Measure Applications Partnership
PAC-LTC Workgroup
In-Person Meeting
Day 1

December 14-15, 2016
Agenda and Meeting Objectives
Agenda-Day 1

 Welcome, Introductions, Disclosures of Interest, and Review of Meeting
 CMS Opening Remarks
 NQF Strategic Plan
 Pre-Rulemaking Overview and Voting Instructions
 Pre-Rulemaking Input & Current Measure Review:
  ▫ Hospice Quality Reporting Program
  ▫ Long-Term Care Hospital Quality Reporting Program
  ▫ Inpatient Rehabilitation Facility Quality Reporting Program
  ▫ Home Health Quality Reporting Program
  ▫ Skilled Nursing Facility Quality Reporting Program
 Summary of Day
 Adjourn
Agenda-Day 2

- Review Day 1 and Goals for Day 2
- PROMIS tool Overview and Discussion
- Current Measure Review:
  - Skilled Nursing Facility Value-Based Purchasing
- Public Comment
- Summary and Next Steps
- Adjourn
Meeting Objectives

- Conduct review and discuss measure sets and federal programs applicable to PAC/LTC settings
- Review and provide input on measures under consideration for federal programs applicable to PAC/LTC settings
- Discuss PROMIS tool and possible applications
Introductions and Disclosures of Interest
MAP PAC/LTC NQF Staff Support Team

Sarah Sampsel, Senior Director

Jean-Luc Tilly, Project Manager

Mauricio Menendez, Project Analyst

Project Email: MAPPAC-LTC@qualityforum.org
## MAP PAC-LTC Workgroup Membership

**Workgroup Co-Chairs:** Gerri Lamb, RN, PHD and Debra Saliba, MD, MPH

### Organizational Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Member</th>
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</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Alena Baquet-Simpson, MD</td>
</tr>
<tr>
<td>AMDA – The Society for Post-Acute and Long-Term Care Medicine</td>
<td>Dheeraj Mahajan, MD, CMD</td>
</tr>
<tr>
<td>American Occupational Therapy Association</td>
<td>Pamela Roberts, PhD, OTR/L, SCRES, CPHQ, FAOTA</td>
</tr>
<tr>
<td>American Physical Therapy Association</td>
<td>Heather Smith, PT, MPH</td>
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<tr>
<td>Caregiver Action Network</td>
<td>Lisa Winstel, MAM</td>
</tr>
<tr>
<td>HealthSouth Corporation</td>
<td>Lisa Charbonneau, DO, MS</td>
</tr>
<tr>
<td>Johns Hopkins University School of Medicine</td>
<td>Bruce Leff, MD</td>
</tr>
<tr>
<td>Kindred Healthcare</td>
<td>Sean Muldoon, MD</td>
</tr>
<tr>
<td>National Association of Area Agencies on Aging</td>
<td>Sandy Markwood, MA</td>
</tr>
<tr>
<td>National Consumer Voice for Quality Long-Term Care</td>
<td>Robyn Grant, MSW</td>
</tr>
<tr>
<td>National Hospice and Palliative Care Organization</td>
<td>Carol Spence, PhD</td>
</tr>
<tr>
<td>National Partnership for Hospice Innovation</td>
<td>Theresa Schmidt, MA</td>
</tr>
<tr>
<td>National Pressure Ulcer Advisory Panel</td>
<td>Arthur Stone, MD</td>
</tr>
<tr>
<td>National Transitions of Care Coalition</td>
<td>James Lett, II, MD, CMD</td>
</tr>
<tr>
<td>Visiting Nurses Association of America</td>
<td>Danielle Pierottie, RN, PhD, CENP, AOCN, CHPN</td>
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# MAP PAC-LTC Workgroup Membership

## Subject Matter Experts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Kim Elliott, PhD, CPH</td>
<td></td>
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<tr>
<td>Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN</td>
<td></td>
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<tr>
<td>Paul Mulhausen, MD, MHS</td>
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<tr>
<td>Eugene Nuccio, PhD</td>
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<tr>
<td>Thomas von Sternberg, MD</td>
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<tr>
<td>Caroline Fife, MD, CWS, FUHM</td>
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## Federal Government Members

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>Alan Levitt, MD</td>
</tr>
<tr>
<td>Office of the National Coordinator for Health Information Technology (ONC)</td>
<td>Elizabeth Palena Hall, MIS, MBA, RN</td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td>Lisa C. Patton, PhD</td>
</tr>
</tbody>
</table>

## MAP Coordinating Committee Co-Chairs

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Chip Kahn, MPH</td>
<td></td>
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<tr>
<td>Harold Pincus, MD</td>
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</tbody>
</table>

## Duals Workgroup Liaison

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Richard Bringewatt</td>
<td>SNP Alliance</td>
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CMS Welcoming Remarks
Measure Applications Partnership

PAC/LTC Work Group Meeting

December 14 & 15, 2016
Welcome
Creation of the MUC List
CMS’ Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process

- QUALITY MEASUREMENT & VALUE-BASED INCENTIVES GROUP
  - Pierre Yong, Dir.
  - Robert Anthony, Dep. Dir.

  DIV OF CHRONIC & POST ACUTE CARE
  - Mary Pratt, Dir
  - Stella Mandl, Dep. Dir

  DIV OF QUALITY MEASUREMENT
  - Reena Duseja, Dir
  - Cindy Tourison, Dep. Dir

  DIV OF ELECTRONIC AND CLINICIAN QUALITY
  - Aucha Prachanronarong, Dir
  - Regina Chell, Dep. Dir

  DIV OF PROGRAM AND MEASUREMENT SUPPORT
  - Maria Durham, Dir
  - Greg Waskow, Dep. Dir

  DIV OF HEALTH INFORMATION TECHNOLOGY
  - Jayne Hammen, Dir
  - Alexandra Mugge, Dep. Dir

  DIV OF VALUE, INCENTIVES & QUALITY REPORTING
  - Jim Poyer, Dir
  - Tamyra Garcia, Dep. Dir
Statutory Authority: Pre-Rulemaking Process

- **Under section 1890A of the Act and ACA 3014, DHHS is required to establish a pre-rulemaking process under which a consensus-based entity (currently NQF) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain federal programs. The list of quality and efficiency measures DHHS is considering for selection is to be publicly published no later than December 1 of each year. No later than February 1 of each year, NQF is to report the input of the multi-stakeholder groups, which will be considered by DHHS in the selection of quality and efficiency measures.**
Pre-rulemaking Process: Measure Selection

- Pre-rulemaking Process – provides for more formalized and thoughtful process for considering measure adoption:
  - Early public preview of potential measures
  - Multi-stakeholder groups feedback sought and considered prior to rulemaking (MAP feedback considered for rulemaking)
  - Review of measures for alignment and to fill measurement gaps prior to rulemaking
  - Endorsement status considered favorable; lack of endorsement must be justified for adoption.
  - Potential impact of new measures and actual impact of implemented measures considered in selection determination
CMS Quality Strategy Aims and Goals

Goal 1
Make care safer by reducing harm caused in the delivery of care.

Goal 2
Strengthen person & family engagement as partners in their care.

Goal 3
Promote effective communication & coordination of care.

Goal 4
Promote effective prevention & treatment of chronic disease.

Goal 5
Work with communities to promote best practices of healthy living.

Goal 6
Make care affordable.

Better Care

Healthier People, Healthier Communities

Smarter Spending
CMS Quality Strategy Goals and Foundational Principles

**Foundational Principles**
- Eliminate Racial & Ethnic Disparities
- Strengthen Infrastructure & Data Systems
- Enable Local Innovations
- Foster Learning Organizations

1. Make care safer by reducing harm caused in the delivery of care.
2. Strengthen person & family engagement as partners in their care.
3. Promote effective communication & coordination of care.
5. Work with communities to promote best practices of healthy living.
Measure Inclusion Requirements

- Respond to specific program goals and statutory requirements.
- Address an important topic, including those identified by the MAP, with a performance gap and is evidence based.
- Focus on one or more of the National Quality Strategy priorities.
- Identify opportunities for improvement.
- Avoid duplication with other measures currently implemented in programs.
- Include a title, numerator, denominator, exclusions, measure steward, data collection mechanism.
- Alignment of measures across public and private programs.
Caveats

- Measures in current use do not need to go on the Measures under Consideration List again. *The exception is if you are proposing to expand the measure into other CMS programs, 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.
## Medicare Programs

<table>
<thead>
<tr>
<th>Program</th>
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<tbody>
<tr>
<td>Ambulatory Surgical Center Quality Reporting Program</td>
</tr>
<tr>
<td>End-Stage Renal Disease Quality Incentive Program</td>
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<tr>
<td>Home Health Quality Reporting Program</td>
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<tr>
<td>Hospice Quality Reporting Program</td>
</tr>
<tr>
<td>Hospital-Acquired Condition Reduction Program</td>
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<tr>
<td>Hospital Inpatient Quality Reporting Program</td>
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<tr>
<td>Hospital Outpatient Quality Reporting Program</td>
</tr>
<tr>
<td>Hospital Readmissions Reduction Program</td>
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<tr>
<td>Hospital Value-Based Purchasing Program</td>
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<tr>
<td>Inpatient Psychiatric Facility Quality Reporting Program</td>
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<td>Inpatient Rehabilitation Facility Quality Reporting Program</td>
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<tr>
<td>Long-Term Care Hospital Quality Reporting Program</td>
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<td>Medicaid &amp; Medicare EHR Incentive Program for Eligible Hospitals &amp; Critical Access Hospitals</td>
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<tr>
<td>Medicare Shared Savings Program</td>
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<tr>
<td>Merit-based Incentive Payment System</td>
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<td>Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</td>
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<tr>
<td>Skilled Nursing Facility Quality Reporting Program</td>
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<tr>
<td>Skilled Nursing Facility Value-Based Purchasing Program</td>
</tr>
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</table>
Measures Under Consideration List Publishing

- **November 22:** Published
- **January 29:** JIRA Opened for new candidate measures
- **May 2:** Official MUC Season Starts
- **July 15:** JIRA Closes for Measure Submission
- **August 22:** MUC List Clearance Process Begins
- **August 4:** Federal Stakeholder Meeting (Preview MUC List)
- **July 22:** Draft MUC List Prepared
MAP Meeting Results

Dec. 8 & 9: Hospitals Work Group Meeting

Measures by Measure Pre-rulemaking Report by Feb. 1
Hospital & PAC/LTC Programmatic Report by Feb. 15
Cross-Cutting & Clinician Programmatic Report by Mar. 15

Dec. 12 & 13: Clinicians Work Group Meeting

Dec. 14 & 15: PAC/LTC Work Group Meeting

Jan. 24 & 25: Coordinating Committee Meeting
Post-Acute Care Quality Reporting Programs (QRPs)

- Home Health (HH) QRP
- Long-Term Care Hospital (LTCH) QRP
- Inpatient Rehabilitation Facility (IRF) QRP
- Hospice QRP
- Skilled Nursing Facility Value-Based Purchasing (VBP) Program
- Skilled Nursing Facility (SNF) QRP
CMS “Feedback Loop”

- Trial period – October 2016 PAC-LTC Workgroup meeting
  - Based on discussions at December 2015 Meeting

- Review previously presented measures – additional work done in measure development, including work generated from Workgroup feedback
  - SNF functional outcome measures
  - LTCH ventilator weaning measures
  - Hospice visits when death is imminent measure pair
## IMPACT Act of 2014: Specified Application Dates

<table>
<thead>
<tr>
<th>QUALITY DOMAIN</th>
<th>HHA</th>
<th>SNF</th>
<th>IRF</th>
<th>LTCH</th>
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<tbody>
<tr>
<td>Functional status</td>
<td>1/1/2019</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2018</td>
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<tr>
<td>Skin integrity</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
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<tr>
<td>Medication reconciliation</td>
<td>1/1/2017</td>
<td>10/1/2018</td>
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<td>Incidence major falls</td>
<td>1/1/2019</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
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<tr>
<td>Communicate/provide HI</td>
<td>1/1/2019</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
<td>10/1/2018</td>
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<th>IRF</th>
<th>LTCH</th>
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</thead>
<tbody>
<tr>
<td>Medicare Spending/Beneficiary</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
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<tr>
<td>Discharge to Community</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
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<tr>
<td>Potent prevent hospital RA</td>
<td>1/1/2017</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
<td>10/1/2016</td>
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## PAC/LTC Highest-Leverage Measurement Areas and Core Measure Concepts

<table>
<thead>
<tr>
<th>Highest-Leverage Areas for Performance Measurement</th>
<th>Core Measure Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Function</strong></td>
<td>• Functional and cognitive status assessment</td>
</tr>
<tr>
<td><strong>Goal Attainment</strong></td>
<td>• Achievement of patient/family/caregiver goals</td>
</tr>
<tr>
<td><strong>Patient and Family Engagement</strong></td>
<td>• Experience of care • Shared decision-making</td>
</tr>
<tr>
<td><strong>Care Coordination</strong></td>
<td>• Effective transitions of care</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>• Falls • Adverse drug events</td>
</tr>
<tr>
<td><strong>Cost/Access</strong></td>
<td>• Inappropriate medicine use • Infection rates</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td>• Symptom Management • Social determinants of health</td>
</tr>
</tbody>
</table>
MAP PAC/LTC Workgroup 2016-2017

- IMPACT Act Quality Domain measures
  - Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings; Transfer of Information at PAC Discharge to other providers/settings
  - Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)
  - Application of Percent of Home Health Residents Experiencing One or More Falls with Major Injury
  - The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- CAHPS® Hospice Survey (experience with care) (NQF #2651)
- PROMIS® (Patient-Reported Outcomes Measurement Information System)
Questions??
NQF Strategic Planning Update

Helen Burstin, MD, MPH
Measures Application Partnership

December 8, 2016

- Accelerate development of needed measures
- Facilitate feedback on what works and what doesn’t
- Reduce, select and endorse measures
- Drive implementation of prioritized measures

Drive measurement that matters to improve quality, safety & affordability
## NQF 3-year strategic plan and metrics

### NQF THREE-YEAR STRATEGIC PLAN AND METRICS

<table>
<thead>
<tr>
<th>Accelerate Development of Needed Measures</th>
<th>Prioritize Measures that Matter: reduce, select, and endorse</th>
<th>Drive Implementation of Prioritized Measures</th>
<th>Facilitate Feedback on What Works and What Doesn’t</th>
<th>Foster Quality Leadership and Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective #1: Identify and prioritize gaps</td>
<td>Objective #1: Establish criteria to prioritize measures and gaps</td>
<td>Objective #1: Identify key levers to drive implementation of prioritized measures</td>
<td>Objective #1: Assess measure impact through multiple feedback loops</td>
<td>Objective #1: Educate and engage NQF members about federal quality legislation via a Quality Policy Member Network</td>
</tr>
<tr>
<td>Objective #2: Fill prioritized measure gaps through the NQF Measure Incubator</td>
<td>Objective #2: Identify priority outcomes that will improve the health of the nation and prioritized accountability measures that can drive high-quality and value</td>
<td>Objective #2: Identify strategies to take advantage of identified levers</td>
<td>Objective #2: Inform measure endorsement, selection, and prioritization with information gathered through feedback</td>
<td>Objective #2: Influence NQF legislative and funding strategies through a Quality Policy Advisory Group</td>
</tr>
<tr>
<td>Objective #3: Develop NQF Measure Incubator Learning Collaborative</td>
<td>Objective #3: Use measure endorsement and selection processes to reduce number of measures where burden outweighs benefit</td>
<td>Objective #3: National quality partners will focus efforts that will drive improvement in national outcomes</td>
<td>Objective #3: Fully integrate information flow between measure endorsement and measure selection processes</td>
<td>Objective #3: Foster key stakeholder leadership support for continued NQF funding</td>
</tr>
<tr>
<td>Outcomes:</td>
<td>Outcomes:</td>
<td>Outcomes:</td>
<td>Outcomes:</td>
<td>Outcomes:</td>
</tr>
<tr>
<td>Prioritized list of gaps developed and disseminated nationally</td>
<td>NQF criteria for measure and gap prioritization disseminated nationally</td>
<td>Prioritized measures used by public and private sector to drive improvement in national outcomes</td>
<td>Improved information available for endorsement and selection of measures</td>
<td>NQF members more knowledgeable about federal quality legislation</td>
</tr>
<tr>
<td>Prioritized measure gaps filled</td>
<td>NQF prioritization criteria inform efforts by others to select and prioritize measures for implementation</td>
<td>Prioritized measures used in NQF efforts to drive improvement activities with NQF members</td>
<td>Prioritization informed by measure feedback</td>
<td>NQF members inform NQF technical assistance on the Hill</td>
</tr>
<tr>
<td>Improved measure development process through sharing what works and what doesn’t</td>
<td>Collaborative space for networking and problem solving in measure development established</td>
<td>Reduction of unnecessary measures through endorsement and selection</td>
<td>Bidirectional flow of information between endorsement and selection processes</td>
<td>Quality-related legislation impacts near-impact where appropriate</td>
</tr>
<tr>
<td>Metrics:</td>
<td>Metrics:</td>
<td>Metrics:</td>
<td>Metrics:</td>
<td>Metrics:</td>
</tr>
<tr>
<td>Prioritized measure gaps targeted for measure development</td>
<td>Use of NQF prioritization criteria for public and private sector measure selection</td>
<td>Prioritized measures identified to address needs of healthcare system</td>
<td>Reduction in unnecessary measure burden</td>
<td>NQF members actively participating in Quality Policy Member Network</td>
</tr>
<tr>
<td>Prioritized measure gaps filled, including through measure incubation</td>
<td>Prioritized measurement issues addressed through Learning Collaborative</td>
<td>Prioritized measures identified to address needs of healthcare system</td>
<td>Reduction in unnecessary measure burden</td>
<td>NQF members actively participating in Quality Policy Member Network</td>
</tr>
</tbody>
</table>

### Measure Applications Partnership

CONVENED BY THE NATIONAL QUALITY FORUM
Prioritization of Measures and Gaps
Prioritize Measures that Matter

- Prioritize measures that matter
  - Driver Measures
  - Priority Measures
  - Outcomes

Prioritize national outcomes
Prioritize measures that drive improvement in national outcomes
Prioritized measures by setting, condition, cross-cutting area
Environmental Scan: Prioritization Criteria

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for usable meaningful and usable measures of performance
Potential Prioritization Criteria

- Actionable & improvable (amenable to interventions, potential to transform care)
- Reduces disparities
- High impact area
- Integrated care (measurement across providers and settings, including transitions)
- Easy to understand and interpret
- Lack of adverse consequences
- Meaningful to patient and/or caregiver
- Outcome-focused
- Patient-centered
- Burden of measurement
- Drives system-level improvement
Word Cloud: Prioritization Criteria

- Easy to understand and interpret
- Burden of measurement
- Drives system-level improvement
- Outcome-focused
- Reduces disparities
- Meaningfulness
- Patient-Centered
- High impact area
- Integrated care
- Lack of adverse consequences
- Actionable & improvable
Gap Construct

- An accountability measure gap should provide the following:
  - *Topic area that needs to be addressed (condition specific, cross-cutting)*
  - *The type of measure (e.g., process, outcome, PRO)*
  - *The target population of the measure (denominator)*
  - *Aspect of care being measured within this quality problem (numerator)*
  - *Specific attribution of the healthcare entity being measured*
  - *Description of how the measure would fill the gap in NQF’s measure portfolio*
Reduce Measures
Prioritize Measures that Matter: Reduce, Select & Endorse

Reduce measures where benefits outweighs burden

- Consider MAP and CDP opportunities to drive measure reduction
MAP: Recommendations for Measure Removal

- MAP has expressed a need to better understand the program measure sets, including how new measures under consideration interact with current measures.

- For the 2016-2017 pre-rulemaking cycle, MAP will offer guidance on measures finalized for use:
  - MAP will offer input on ways to strengthen the current measure set including recommendations for future removal of measures.
  - This guidance will be built into the final MAP report but will not be reflected in the “Spreadsheet of MAP Final Recommendations.”
Overview of Pre-Rulemaking Approach
The approach to the analysis and selection of measures is a four-step process:

1. Provide program overview
2. Review current measures
3. Evaluate MUCs for what they would add to the program measure set
4. Provide feedback on current program measure sets
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 statements of rationale that explains why each decision was reached

- The decision categories have been updated for the 2016-2017 pre-rulemaking process
  - MAP will no longer evaluate measures under development using different decision categories
<table>
<thead>
<tr>
<th>Decision Category</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for Rulemaking</td>
<td>The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6. If the measure is in current use, it also meets assessment 7.</td>
</tr>
<tr>
<td>Conditional Support for Rulemaking</td>
<td>The measure is fully developed and tested and meets assessments 1-6. However, the measure should meet a condition (e.g., NQF endorsement) specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted to MAP.</td>
</tr>
<tr>
<td>Refine and Resubmit Prior to Rulemaking</td>
<td>The measure addresses a critical program objective but needs modifications before implementation. The measure meets assessments 1-3; however, it is not fully developed and tested OR there are opportunities for improvement under evaluation. MAP will provide a rationale to explain the suggested modifications.</td>
</tr>
<tr>
<td>Do Not Support for Rulemaking</td>
<td>The measure under consideration does not meet one or more of the assessments.</td>
</tr>
</tbody>
</table>
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
Preliminary Analysis of Measures Under Consideration

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

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

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

- After introductory presentations to provide context to each programmatic discussion, MAP review and voting will begin using the electronic Discussion Guide.
- A lead discussant will be assigned to each group of measures.
- The Discussion Guide organizes content as follows:
  - *The measures under consideration are divided into a series of related groups for the purposes of discussion and voting*
  - *Each measure under consideration will have a preliminary staff analysis, recommendation and a rationale to explain how that conclusion was reached*
Voting Procedure
Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives
Voting Procedure
Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion.

- Once all of the measures the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar.

- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken).
Voting Procedure
Step 3. Voting on Individual Measures

- Workgroup member(s) who identified measures for discussion will describe their perspective on the measure and how it differs from the preliminary analysis and recommendation in the Discussion Guide.

- Workgroup member(s) assigned as lead discussant(s) for the group of measures will respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.

- Other Workgroup members should participate in the discussion to make their opinions known. However, in the interests of time, one should refrain from repeating points already presented by others.

- After discussion of each MUC, the Workgroup will vote on the measure with four options:
  - Support for Rulemaking
  - Conditional Support for Rulemaking
  - Refine and Resubmit Prior to Rulemaking
  - Do Not Support for Rulemaking
Voting Procedure
Step 4: Tallying the Votes

- If a MUC receives \( \geq 60\% \) for Support -- the recommendation is Support.

- If a MUC receives \( \geq 60\% \) for the SUM of Support and Conditional Support -- the recommendation is Conditional Support.
  - Staff will clarify and announce the conditions at the conclusion of the vote.

- If a MUC receives \( \geq 60\% \) for Refine and Resubmit -- the recommendation is Refine and Resubmit.

- If a MUC receives \( \geq 60\% \) for the SUM of Support and Conditional Support, and Refine and Resubmit -- the recommendation is Refine and Resubmit.
  - Staff will clarify and announce the refinements at the conclusion of the vote.

- If a MUC receives \(< 60\% \) for the SUM of Support, Conditional Support, and Refine and Resubmit - the recommendation is “Do not support”.

- Abstentions are discouraged but will not count in the denominator.
## Voting Procedure
### Step 4: Tallying the Votes

<table>
<thead>
<tr>
<th>If the MUC receives &gt;60% of the votes in one category</th>
<th>DO NOT SUPPORT</th>
<th>REFINE AND RESUBMIT</th>
<th>CONDITIONAL SUPPORT</th>
<th>SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 60% consensus of do not support</td>
<td>≥ 60% consensus of refine and resubmit</td>
<td>≥ 60% consensus of conditional support</td>
<td>≥60% consensus of support</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the MUC does NOT receive &gt;60% of the votes in one category</th>
<th>DO NOT SUPPORT</th>
<th>REFINE AND RESUBMIT</th>
<th>CONDITIONAL SUPPORT</th>
<th>SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 60% consensus for the combined total of refine and resubmit, conditional support and support</td>
<td>≥ 60% consensus of refine and resubmit, conditional support and support</td>
<td>≥ 60% consensus of both conditional support and support</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Voting Procedure
Step 4: Tallying the Votes

25 Committee Members
2 members abstain from voting

<table>
<thead>
<tr>
<th>Voting Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>10</td>
</tr>
<tr>
<td>Conditional Support</td>
<td>4</td>
</tr>
<tr>
<td>Refine and Resubmit</td>
<td>2</td>
</tr>
<tr>
<td>Do Not Support</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

10+4 = 14/23 = 61%
The measure passes with Conditional Support
Provide Feedback on Current Measure Sets

- Consider how the current measure set reflects the goals of the program
- Evaluate current measure sets against the Measure Selection Criteria
- Identify specific measures that could be removed in the future
Potential Criteria for Removal

- The measure is not evidence-based and is not linked strongly to outcomes
- The measure does not address a quality challenge (i.e. measure is topped out)
- The measure does not utilize measurement resources efficiently or contributes to misalignment
- The measure cannot be feasibly reported
- The measure is not NQF-endorsed or is being used in a manner that is inconsistent with endorsement
- The measure has lost NQF-endorsement
- Unreasonable implementation issues that outweigh the benefits of the measure have been identified
- The measure may cause negative unintended consequences
- The measure does not demonstrate progress toward achieving the goal of high-quality, efficient healthcare
Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide.
- There will be an opportunity for public comment before the discussion on each program.
  - Commenters are asked to limit their comments to that program and limit comments to **two minutes**.
  - Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time.
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21-January 12.
  - **These comments will be considered by the MAP Coordinating Committee and submitted to CMS.**
Review of Programs and Measures Under Consideration
Hospice Quality Reporting Program
Hospice Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The Hospice QRP was established under the Affordable Care Act. Beginning in FY 2014, Hospices that fail to submit quality data will be subject to a 2.0 percentage point reduction to their annual payment update.
- **Program Goals:** Make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.
Hospice Quality Reporting Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in Hospice QRP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implemented/Finalized*</td>
</tr>
<tr>
<td>Effective Prevention and Treatment</td>
<td>7</td>
</tr>
<tr>
<td>Making Care Safer</td>
<td>7</td>
</tr>
<tr>
<td>Communication/Care Coordination</td>
<td>7</td>
</tr>
<tr>
<td>Best Practice of Healthy Living</td>
<td>0</td>
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<tr>
<td>Making Care Affordable</td>
<td>0</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>7</td>
</tr>
</tbody>
</table>

*Implemented/Finalized: Quality measures implemented/finalized for data collection.

Opportunity for Public Comment

Measures under consideration and current program measure set
Pre-Rulemaking Input HQRP
Hospice QRP Consent Calendar

- CAHPS® Hospice Survey: Rating of Hospice (MUC ID: MUC16-31) (NQF# 2651)
- CAHPS® Hospice Survey: Hospice Team Communications (MUC ID: MUC16-32) (NQF# 2651)
- CAHPS® Hospice Survey: Willingness to Recommend (MUC ID: MUC16-33) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Hospice Care Training (MUC ID: MUC16-35) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Timely Care (MUC ID: MUC16-36) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Emotional and Spiritual Support (MUC ID: MUC16-37) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Help for Symptoms (MUC ID: MUC16-39) (NQF# 2651)
- CAHPS® Hospice Survey: Treating Family Member with Respect (MUC ID: MUC16-40) (NQF# 2651)
Current Measure Review and Discussion: HQRP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Long-Term Care Hospital Quality Reporting Program
Long-Term Care Hospital (LTCH) Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable annual payment update (APU).
- **Program Information:**
  - **Goal:** Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).
  - New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter.
## Long-Term Care Hospital Quality Reporting Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in Long-Term Care Hospital QRP</th>
<th>Implemented/Finalized*</th>
<th>Finalized in the FY16 rule</th>
<th>2016 MUC List</th>
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</thead>
<tbody>
<tr>
<td>Effective Prevention and Treatment</td>
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<tr>
<td>Making Care Safer</td>
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<td>9</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Communication/Care Coordination</td>
<td></td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Best Practice of Healthy Living</td>
<td></td>
<td>1</td>
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<td>0</td>
</tr>
<tr>
<td>Making Care Affordable</td>
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</tr>
<tr>
<td>Patient and Family Engagement</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Implemented/Finalized: Quality measures implemented/finalized for data collection.*

Measure Needs: Ventilator use, weaning rate, and associated events, depression assessment and management, change in mobility and self-care, patient and family experience, spending per beneficiary, discharge to community, preventable readmissions, medication reconciliation.
Opportunity for Public Comment
Pre-Rulemaking Input LTCH QRP
LTCH QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-321)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-327)
- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-144) (NQF# 678 – different setting)
Current Measure Review and Discussion: LTCH QRP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Inpatient Rehabilitation Facility Quality Reporting Program
Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IRF QRP was established under the Affordable Care Act. Beginning in FY 2014, IRFs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable IRF Prospective Payment System (PPS) payment update.

- **Program Information:**
  - **Goal:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.
  - Applies to all IRF facilities that receive the IRF PPS (e.g., IRF hospitals, IRF units that are co-located with affiliated acute care facilities, and IRF units affiliated with critical access hospitals [CAHs]).
  - Data sources for IRF QRP measures include Medicare FFS claims, the Center for Disease Control’s National Health Safety Network (CDC NHSN) data submissions, and Inpatient Rehabilitation Facility - Patient Assessment instrument (IRF-PAI) records.
Inpatient Rehabilitation Facility Quality Reporting Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in Inpatient Rehabilitation Facility QRP</th>
<th>Implemented/Finalized*</th>
<th>Finalized in the FY16 rule</th>
<th>2016 MUC List</th>
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</thead>
<tbody>
<tr>
<td>Effective Prevention and Treatment</td>
<td></td>
<td>2</td>
<td>0</td>
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<tr>
<td>Making Care Safer</td>
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<td>6</td>
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<td>3</td>
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<tr>
<td>Communication/Care Coordination</td>
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<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Best Practice of Healthy Living</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Making Care Affordable</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Implemented/Finalized: Quality measures *implemented/finalized for data collection.*

Measure Needs: Injury due to falls, new or worsened pressure ulcers or infections, change in self-care and mobility, discharge to community, experiences of patients and caregivers, spending per beneficiary, preventable readmissions, medication reconciliation.
Opportunity for Public Comment
Pre-Rulemaking Input IRF QRP
IRF QRP Consent Calendar

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-143) (NQF# 678 – different setting)
- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-319)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-325)
Current Measure Review and Discussion: IRF QRP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Home Health Quality Reporting Program
Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting; Data are reported on the Home Health Compare website.

- **Incentive Structure:** The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.

- **Program Information:**
  - **Goal:** Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.
  - Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims.
### Home Health Quality Reporting Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in Home Health QRP</th>
<th>Implemented/Finalized*</th>
<th>Proposed for Rule**</th>
<th>2016 MUC List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Prevention and Treatment</td>
<td>47</td>
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<tr>
<td>Making Care Safer</td>
<td>10</td>
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<td>4</td>
<td></td>
</tr>
<tr>
<td>Communication/Care Coordination</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Best Practice of Healthy Living</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Making Care Affordable</td>
<td>0</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>9</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Proposed: Quality measures proposed for data collection.

Measure Needs: Alignment of quality care with patient preferences, functional status, injury due to falls, new or worsened pressure ulcers, pain, spending per beneficiary, preventable readmissions, discharge to community, medication reconciliation.
Opportunity for Public Comment
Pre-Rulemaking Input HH QRP
Home Health QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-347)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-357)
- The Percent of Residents or Home Health Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-145) (NQF# 678 – different setting)
- Application of Percent of Home Health Residents Experiencing One or More Falls with Major Injury (MUC ID: MUC16-63)
- The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (MUC ID: MUC16-61) (NQF# 2631)
Current Measure Review and Discussion: HH QRP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Skilled Nursing Facility Quality Reporting Program
Skilled Nursing Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IMPACT Act added Section 1899B to the Social Security Act establishing the SNF QRP. Beginning FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.

- **SNF QRP Information:**
  - Facilities that submit data under the SNF PPS are required to participate in the SNF QRP, excluding units that are affiliated with critical access hospitals (CAHs).
  - Data sources for SNF QRP measures include Medicare FFS claims as well as Minimum Data Set (MDS) assessment data.
Skilled Nursing Facility Quality Reporting Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in Skilled Nursing Facility QRP</th>
<th>Implemented/Finalized*</th>
<th>Finalized in the FY16 rule</th>
<th>2016 MUC List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Prevention and Treatment</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Making Care Safer</td>
<td></td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Communication/Care Coordination</td>
<td></td>
<td>1</td>
<td>3</td>
<td>2</td>
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<tr>
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<td>0</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Implemented/Finalized: Quality measures implemented/finalized for data collection.

Measure Needs: Assessing functional status of patients, falls, worsening pressure ulcers, pain, spending per beneficiary, discharge to community and preventable readmissions, and medication reconciliation.
Opportunity for Public Comment
Pre-Rulemaking Input SNF QRP
SNF QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-314)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-323)
- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-142) (NQF# 678 – different setting)
Current Measure Review and Discussion: SNF QRP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Summary of Day
Opportunity for Public Comment
Adjourn Day 1
Measure Applications Partnership
PAC/LTC Workgroup
In-Person Meeting
Day 2

December 15, 2016
Welcome and Review of Day 2
Agenda-Day 2

- Review Day 1 and Goals for Day 2
- PROMIS tool Overview and Discussion
- Current Measure Review:
  - Skilled Nursing Facility Value-Based Purchasing
- Public Comment
- Summary and Next Steps
- Adjourn
PROMIS®: Applying State-of-the-Science PROs to Quality Measurement

Ashley Wilder Smith, PhD, MPH & Roxanne Jensen, PhD
Outcomes Research Branch
National Cancer Institute / National Institutes of Health

December 2016
Patient Reported Outcomes Measurement Information System®

**PRO system:** brief, precise, valid, reliable fixed or tailored tools for patient-reported health status in physical, mental, and social well-being for adult & pediatric populations

**Advantages:** Disease-agnostic, Flexible, Adaptable, Low burden, Comparable, Accessible

**Development:** Item Response Theory (IRT) for construction

**Standardized:** One metric (T-score, Mean=50, SD=10; reference=US population)
PROMIS is Domain specific, not Disease or Setting specific

A **domain** is the specific feeling, function or perception you want to measure.

*Cuts across different diseases and facilities*

**Examples**

- Fatigue
- Pain
- Anxiety
- Physical Function
- Sleep Disturbance
- Global Health
- Participation in Social Role
An **item bank** is a large collection of items (questions) measuring a single domain. Any and all items can be used to provide a score for that domain.
Fixed Questionnaires: Short Forms (download pdfs)
  - “Ready made” or “Make your own”

Individually “tailored” electronic questionnaires (Computerized Adaptive Tests, CAT)
  - Next item administered depends on previous answer

Computer platforms (e.g., REDCap)

Application Programing Interface (API)

Tablet Distribution (currently iPad)

http://www.healthmeasures.net/explore-measurement-systems/promis/obtain-administer-measures
Part II: PROMIS in the Real World
Before PROMIS: Selecting a PRO Tool

...So you want to Measure Physical Function

1. How detailed?
2. How many items?
3. Who do you want to compare to:
   – General Population?
     HAQ (34), SF-12
   – Cancer Patients?
     FACT-G (27), EORTC QLQ-C-30
Before PROMIS: Potential Issues

- Response Burden
- Comparability Beyond Study Sample
- PRO Tool Sensitivity
New Methods in Measurement Theory
After PROMIS: Selecting a PRO Tool

• Administration Format? Computer or Paper
• Administration Method? Fixed or Adaptive
• Established PROMIS Short Form? 4, 6, 8, 10, 20
• Create your own? 124 questions available
• Number of Items on Tool? 3 -124

Then: Create and Administer
Flexibility: Lots of Options Available

Examples by Physical Function (High to Low):

- Are you able to run five miles?
- Are you able to run or jog for two miles?
- Are you able to walk a block on flat ground?
- Are you able to walk from one room to another?
- Are you able to stand without losing your balance for 1 minute?
- Are you able to get in and out of bed?
Flexibility: PROMIS Short Forms

Mental
- Anxiety 29
- Depression 28

Physical
- Fatigue 95
- Pain Interference 41
- Sleep Disturbance 27
- Physical Function 121

Social
- Satisfaction with Roles 14
Interpretability: All PF Scores, One Scale

- **Within Normal Limits**
  - About 80% of the general population

- **Mild**
  - About 20% of the general population

- **Moderate**

- **Severe**

*These are general guidelines to aid in interpreting PROMIS T-scores. Within a given condition or PROMIS domain, thresholds may differ.*
Interpretability: All PF Scores, One Scale

- **T-Score** (Reference = U.S. General Population)
  - 50 = U.S. General Population Average
  - 10 = 1 Standard Deviation (for the U.S. Population)

<table>
<thead>
<tr>
<th>Activity</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheel Chair</td>
<td>28.4</td>
</tr>
<tr>
<td>Cane</td>
<td>34.2</td>
</tr>
<tr>
<td>No Help</td>
<td>47.0</td>
</tr>
<tr>
<td>Exercise 5-7x week</td>
<td>53.7</td>
</tr>
</tbody>
</table>
Interpretability: All PF Scores, One Scale

- **T-Score** (Reference = U.S. General Population)
  - 50 = U.S. General Population Average
  - 10 = 1 Standard Deviation (for the U.S. Population)

- **Cancer-Specific U.S. PROMIS PF Reference Values**
  - Adjusted to reflect U.S. cancer incidence rates
  - 6-13 Months Post Diagnosis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheel Chair</td>
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<td>47.0</td>
</tr>
<tr>
<td>Exercise 5-7 week</td>
<td>53.7</td>
</tr>
</tbody>
</table>

- Lung [38.5]
- Colorectal [44.3]
- Prostate [50.1]
Interpretability: All PF Scores, One Scale

• **T-Score** (Reference = U.S. General Population)
  - 50 = U.S. General Population Average
  - 10 = 1 Standard Deviation (for the U.S. Population)

• **Cancer-Specific U.S. PROMIS PF Reference Values**
  - Adjusted to reflect U.S. cancer incidence rates
  - 6-13 Months Post Diagnosis

- **Wheel Chair 28.4**
- **Cane 34.2**
- **No Help 47.0**
- **Exercise 5-7 week 53.7**

- **Lung [38.5]**
- **Colorectal [44.3]**
- **Prostate [50.1]**
Comparability: All Scores, One Scale

- **T-Score (Reference = U.S. General Population)**
  - 50 = U.S. General Population Average
  - 10 = 1 Standard Deviation

- **Lung [38.5]**
  - Stage I/II [40.2]
  - Stage III/IV [37.5]

- **Colorectal [44.3]**
  - Stage I [46.1]
  - Stage IV [40.6]
  - Age 65-84 [43.5]

- **Prostate [50.1]**
Known Groups: By Short Form

Physical Function by Performance Status

- **Normal (n=2213):**
  - Mean PROMIS Physical Function T-Score: 51.8

- **Some Symptoms (n=1782):**
  - Mean PROMIS Physical Function T-Score: 43.1

- **<50% Bed Rest (n=581):**
  - Mean PROMIS Physical Function T-Score: 36.7

- **>50% Bed Rest (n=214):**
  - Mean PROMIS Physical Function T-Score: 30.2

Legend:
- Blue: PF 4a
- Orange: PF 6b
- Green: PF 10a
- Purple: PF 16
Known Groups: By Short Form

Physical Function by Performance Status

Mean PROMIS Physical Function T-Score

- Normal (n=2213): 51.8
- Some Symptoms (n=1782): 43.1
- <50% Bed Rest (n=581): 36.7
- >50% Bed Rest (n=214): 30.2

Legend:
- PF 4a
- PF 6b
- PF 10a
- PF 16
"Compared to Six Months Ago, How is Your Physical Function Now?"

- A lot better (0.34)
- A little better (0.14)
- About the same (0.04)
- A little worse (-0.37)
- A lot worse (-0.59)
Increasing adoption for Clinical Care and Treatment decision-making

Earliest Adopters: Orthopedics and Oncology settings (out-patient, also in-patient)

Availability via EHR Vendors:

Availability in Epic (Spring 2017 release of over 400 PROMIS assessments (all adult in English, many in Spanish, CAT, assessment via MyChart (Appointment Based, Recurring, Ad Hoc (patient-driven or clinic-driven))

Availability in Cerner (Coming… 2017)
Possible response to the IMPACT Act

Approach could consider PROMIS items from domains including

- Cognitive Function
- Anxiety
- Physical Function, Mobility
- Fatigue
- Sleep Disturbance
- Social Role Functioning
- Depression
- Pain

Enable calculation of domain-level self-assessment score

Contribute to calculation of self-report Profile score

Enable crosswalking of CMS items to PROMIS scales
For more info

Ashley.Smith@nih.gov

www.healthmeasures.net
www.nihpromis.org
Skilled Nursing Facility Value-Based Purchasing Program
Skilled Nursing Facility Value-Based Purchasing

- **Program Type:** Pay for Performance
- **Incentive Structure:** Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) authorizes establishing a SNF VBP Program beginning with FY 2019 under which value-based incentive payments are made to SNFs in a fiscal year based on performance.
- **Goal:** Transform Medicare from a passive payer of SNF claims to active purchaser of quality health care for beneficiaries
  - Linking payments to performance on identified quality measures
Skilled Nursing Facility Value-Based Purchasing Program

<table>
<thead>
<tr>
<th>NQS Priority</th>
<th>Number of Measures in SNF VBP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implemented/Finalized*</td>
</tr>
<tr>
<td>Effective Prevention and Treatment</td>
<td>0</td>
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<tr>
<td>Making Care Safer</td>
<td>0</td>
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<tr>
<td>Communication/ Care Coordination</td>
<td>1</td>
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<tr>
<td>Best Practice of Healthy Living</td>
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<tr>
<td>Making Care Affordable</td>
<td>0</td>
</tr>
<tr>
<td>Patient and Family Engagement</td>
<td>0</td>
</tr>
</tbody>
</table>

Opportunity for Public Comment
Current Measure Review and Discussion: SNF VBP
Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?
Opportunity for Public Comment
Next Steps
MAP Approach to Pre-Rulemaking
A look at what to expect

Oct-Nov
Workgroup web meetings to review current measures in program measure sets

Nov-Dec
Initial public commenting

Dec-Jan
Public commenting on workgroup deliberations

Feb 1 to March 15
Pre-Rulemaking deliverables released

Sept
MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1
List of Measures Under Consideration released by HHS

Dec
In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan
MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration (Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs (before Feb 15)

Guidance for clinician and special programs (before Mar 15)
Timeline of Upcoming Activities

Release of the MUC List – by December 1

Public Comment Period #1 November 22 – December 2

In-Person Meetings

- Hospital Workgroup – December 8-9
- Clinician Workgroup – December 12-13
- PAC/LTC Workgroup – December 14-15
- Coordinating Committee – January 24-25

Web Meetings

- Dual Eligible Beneficiaries Workgroup – January 10, 2017, 12-2pm ET
  - Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment

Public Comment Period #2 December 21 – January 12
Thank You!