

MAHP-MHA Proposed Tiering Measures

Purpose & Scope

Purpose

Recommend quality measures to include in a common measure set for health plans to select from for health plan products in the merged market (individual/small group) that tier hospitals to promote simplification and consistency in measure sets across all products.

Project Scope

- ***Excludes the methodologies*** that are used by health plans to tier hospitals using the measures
- ***Excludes any pricing components*** used in tiering hospitals
- Measures must be part of the ***Standardized Quality Measure Set (SQMS)*** in order to meet the statutory/DOI program requirements for tiering in the ***merged individual/small group market***

(Continued)

Purpose & Scope

Scope (continued)

- *Nonetheless, the **intent** is to identify a measure set that **could apply to all health plan products that tier hospitals***
- *Could, but does not have to, extend to quality measures used in risk-sharing products*
- *Where recommended measures are not in the SQMS, the process **may lead to recommendations to the MA Statewide Quality Advisory Committee (SQAC) and CHIA to add measures to the next SQMS iteration***

Timeline of Activities

Nov. 2013

- MAHP & MHA discussions on areas for collaboration

Spring 2014

- MAHP survey of quality measures used for tiering

Summer 2014

- MAHP proposed list of potential quality measures

Fall 2014

- MHA vetting of proposed list

Winter/Spring 2015

- Workgroup sessions to determine potential measure set

MHA-MAHP Hospital Tiering Measures Workgroup

Hospitals*	Health Plans
Lahey Hospital & Medical Center	Anthem
Lawrence General Hospital	Blue Cross Blue Shield of MA
Lowell General Hospital	Fallon Health
MA Eye & Ear Infirmary	Harvard Pilgrim Health Plan
Mount Auburn Hospital	Neighborhood Health Plan
Partners Health System	Tufts Health Plan
Steward Health System	United Health Care
Tufts Medical Center	

Project facilitator: Massachusetts Health Quality Partners

* Typically VP/Director Quality & Safety

Product

- **Proposed Recommended measure set* – 41 Measures**
 - Timely/effective care (process)...**11** measures
 - HCAHPS Patient Experience...all domains
 - Patient safety...**16** measures (mainly CDC/NHSN HAI and AHRQ PSIs)
 - Readmissions...**8** CMS/Yale measures
 - Perinatal...**5** Joint Commission measures

* No new/additional data collection/reporting required of hospitals

Product

Recommending 21 Measures to add to SQMS

- Replacement of retired process measures

Retired Measures	Proposed Additions
AMI-8a	STK-1
PN-6	STK-4
SCIP-1NF-2	STK-6
SCIP-1NF-3	STK-8
SCIP-1NF-9	VTE-1
SCIP-CARD-2	VTE-2
SCIP-VTE-2	VTE-3
	VTE-5
	VTE-6
	SEP-1
	IMM 2

Product - Continued

Recommending 21 Measures to add to SQMS

- Measures consistent with SQAC priorities
 - Readmissions – 7 measures
 - Perinatal – 3 measures

Recommended Timely & Effective Care (Process) Measures

Measure	SQMS	NQF	CMS
STK-1 VTE Prophylaxis	No	Yes: #434	Yes: IQR
STK-4 Thrombolytic Therapy	No	Yes: #437	Yes: IQR+
STK-6 Discharged on Statin	No	Yes: #439	Yes: IQR+
STK-8 Stroke Education	No	No longer (#440)	Yes: IQR+
VTE-1 VTE Prophylaxis	No	Yes: #371	Yes: IQR+
VTE-2 ICU VTE Prophylaxis	No	Yes: #372	Yes: IQR+
VTE-3 VTE Patients w/Anticoagulation	No	Yes: #373	Yes: IQR+
VTE-5 VTE Warfarin Therapy Discharge Instructions	No	No longer (#375)	Yes: IQR+
VTE-6 Hospital Acquired Potentially-Preventable VTE	No	No longer (#376)	Yes: IQR+
SEP-1 Severe Sepsis & Septic Shock: Management Bundle	No	Yes: #500	Yes: IQR
IMM 2 Influenza Immunization	No	Yes: #1659	Yes: IQR

Recommended Patient Experience Measures

Measure	SQMS	NQF	CMS
Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS...All Domains)	Yes	Yes: #166	Yes: IQR+
- Communication with Nurses			
- Communication with Doctors			
- Responsiveness of Hospital Staff			
- Pain Management			
- Communication About Medicines			
- Cleanliness of the Hospital Environment			
- Quietness of the Hospital Environment			
- Discharge Information			
- Care Transitions			
- Overall Hospital Rating			
- Recommend the Hospital			

Recommended Patient Safety Measures

Measure	SQMS	NQF	CMS
NHSN Central Line-Associated Blood Stream Infections	Yes	Yes: #139	Yes: IQR
NHSN Surgical Site Infection: Colon & Abdominal Hysterectomy	Yes	Yes: #753	Yes: IQR
NHSN Catheter-Associated Urinary Tract Infection	Yes	Yes: #138	Yes: IQR
NHSN Methicillin-Resistant Staphylococcus Aureus Bacteremia	Yes	Yes: #1716	Yes: IQR
NHSN Clostridium Difficile	Yes	Yes: #1717	Yes: IQR
AHRQ PSI 90 Complication/Patient Safety for Selected Indicators (Composite)	Yes	Yes: #531	Yes: IQR & HAC
AHRQ PSI-3 Pressure Ulcer Rate	Yes	No	Yes: HAC*
AHRQ PSI-6 Iatrogenic Pneumothorax Rate	Yes	Yes: #346	Yes: HAC*

(continued)

*CMS HAC program PSI-90 component

Recommended Patient Safety Measures (continued)

Measure	SQMS	NQF	CMS
AHRQ PSI-8 Postoperative Hip Fracture Rate	Yes	No	Yes: HAC*
AHRQ PSI-11 Postoperative Respiratory Failure Rate	Yes	Yes: #533	No
AHRQ PSI-12 Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate	Yes	Yes: #450	Yes: HAC*
AHRQ PSI-15 Accidental Puncture or Laceration Rate	Yes	Yes: #533	Yes: HAC*
AHRQ PSI-17 Birth Trauma Rate: Injury to Neonate	Yes	No	No
AHRQ PSI-18 OB Trauma Rate – Vaginal Delivery w/Instrument (3 rd & 4 th Degree Laceration)	Yes	No	No
AHRQ PSI-19 OB Trauma Rate – Vaginal Delivery w/out Instrument (3 rd & 4 th Degree Laceration)	Yes	No	No
Leapfrog Computerized Physician Order Entry (CPOE)	Yes	No	No

*CMS HAC program PSI-90 component

Recommended Readmission Measures

Measure	SQMS	NQF	CMS
CMS Hospital 30-day all-cause risk-standardized readmission rate following AMI hospitalization	No	Yes: #505	Yes: IQR+
CMS Hospital 30-day all-cause risk-standardized readmission rate following heart failure (HF) hospitalization	No	Yes: #330	Yes: IQR+
CMS Hospital 30-day all-cause risk-standardized readmission rate following pneumonia hospitalization	No	Yes: #506	Yes: IQR+
CMS Hospital 30-day all-cause risk-standardized readmission rate following acute ischemic stroke hospitalization	No	No	Yes: IQR
CMS Hospital 30-day all-cause risk-standardized readmission rate following CABG surgery	No	Yes: #2515	Yes: IQR
CMS Hospital 30-Day all-cause risk-standardized readmission rate following COPD hospitalization	No	Yes: #1891	Yes: IQR
Hospital-level 30-day all-cause risk-standardized readmission rate RSRR following elective primary THA and/or TKA	No	Yes: #1551	Yes: IQR
CMS Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Yes	Yes: #1789	Yes: IQR

Recommended Perinatal Care Measures

Measure	SQMS	NQF	CMS
PC-01 Elective Delivery (Joint Commission*)	Leapfrog equivalent	Yes: #469	Yes: IQR+
PC-02 Cesarean Section	Yes	Yes: #471	No
PC-03 Antenatal Steroids	Yes	Yes: #476	No
PC-04 Health Care-Associated Bloodstream Infections in Newborns	No	Yes: #1731	No
PC-05 Exclusive Breast Milk Feeding	No	Yes: #480	Voluntary eQIM

* The Joint Commission is the measure steward for all recommended perinatal measures

This is a Work in Progress

- The hospital quality & safety measure landscape is in flux as CMS works to align the Hospital IQR and the EHR incentive program's hospital quality measure reporting requirements over the next several years, including the introduction of eCQMs (electronic clinical quality measures) derived directly from EHRs rather than abstracted from paper records.
- We expect timing and specific requirements will be unpredictable and subject to regular change as existing CMS measures are retired, new measures introduced, implementation hurdles are encountered and schedules adjusted.
- Accordingly, MAHP and MHA will need to monitor these developments and regularly reassess their tiering measure recommendations, annually or semi-annually