

Assessment of CMS Quality Measures

Report & Technical Expert Panel
CMS Special Open Door Forum

May 10, 2012

Today's Agenda

Welcome & Opening Remarks

Mike Rapp, MD, JD, Director of the Quality Measurement & Health Assessment Group (OCSQ)

Overview of ACA 3014

Julie Mikulla, RN, MBA, MSc, Health Insurance Specialist, Quality Measurement & Health Assessment Group

Presentation: National Impact Assessment of CMS Quality Measures report

Mary Fermazin, MD, MPA, Project Director, Measures Management Team, Health Services Advisory Group

Role of the Technical Expert Panel

Cheryl Damberg, PhD, Co-Chair

Key Questions Regarding Assessing Impact of Measures and Developing a Framework

Cheryl Damberg, PhD, Co-Chair

Public Comment

CMS Opening Remarks

Mike Rapp, MD, JD, Director of the Quality Measurement & Health Assessment Group (OCSQ)

- Welcome
- CMS Goals for the Assessment of Impact of Measures and Expectations of the TEP

CMS Goal for Impact Assessment

To assess the impact of CMS measures and measurement programs on better quality of care, better health, and lower costs in order to inform measure selection and implementation policies

Office of Clinical Standards and Quality

*Julie Mikulla, RN, MBA, MSc, Health Insurance Specialist,
Quality Measurement & Health Assessment Group*

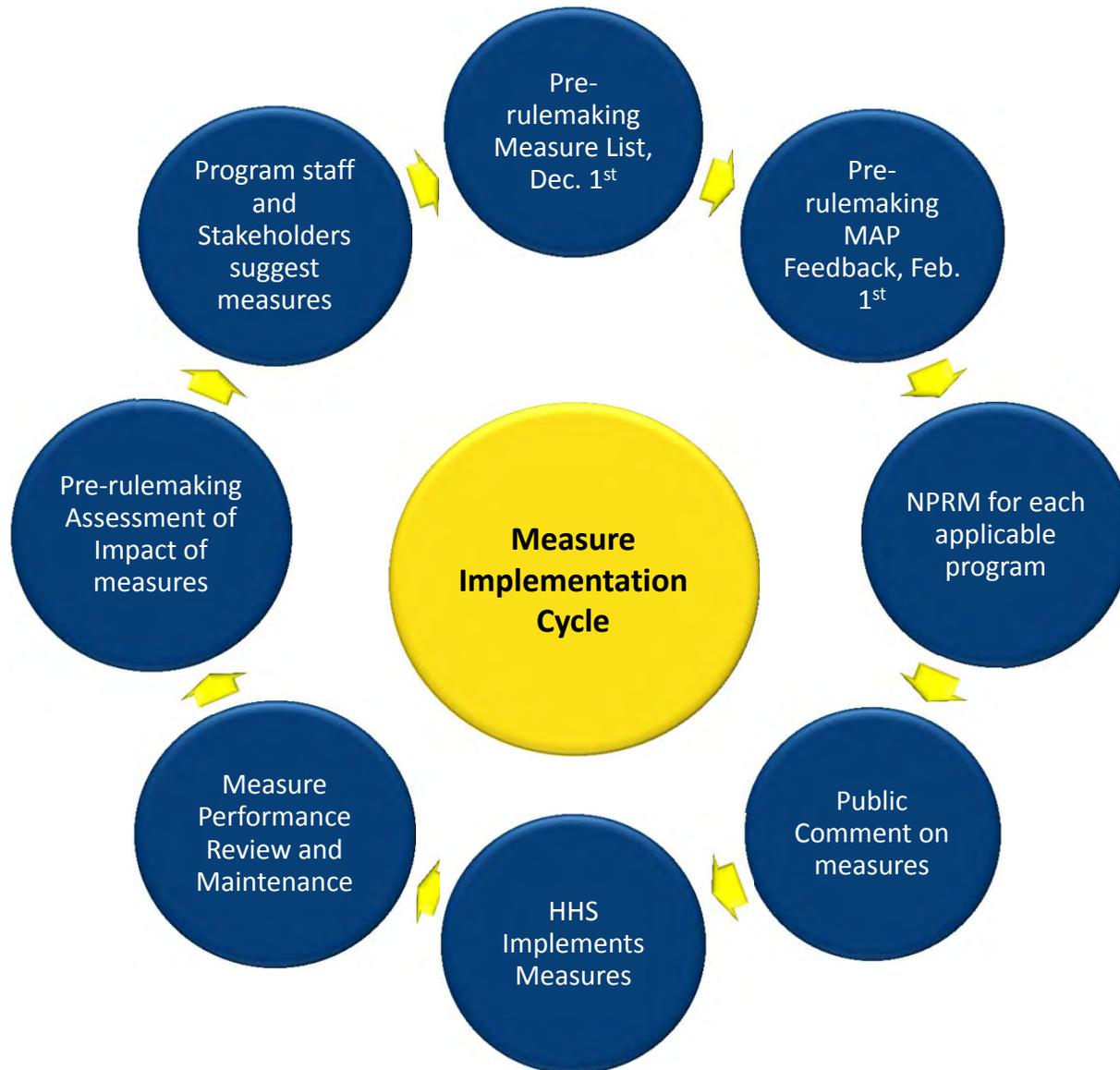
ACA Requirements

Affordable Care Act (ACA) Requirements

Sec. 3014 of the Affordable Care Act establishes a new federal “pre-rulemaking process” for the adoption of quality measures that includes:

- Making publicly available by December 1st annually a list of measures currently under consideration by HHS for qualifying programs;
- Providing the opportunity for multi-stakeholder groups to review and provide input by February 1st annually to HHS on the measures under consideration, and for HHS to consider this input;
- Publishing the rationale for the selection of any quality and efficiency measures that are not endorsed by the National Quality Forum (NQF); and
- **Assessing the impact of endorsed quality and efficiency measures at least every three years (the first report due to the public in March 2012).**

Measure Selection Process



National Quality Strategy

Three Aims

1. Better Care
2. Better Health
3. Lower Costs through improvement

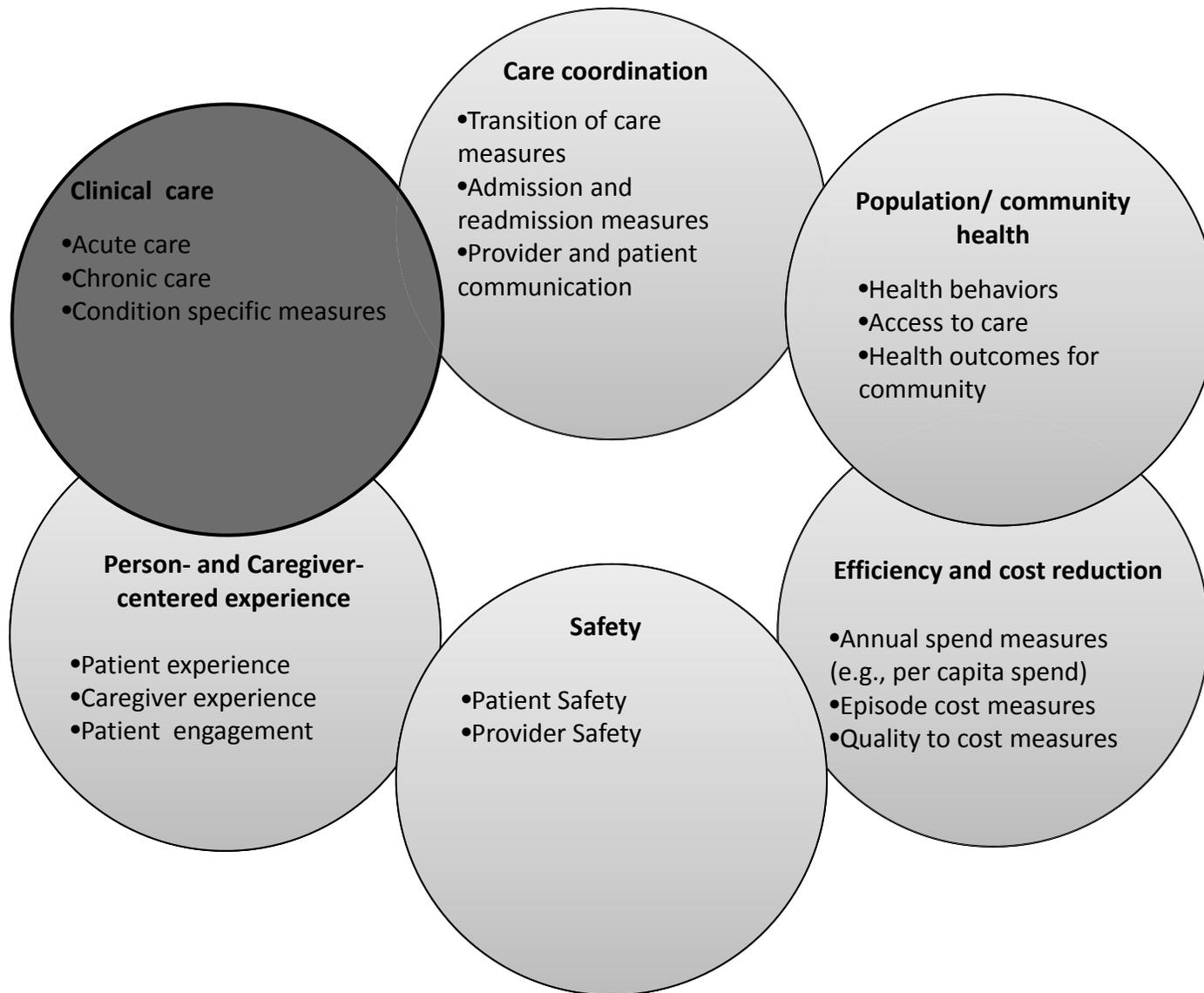
Six Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family are 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 health care delivery models.

High Level Objectives for Measure Selection

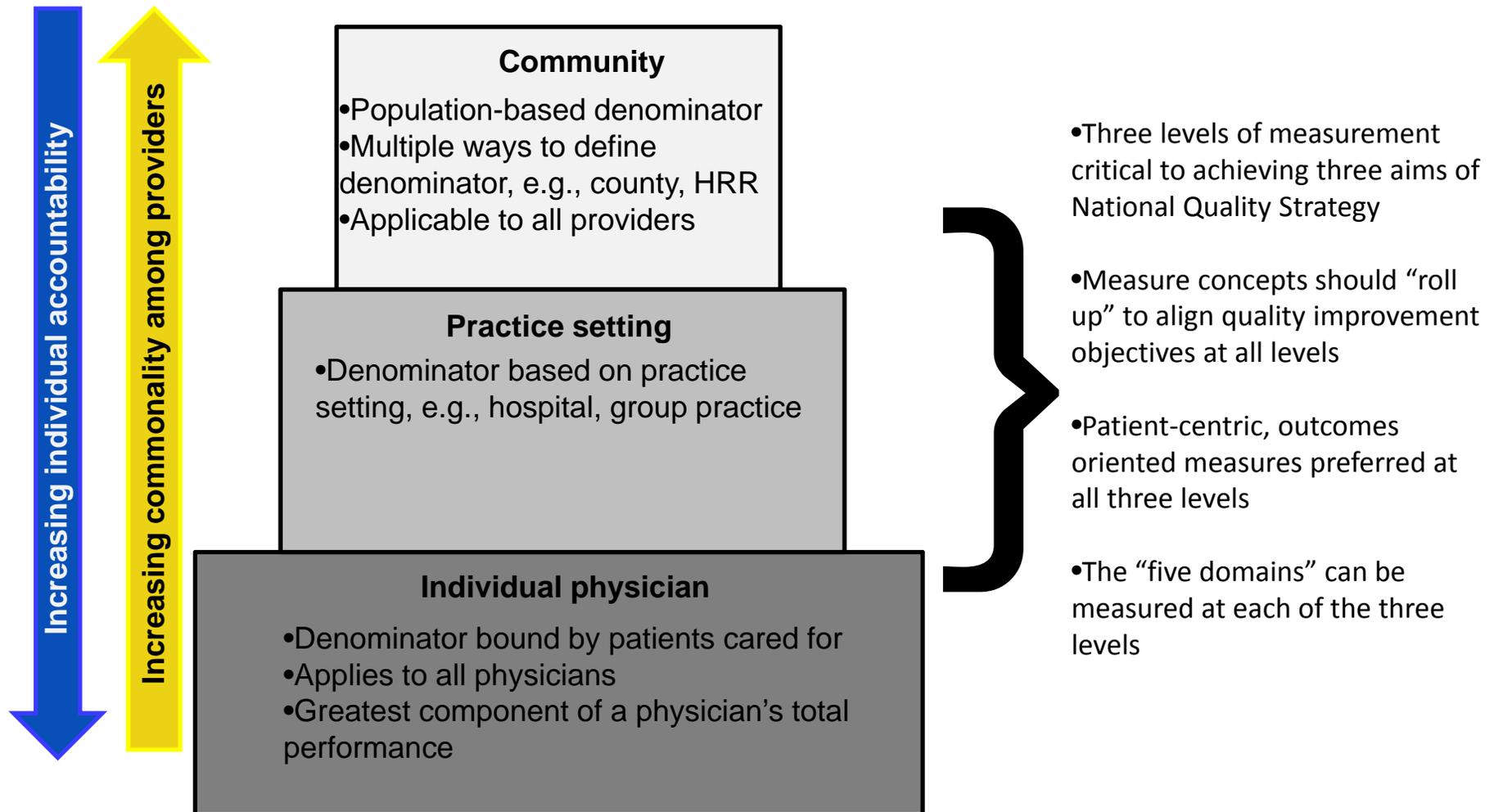
- **Align measures with the National Quality Strategy**
- **Align measures across programs**
- **Focus on patient centered measures (patient outcomes and patient experience)**
- **Parsimonious sets of measures; core sets of measures and measure concepts**
- **Removal of measures no longer appropriate**

Six domains of quality measurement based on the National Quality Strategy



Bulleted sub-domains of measurement are examples
Information for Health Care Improvement

Quality can be measured and improved at multiple levels



CMS quality reporting and performance programs

PRELIMINARY

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PPS Exempt Cancer Hospitals • Inpatient Psychiatric Facilities • Inpatient Quality Reporting • HAC payment reduction program • Readmission reduction program • Outpatient Quality Reporting • Ambulatory Surgical Centers 	<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PQRS • eRx quality reporting 	<ul style="list-style-type: none"> • Inpatient Rehabilitation Facility • Nursing Home Compare Measures • LTCH Quality Reporting • Hospice Quality Reporting • Home Health Quality Reporting 	<ul style="list-style-type: none"> • Medicare Shared Savings Program • Hospital Value based Purchasing • ESRD QIP • Physician Feedback/Value based Modifier* 	<ul style="list-style-type: none"> • Medicaid Adult Quality Reporting* • CHIPRA Quality Reporting* • Health Insurance Exchange Quality Reporting* • Medicare Part C* • Medicare Part D*

* Denotes that the program did not meet the statutory inclusion criteria for pre-rulemaking, but was included to foster alignment of program measures.

Questions or Comments?

***National Impact Assessment
of
Medicare Quality Measures
March 2012 Report***

***Mary Fermazin, MD, MPA, Project Director, Measures
Management Team, Health Services Advisory Group***

ACA Sec. 3014

- An assessment of the quality impact of the NQF-endorsed quality & efficiency measures
- Publicly report this information
- March 2012

Measures Included in the Report

- **Implemented measures for which 2 years performance information is available**
- **Measures under consideration by CMS that have been available to the public**

Inclusion Criteria for Implemented Measures

- **Two years of national data are readily available (2006–2010)**
- **NQF-endorsed or were previously NQF-endorsed**

Eight Medicare Programs

- **Hospital Inpatient Quality Reporting System (Hospital IQR)**
- **Hospital Outpatient Quality Reporting (Hospital OQR)**
- **Physician Quality Reporting System (PQRS)**
- **Nursing Home (NH)**
- **Home Health (HH)**
- **End-Stage Renal Disease (ESRD)**
- **Medicare Part C (Part C)**
- **Medicare Part D (Part D)**

Measures Under Consideration

- CMS presented to the NQF MAP a measures list of 367 new quality and efficiency measures
- Insufficient information about performance to assess impact based on implementation; therefore, the anticipated impact on health care relating to the NQS priorities is assessed.
- Measures for 23 programs may be included in future assessments

Methods

- **A variety of data sources:**
 - ✓ **CMS measure contractors**
 - ✓ **CMS Web sites that report on Medicare quality measures**
- **Measures for each of the 8 programs:**
 - ✓ **organized conceptually by measure type or by service type**
 - ✓ **results are plotted on trend charts to highlight performance over time**
 - ✓ **measures were assessed against the NQS priority domains**

Report Limitations

- **Descriptive results**
- **No statistical testing**
- **The rates reported represent un-weighted results or simple averages across facilities**

Report Limitations (cont'd)

- **Measure specification changes may affect the meaningful interpretation of trends**
- **Subsets of measure sets**
- **The results are unable to highlight disparities among key subgroups**

Summary

HOSPITAL INPATIENT QUALITY REPORTING PROGRAM

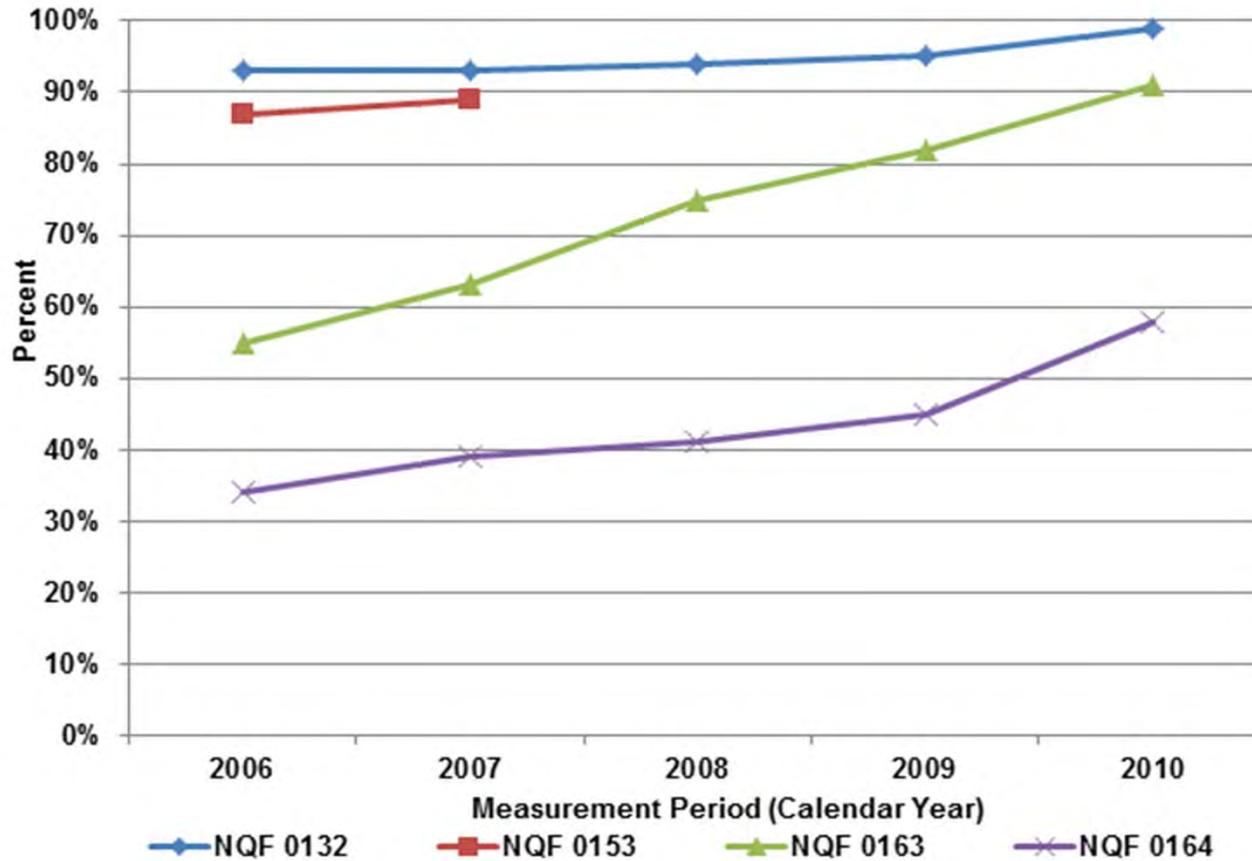
Measures Included

- **27 process and outcome measures for acute myocardial infarction, heart failure, and pneumonia**
- **8 Surgical Care and Improvement Project (SCIP)**
- **10 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

Hospital IQR Measures

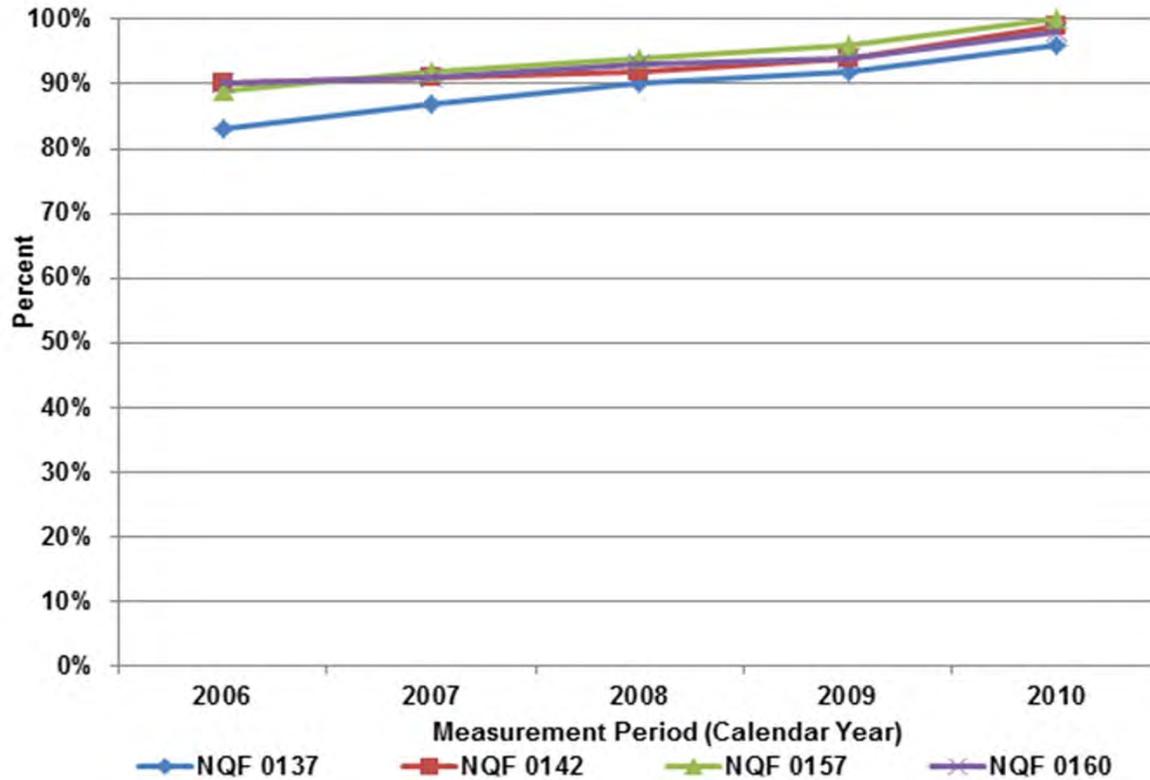
- 5 NQS priorities addressed
- Data are from 2006-2010
- Number of All Reporting Hospitals for Hospital Compare: 4,566 (2006) to 4,528 (2010)
- During the 5-year period, participation by more than 99% of IPPS eligible hospitals
- HCAHPS Reporting Hospitals: 2,595 (2007) to 3,827 (2010)

AMI at Arrival Measures



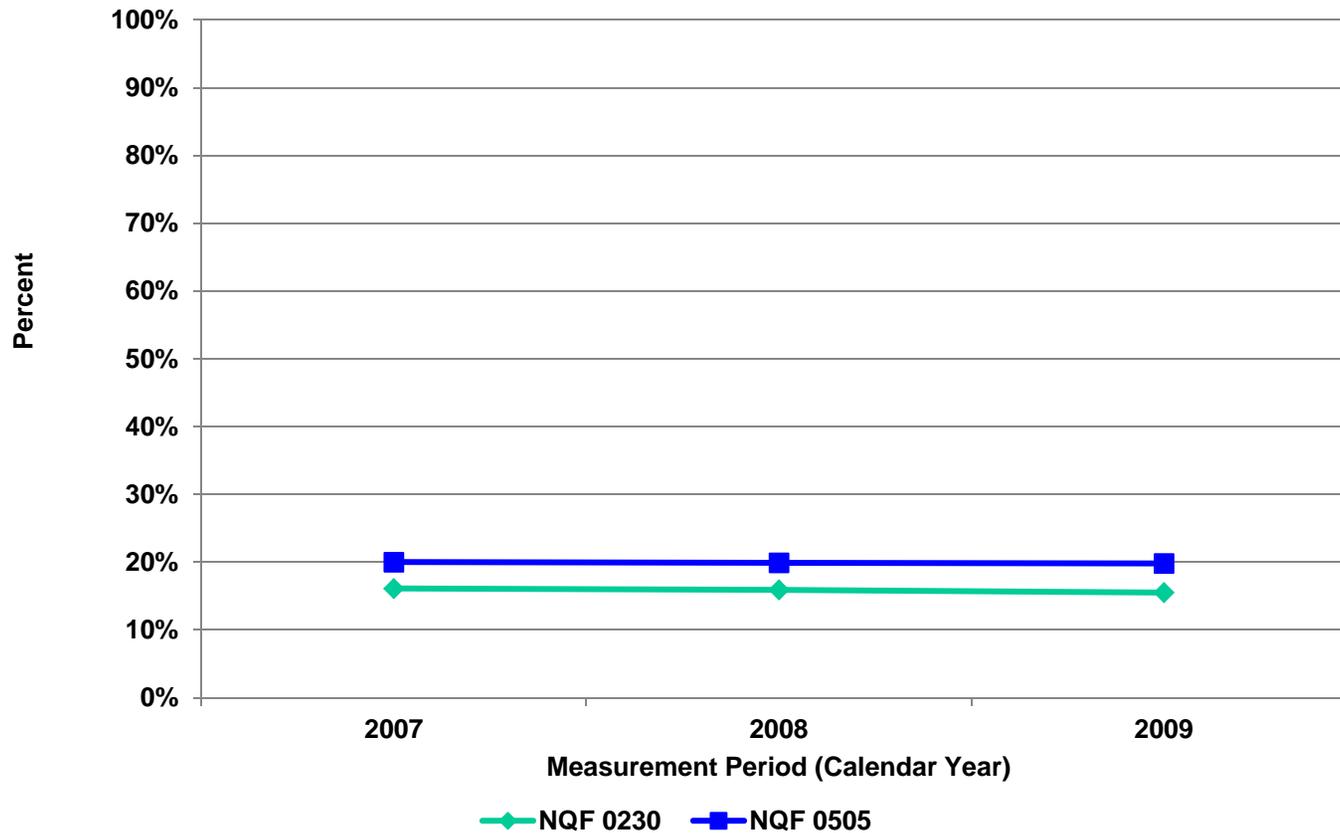
Measure	2006	2007	2008	2009	2010
NQF 0132 – Aspirin at Arrival	93%	93%	94%	95%	99%
NQF 0153 – Beta Blocker at Arrival (retired Q1 2009)	87%	89%	N/A	N/A	N/A
NQF 0163 – PCI Within 90 Minutes	55%	63%	75%	82%	91%
NQF 0164 – Fibrinolytic Medication Within 30 Minutes	34%	39%	41%	45%	58%

AMI Measures for Discharge



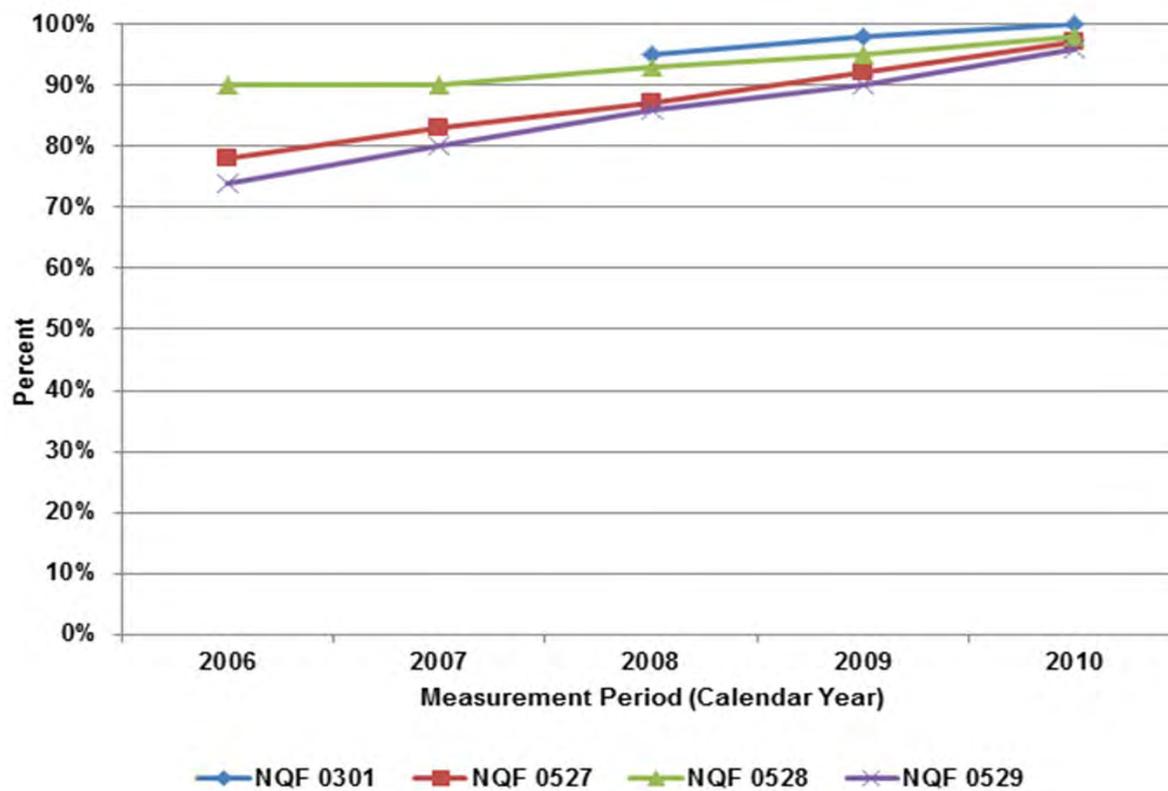
Measure	2006	2007	2008	2009	2010
NQF 0137 – ACEI/ARB for LVSD	83%	87%	90%	92%	96%
NQF 0142 – Aspirin at Discharge	90%	91%	92%	94%	99%
NQF 0157 – Smoking Cessation Advice/Counseling	89%	92%	94%	96%	100%
NQF 0160 – Beta Blocker at Discharge	90%	91%	93%	94%	98%

AMI Readmission and Mortality



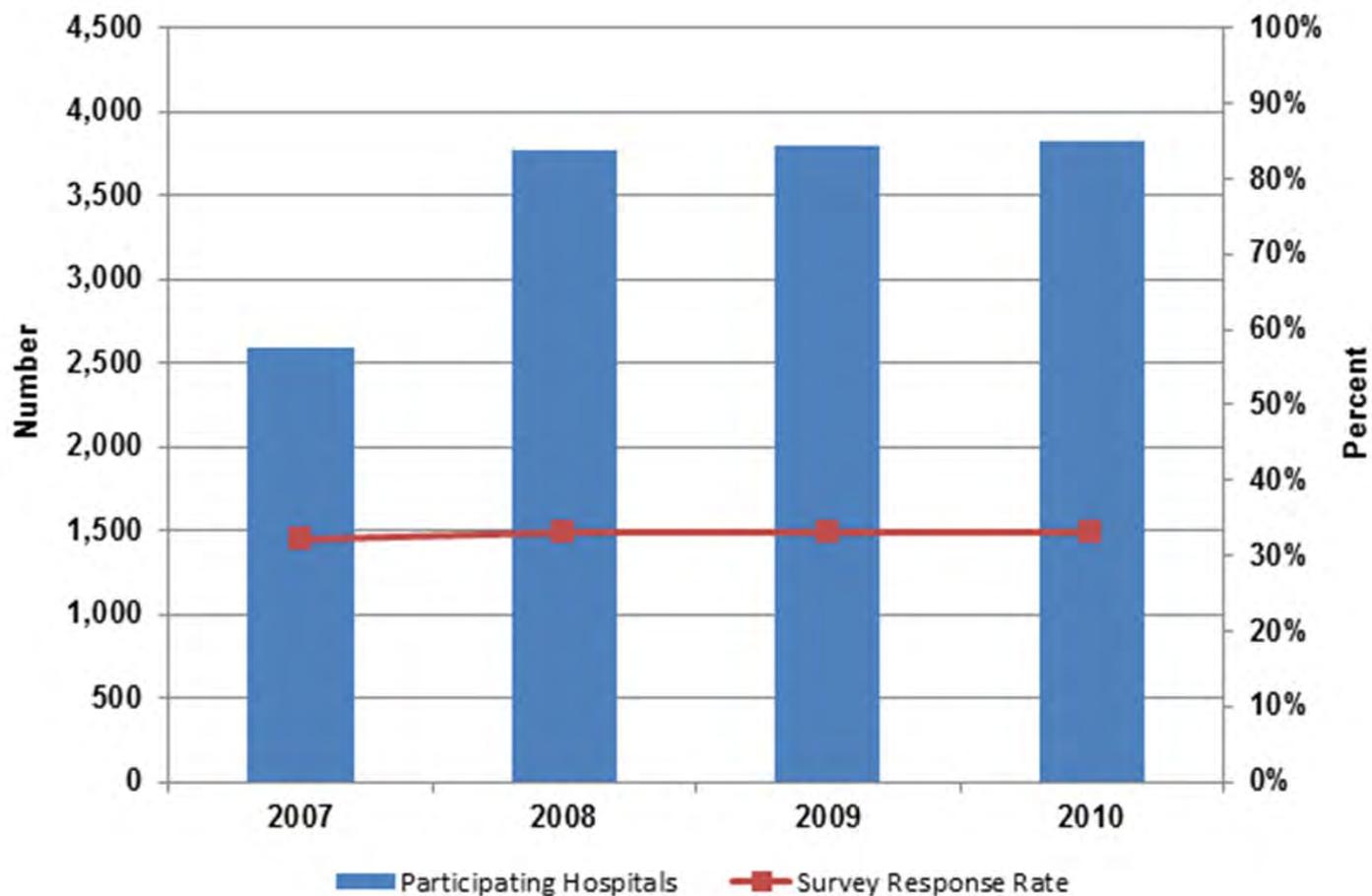
Measure	2007	2008	2009
NQF 0230 – Mortality	16.1%	15.9%	15.5%
NQF 0505 – Readmission	20.0%	19.9%	19.8%

Surgical Care Improvement Project (SCIP)



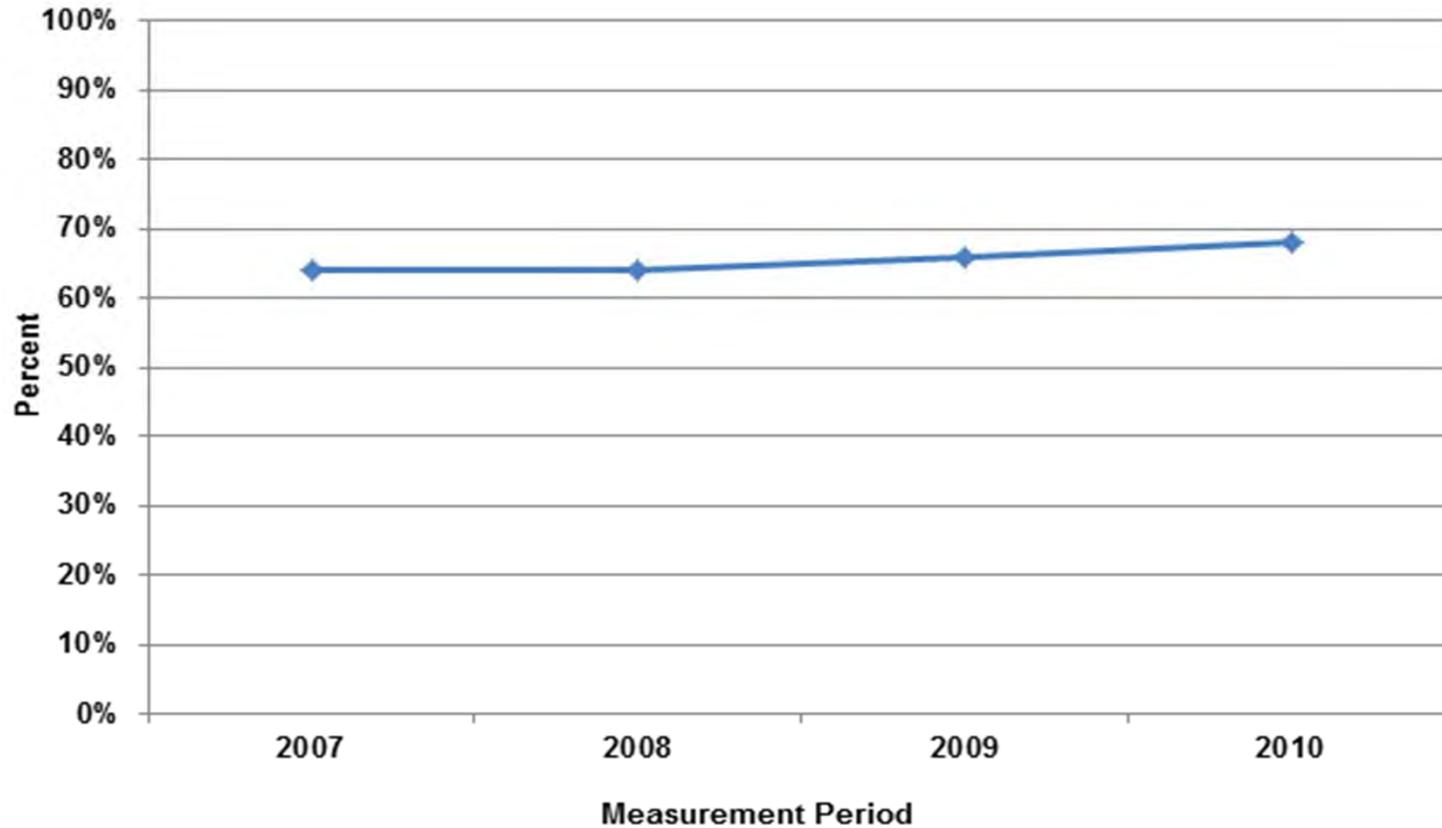
Measure	2006	2007	2008	2009	2010
NQF 0301 – Appropriate hair removal	N/A	N/A	95%	98%	100%
NQF 0527 – Timely receipt of antibiotic	78%	83%	87%	92%	97%
NQF 0528 – Appropriate antibiotic	90%	90%	93%	95%	98%
NQF 0529 – Antibiotics discontinued at right time	74%	80%	86%	90%	96%

HCAHPS Participating Hospitals and Overall Response Rates



Measure	2007	2008	2009	2010
Participating Hospitals	2,595	3,765	3,792	3,827
Survey Response Rate	32%	33%	33%	33%

HCAHPS-Overall Hospital Rating



NQF 0166	2007	2008	2009	2010
Overall Hospital Rating	64%	64%	66%	68%

Hospital IQR Result Highlights

- Consistent increases for nearly all measures
- 7 process measures ↑ of more than 20 percentage points
- In 2010, rates ↑ 90% for the HF & PN measures & all but 1 AMI measure
- SCIP measures showed favorable trends
- Outcome measures exhibited little or no change
- HCAHPS ↑ in all but one measure, 2007-2010

Summary

NURSING HOME

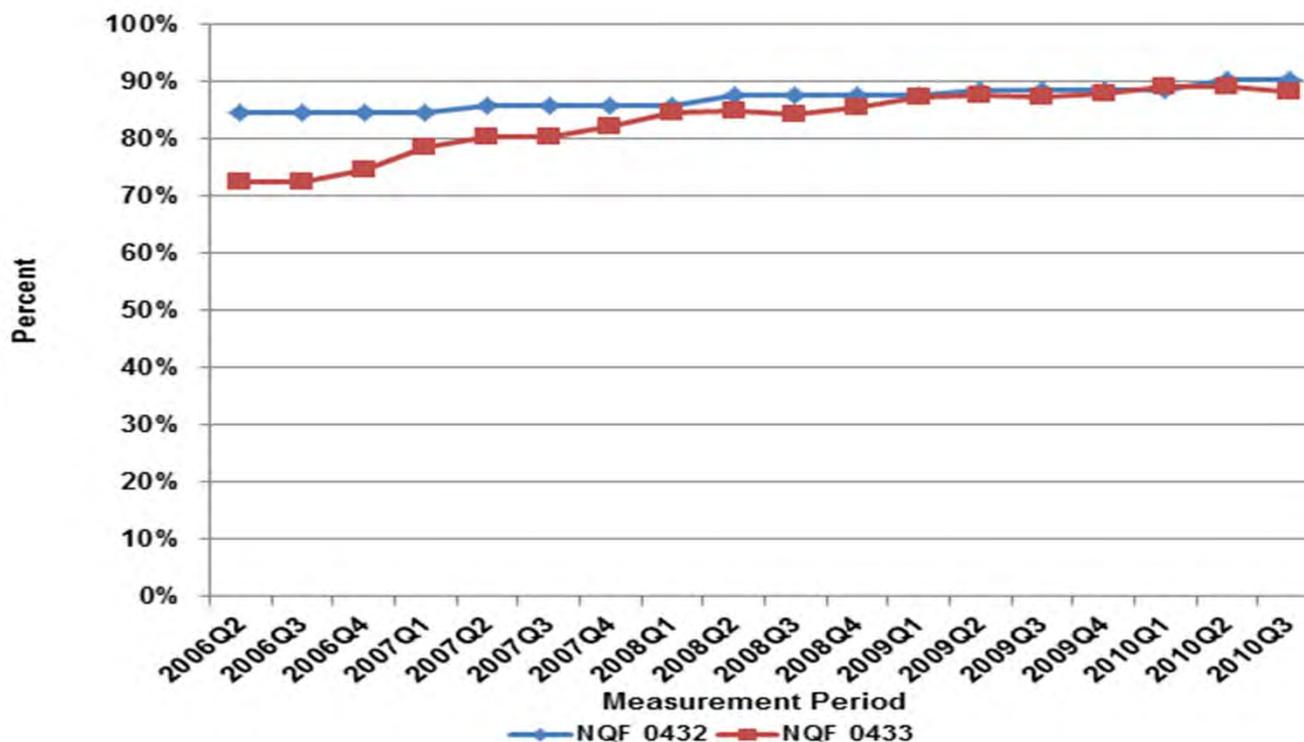
Measures Included

- **Process and outcome measures**
- **14 chronic or long-stay measures**
- **5 post-acute or short-stay measures**
- **1 nurse staffing measure with four components**

Nursing Home Measures

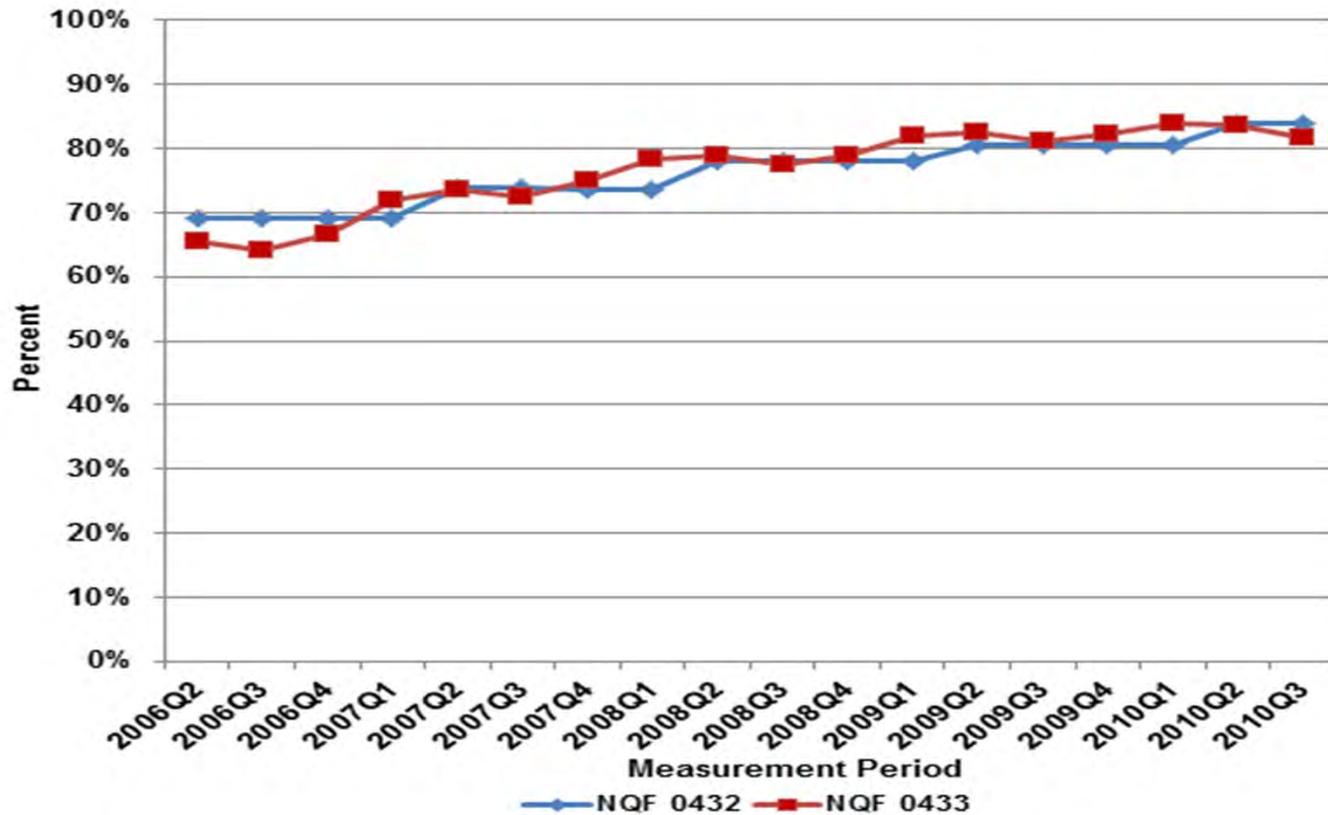
- **3 NQS priorities addressed**
- **Data are from 2006-2010**
- **Number of reporting facilities: 15,938 (2006 to 15,697 (2010), a decrease of 241 facilities**

Vaccinations for Chronic Care Residents



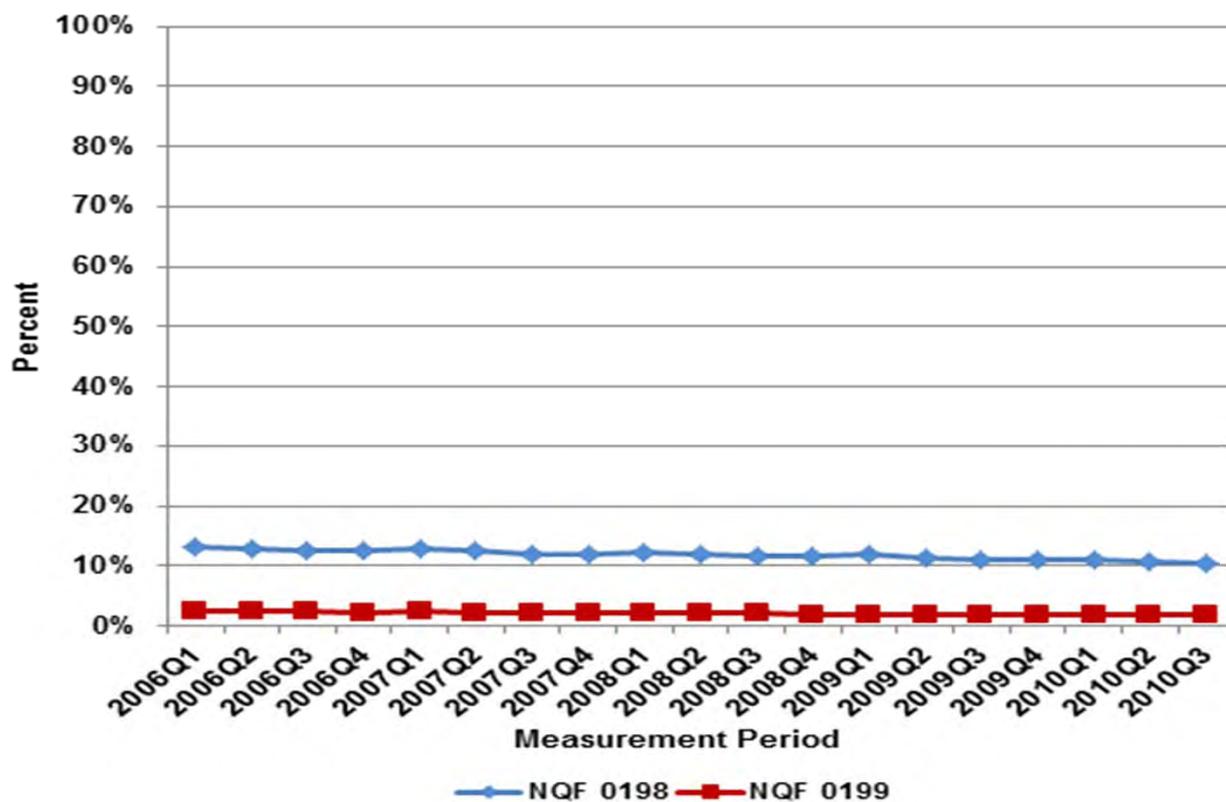
Measure	2006 Q4	2007 Q4	2008 Q4	2009 Q4	2010 Q3
NQF 0432-Influenza	84.5	85.9%	87.6%	88.7%	90.4%
NQF 0433-Pneumococcal	74.6	82.3%	85.5%	88.1%	88.2%

Vaccination Rates for Post-Acute Residents



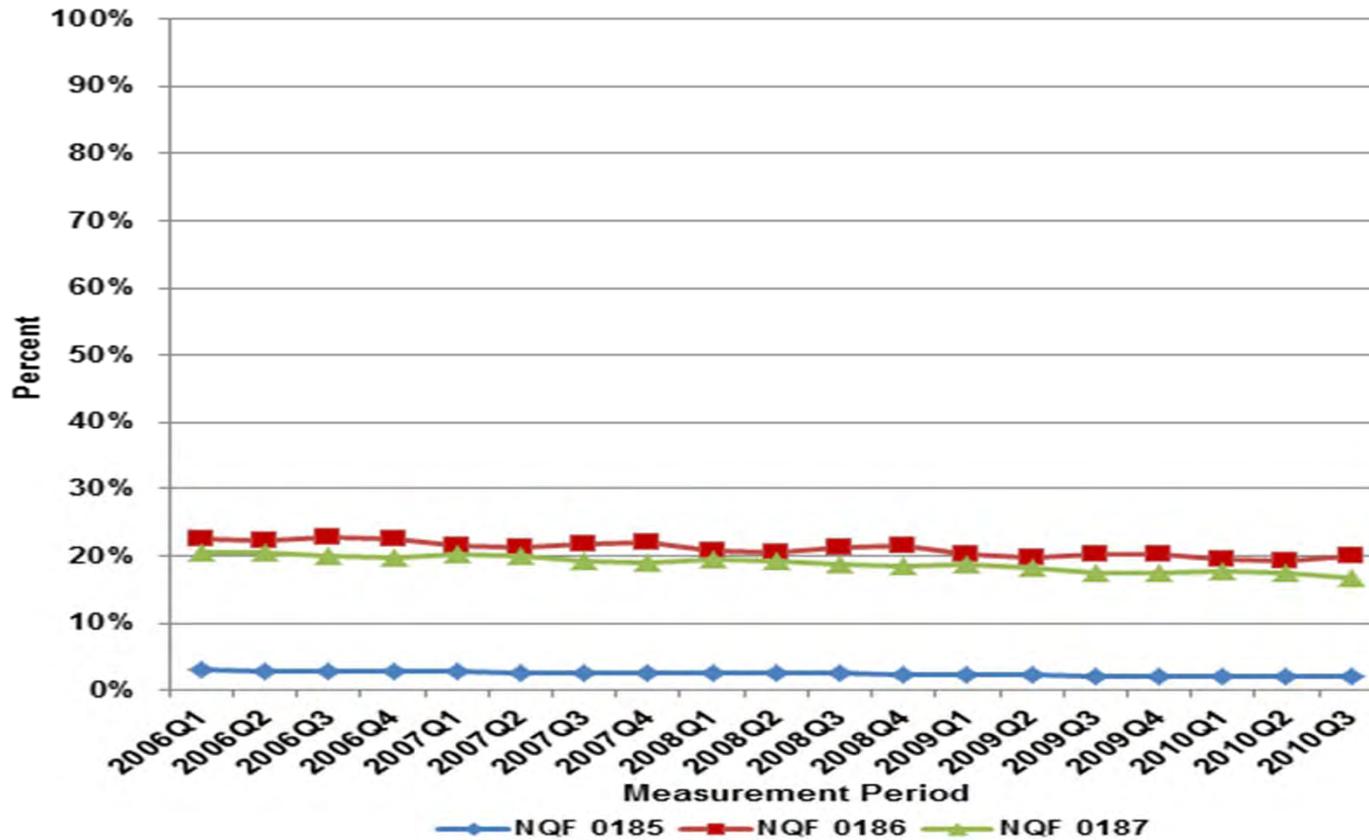
Measure	2006 Q4	2007 Q4	2008 Q4	2009 Q4	2010 Q3
NQF 0432-Influenza	69.2%	73.7%	78.0%	80.5%	84.0%
NQF 0433-Pneumococcal	66.7%	74.9%	78.9%	82.3%	81.7%

Pressure Ulcers-Chronic Care Residents



Measure	2006 Q4	2007 Q4	2008 Q4	2009 Q4	2010 Q3
NQF 0198-High-Risk	12.5%	11.9%	11.5%	10.9%	10.3%
NQF 0199-Low-Risk	2.2%	2.1%	2.0%	1.8%	1.8%

Delirium, Pain and Pressure Ulcers-Post-Acute



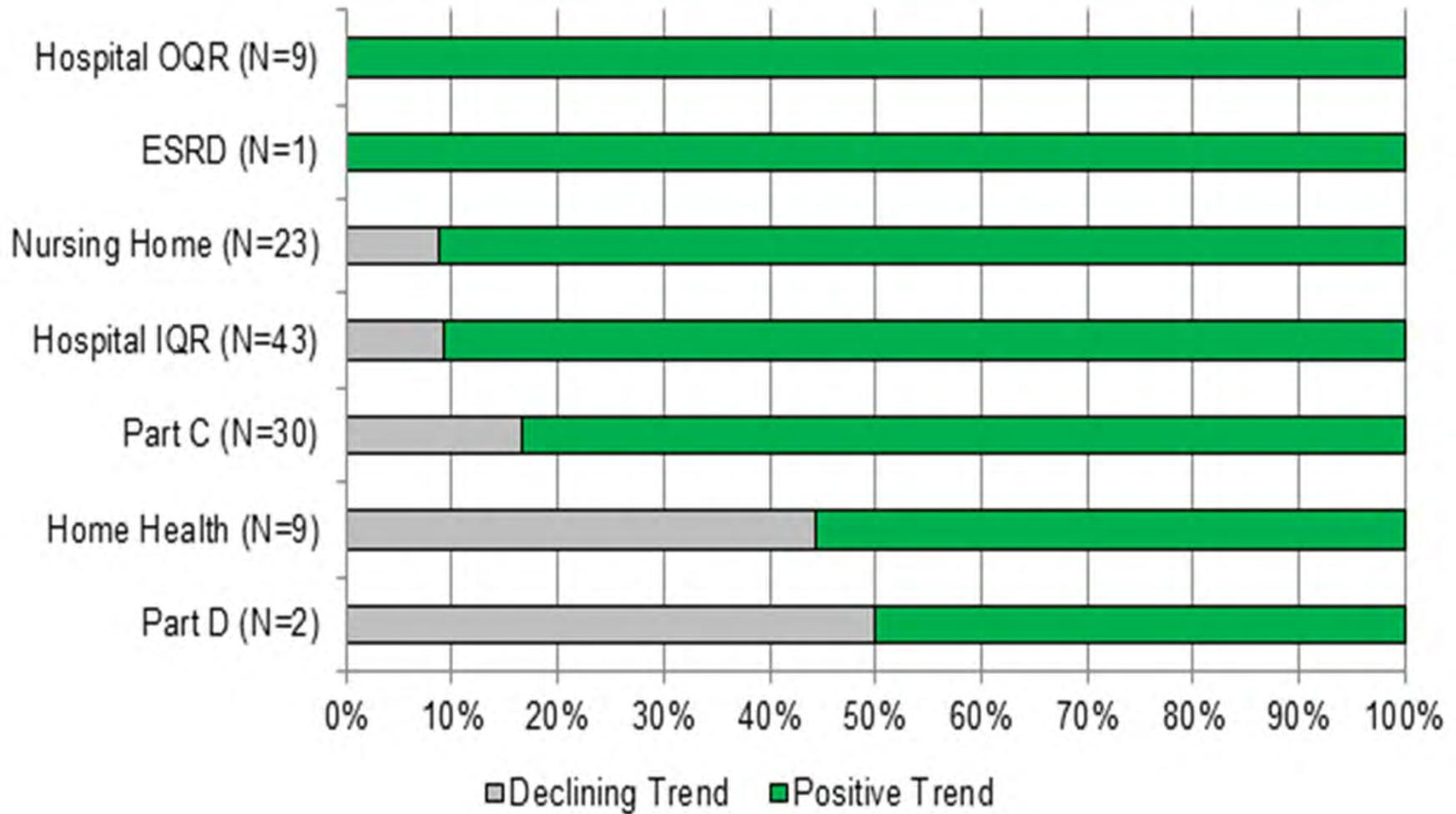
Measure	2006 Q4	2007 Q4	2008 Q4	2009 Q4	2010 Q3
NQF 0185-Delirium	2.8%	2.6%	2.5%	2.2%	2.1%
NQF 0186-Severe Pain	22.6%	21.9%	21.6%	20.4%	19.9%
NQF 0187-Pressure Ulcer	19.9%	19.1%	18.4	17.4%	16.8%

Nursing Home Result Highlights

- **Of the 14 chronic care measures, 12 showed positive trends**
- **The 2 immunization measures for chronic care increased by more than 10 percentage points**
- **All 5 post-acute care measures showed favorable trends**
- **Specifically, the percentage of post-acute residents with pressure ulcers decreased: 17.9 to 11.6 percent**

Conclusions

Change in Performance 2006-2010



Overall Report Conclusions

- **The majority of quality measures showed positive trends during the study period**
- **About 86 percent of the measures in these programs showed an actual increase or no change in the reported rates**

Technical Expert Panel (TEP) Role: Scope and Objectives Cheryl Damberg, PhD

Technical Expert Panel Members

George Isham, MD, MS (Chair), HealthPartners

Cheryl Damberg, PhD, MPH (Chair), RAND Corporation

Karen Adams, PhD, National Quality Forum

Sean M. Berenholtz, MD, Johns Hopkins

J. Ganesh Bhat, MD, Atlantic Dialysis Management Services

Renee Demski, MSW, MBA, Johns Hopkins

Joyce Dubow, MUP, AARP

Gerry Fairbrother, PhD, Academy Health

Stephen F. Jencks, MD, Consultant & Institute for Healthcare Improvement Fellow

Eugene A. Kroch, PhD, Premier, Inc.

Joanne Lynn, MD, Altarum Center for Elder Care and Advanced Illness

David Nau, PhD, RPh, CPHQ, Pharmacy Quality Alliance

Debra Saliba, MD, MPH, UCLA & RAND Corporation

Diane Stollenwerk, MPP, National Quality Forum

Christopher Tompkins, PhD, MHHS, Brandeis University

Joel S. Weissman, PhD, Harvard Medical School

Neil S. Wenger, MD, MPH, UCLA & RAND Health

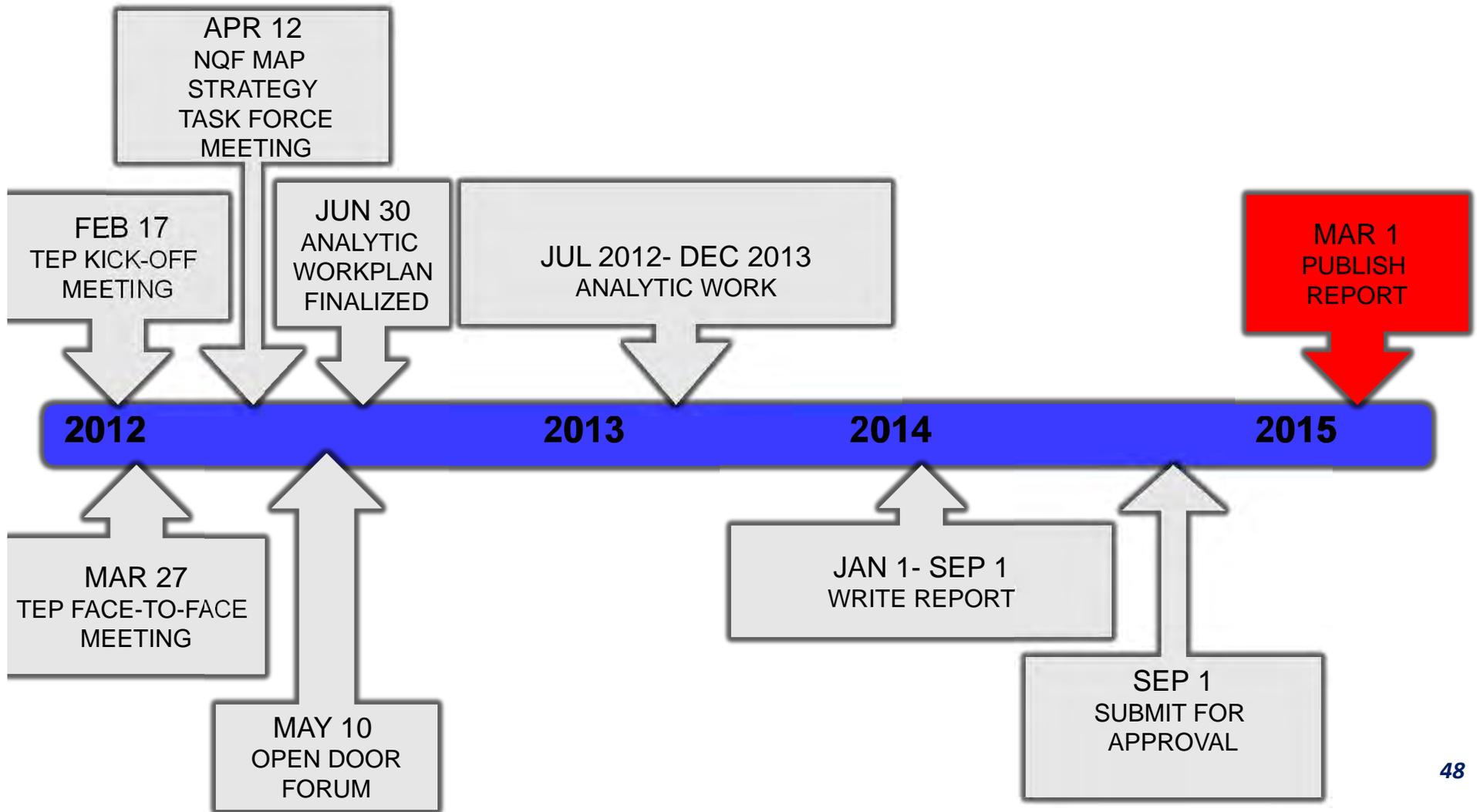
Responsibilities of the TEP

- Provide input on the short-term analytic plan (2012-2014) for assessing the impact of CMS quality measures implemented in quality programs
- Provide input on the long-term impact assessment activities (beyond 2014)
- Assess impact of the measures included in the pre-rulemaking process as well as the potential impact of non-implemented measures
- Other issues related to quality measurement activities

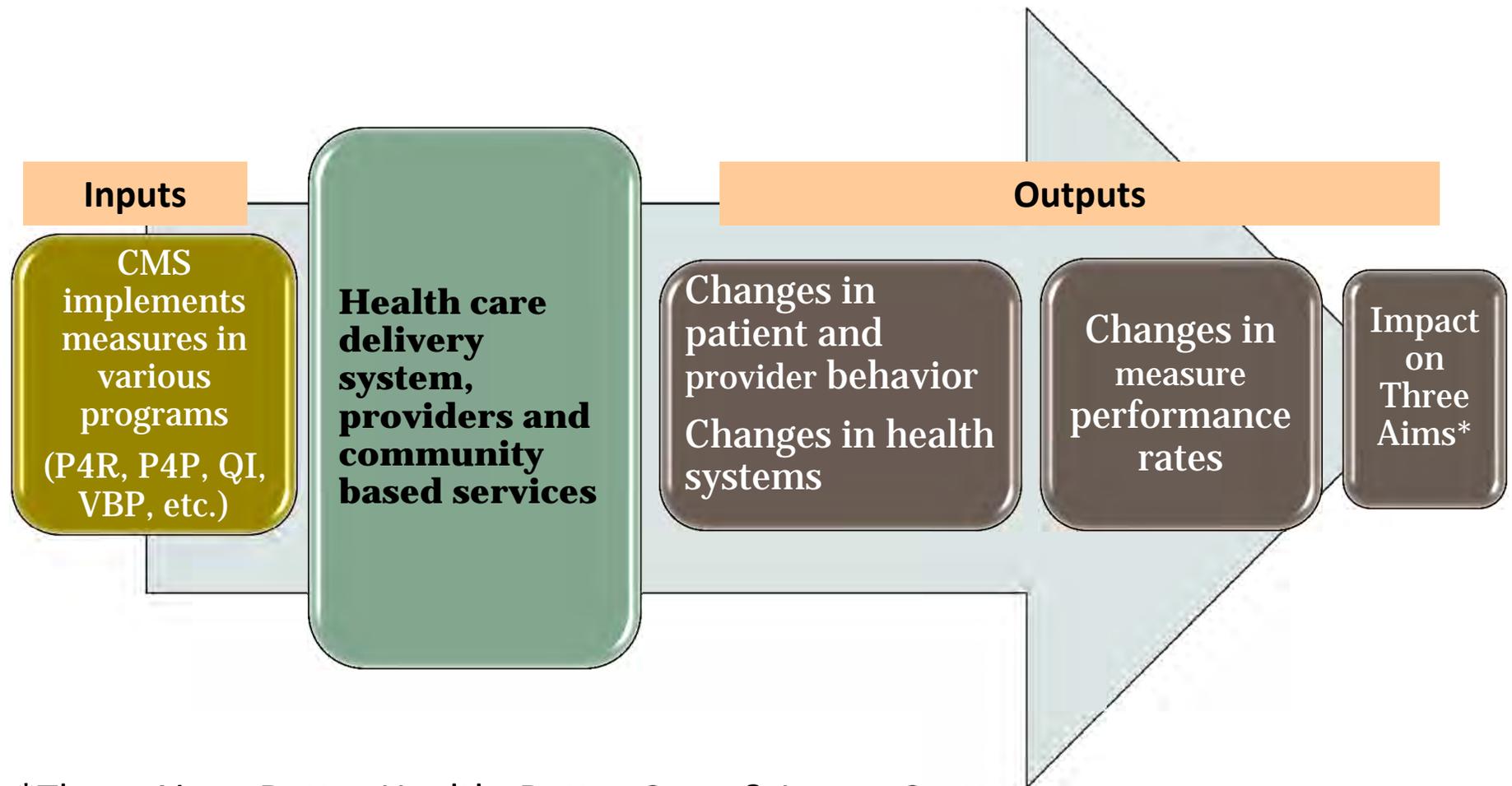
Timing of the Impact Reports

- First assessment of impact report was posted in March 2012.
 - See <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/QualityMeasurementImpactReports.html>.
- Subsequent reports are required to be made publicly available at least once every three years thereafter
- CMS proposes to develop impact reports covering individual quality topics over the course of the next three years (2012-2014)
 - Results to be summarized in a single review document to be made publicly available by March 1, 2015

Timeline for 2015 Impact Assessment Report



Measure Impact Logic Model



*Three Aims=Better Health, Better Care, & Lower Costs

Questions Related to Assessing the Impact of Measures

- Are there key issues that CMS and the TEP should be considering that might influence the design of the impact assessments?
- What would be important from your perspective in assessing the impact of CMS' measurement programs?
 - Are there key questions we should be asking?
 - Are there special populations of interest?
 - Should we attempt to look across programs to assess impact?

DISCUSSION

Short-term and Longer-term Analytic Plans for Impact Assessments

This concludes the Open Door Forum

Thank you for your participation today!

Please direct all feedback to
MeasuresTEP@hsag.com