Percentage of babies electively delivered prior to 39 completed weeks gestation
Providence St. Vincent Medical Center	Appropriate Use of Antenatal Steroids	Mothers receiving antenatal steroids during pregnancy at any time prior to delivery of a preterm infant
NCQA	Low Back Pain: Use of Imaging Studies	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
<b>Management of Chronic Conditions</b>		
NCQA	Acute Myocardial Infraction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge
AMA-PCPI	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL Cholesterol	Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines)
NCQA	Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.
NCQA	IVD: Complete Lipid Profile and LDL Control <100	Percentage of patients with a full lipid profile completed during the 12-month measurement period with date of each component of the profile documented; LDL-C<100.

<b>Measure Owner</b>	<b>Measure name</b>	<b>Measure Description</b>
NCQA	Diabetes: Lipid profile	Percentage of adult patients with diabetes aged 18-75 years receiving at least one lipid profile (or ALL component tests)
NCQA	Diabetes: Hemoglobin A1c testing	Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year
NCQA	Use of Appropriate Medications for People with Asthma	Percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
NCQA	HIV/AIDS: Medical visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least one medical visit in each 6 month period with a minimum of 60 days between each visit
NCQA	Annual monitoring for patients on persistent medications	<p>Percentage of patients 18 years and older who received at least 180-day supply of medication therapy for the selected therapeutic agent and who received annual monitoring for the therapeutic agent.</p> <p>Percentage of patients on ACE inhibitors or ARBs with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on digoxin with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on a diuretic with at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</p> <p>Percentage of patients on any anticonvulsant for phenytoin, phenobarbital, valproic acid or carbAMA/zepine with at least one drug serum concentration level monitoring test for the prescribed drug in the measurement year.</p> <p>The sum of the four numerators divided by the sum of the five denominators</p>
NCQA, PQA	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Calcium-Channel Blockers (CCB), Diabetes Medication, Statins.
NCQA	Antidepressant Medication Management	<p>Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment Phase.</p> <p>b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant</p>

Measure Owner	Measure name	Measure Description
		<p>medication and remained on an antidepressant drug during the entire 84-day Acute Treatment Phase.</p> <p>c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.</p>
VHA	Bipolar I Disorder 2: Annual assessment of weight or BMI, glycemic control, and lipids	Annual assessment of weight or BMI, glycemic control, and lipids
VHA	Bipolar I Disorder C: Proportion of patients with bipolar I disorder treated with mood stabilizer medications during the course of bipolar I disorder treatment.	Proportion of patients with bipolar I disorder treated with mood stabilizer medications during the course of bipolar I disorder treatment.
VHA	Schizophrenia 2: Annual assessment of weight/BMI, glycemic control, lipids	Annual assessment of weight/BMI, glycemic control, lipids
VHA	Schizophrenia B: Proportion of schizophrenia patients with long-term utilization of antipsychotic medications.	Proportion of schizophrenia patients with long-term utilization of antipsychotic medications.
VHA	Schizophrenia C: Proportion of selected schizophrenia patients with antipsychotic polypharmacy utilization.	Proportion of selected schizophrenia patients with antipsychotic polypharmacy utilization.
NCQA	Follow-Up After Hospitalization for Mental Illness	<p>This measure assesses the 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. Two rates are reported.</p> <p>Rate 1. The percentage of members who received follow-up within 30 days of discharge</p> <p>Rate 2. The percentage of members who received follow-up within 7 days of discharge.</p>
TJC	HBIPS-2 Hours of physical restraint use	The number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint per 1000 psychiatric inpatient hours, overall and stratified by age group

Measure Owner	Measure name	Measure Description
<b>Family Experiences of Care</b>		
AHRO	CAHPS Health Plan Survey v 4.0 - Adult questionnaire	30-question core survey of adult health plan members that assesses the quality of care and services they receive. Level of analysis: health plan – HMO, PPO, Medicare, Medicaid, commercial
NCQA	NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)	20-questions supplement to the CAHPS Health Plan Survey v 4.0 adult questionnaire that assesses the health plan’s role in offering information and care management to members. Level of analysis: health plan – HMO, PPO, Medicare, Medicaid, commercial.
<b>Availability</b>		
NCQA	Ambulatory Care	This measure summarizes utilization of ambulatory care in the following categories. <ul style="list-style-type: none"> <li>• Outpatient Visits</li> <li>• ED Visits</li> </ul>
NCQA	Inpatient Utilization— General Hospital/Acute Care	This measure summarizes utilization of acute inpatient care and services in the following categories. <ul style="list-style-type: none"> <li>• Total inpatient</li> <li>• Medicine</li> <li>• Surgery</li> <li>• Maternity</li> </ul>
NCQA	Mental Health Utilization	The number and percentage of members receiving the following mental health services during the measurement year. <ul style="list-style-type: none"> <li>• Any service</li> <li>• Inpatient</li> <li>• Intensive outpatient or partial hospitalization</li> <li>• Outpatient or ED</li> </ul>
NCQA	Prenatal and Postpartum Care: Postpartum Care Rate Only	Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
NCQA	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following. <ul style="list-style-type: none"> <li>• Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</li> <li>• Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.</li> </ul>