

From: Stone, Richard A., MD
Subject: Wait Time Definitions | Attachment Added
To: Stone, Richard A., MD; Kirsh, Susan R. (b)(6) (Active HTG);
(b)(6)@erpi.net; (b)(6) [USA]; Lieberman, Steven; (b)(6)
(b)(6)
Cc: (b)(6); Oshinski, Renee
Sent: May 12, 2021 1:36 PM (UTC-05:00)
Attached: Re_ requesting a meeting with Dr. Lieberman and Dr. Stone to discuss wait time definition .eml, Dr. Stone 5.21.2021 presentation ED and Access Wait Times.pptx

Microsoft Teams meeting

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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
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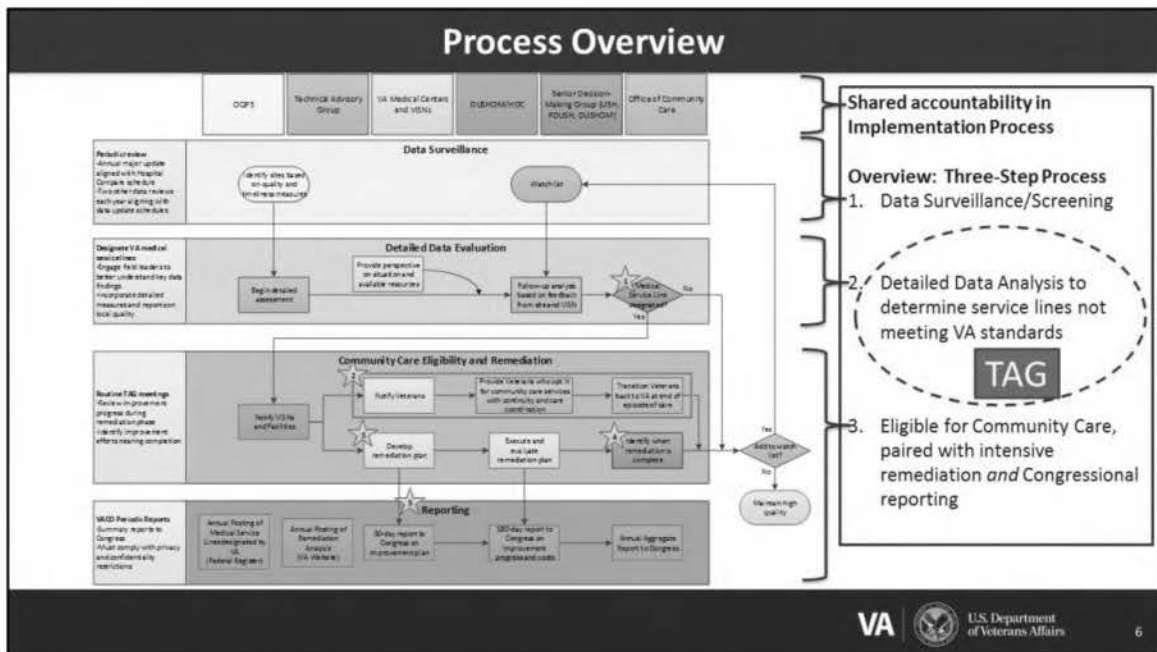
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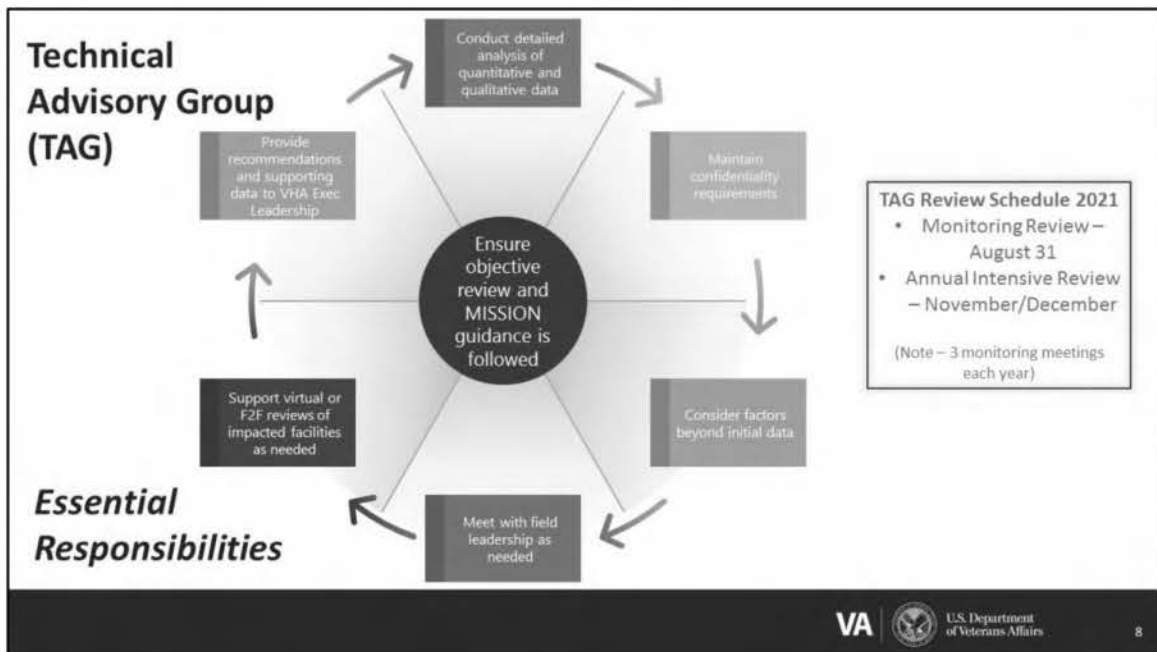
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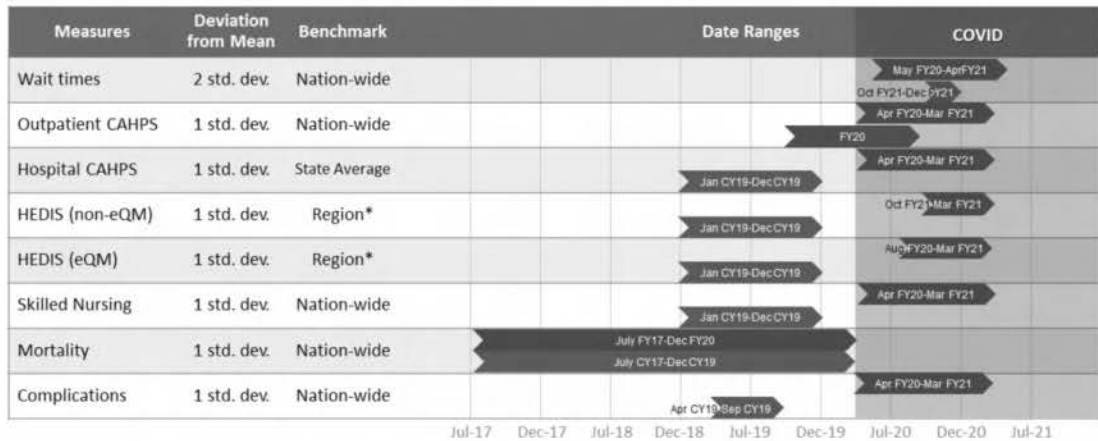
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VA
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MISSION TAG Monitoring
Review August 31, 2021

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10

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VA



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11

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Appendix – Supporting Materials

MISSION Act Requirements

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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

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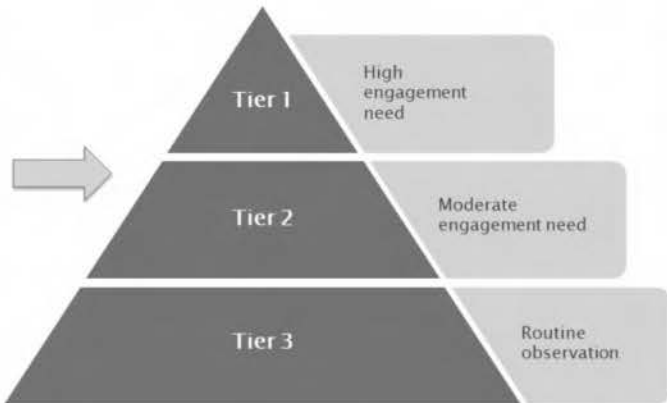
What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line (*not triggered under MISSION*) explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION** – the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
- ☑ **Absolute Improvement or Decline**
 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



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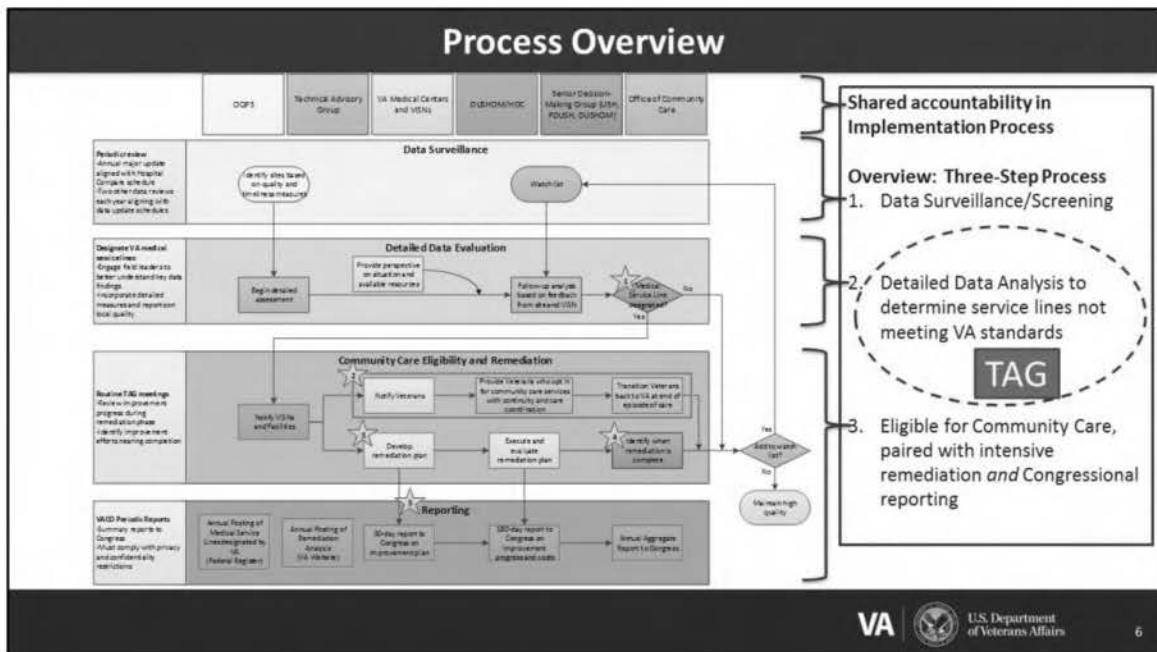
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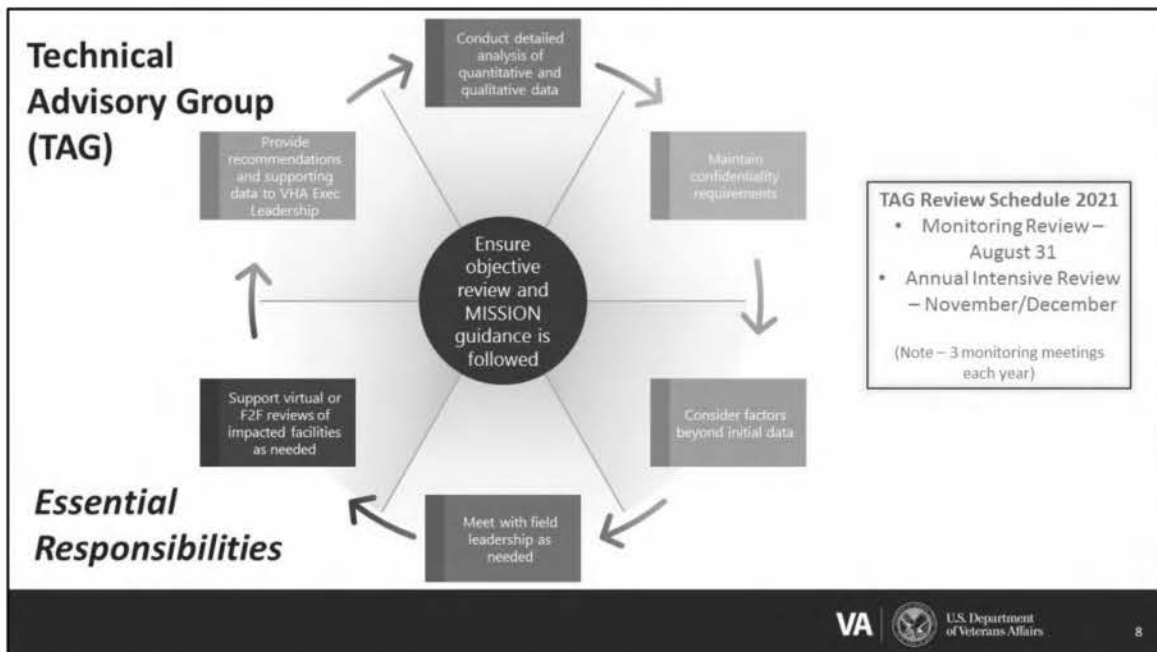
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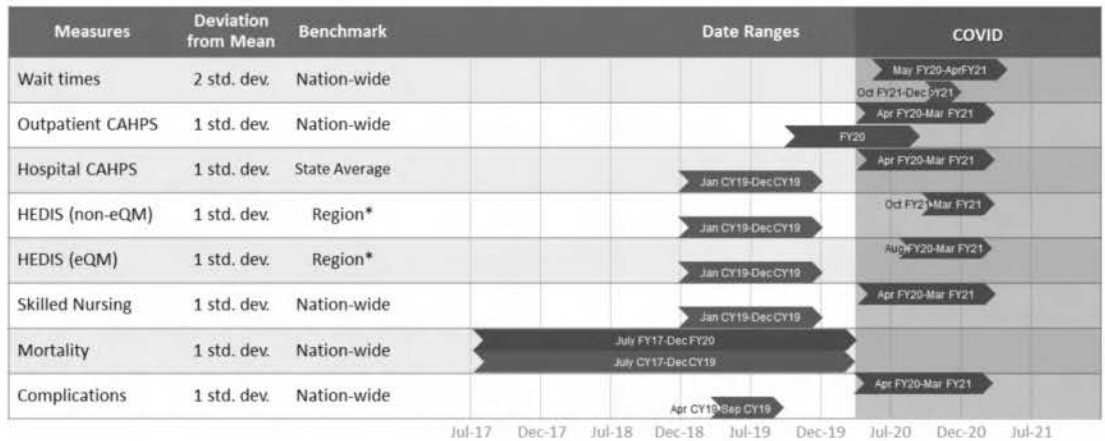
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12

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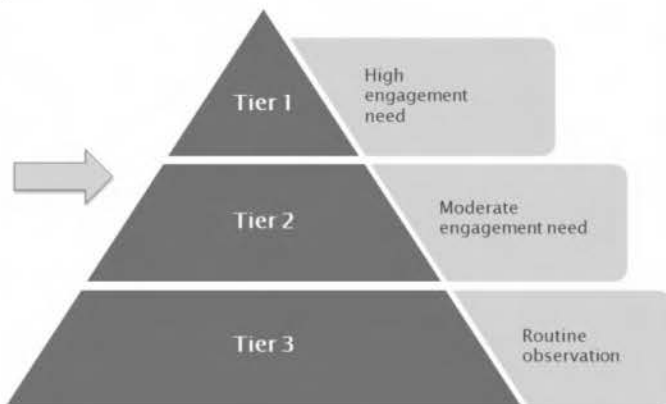
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 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

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- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

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- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

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- Required for designated VA medical service lines
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VHA Standards	Initial Measures
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*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

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Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



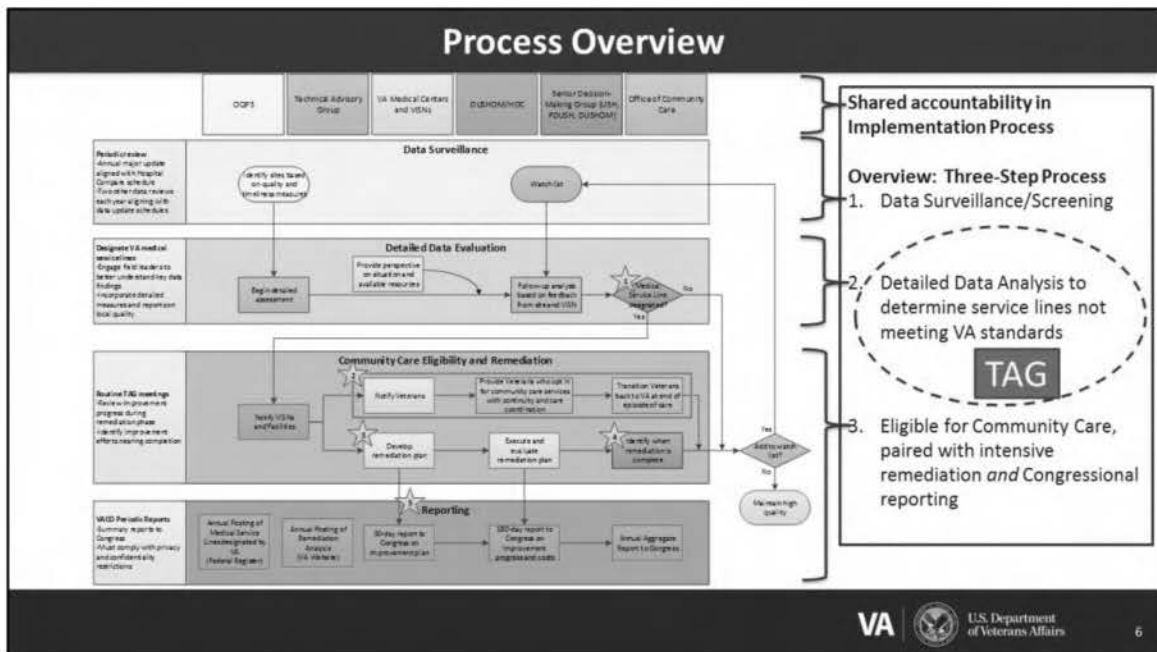
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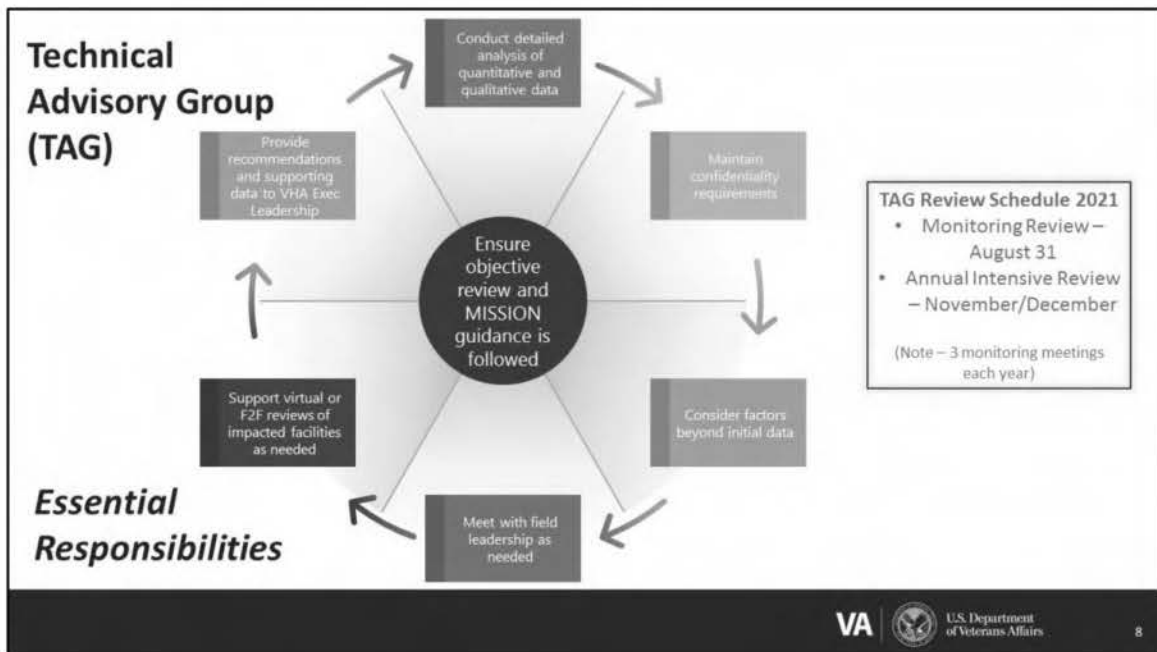
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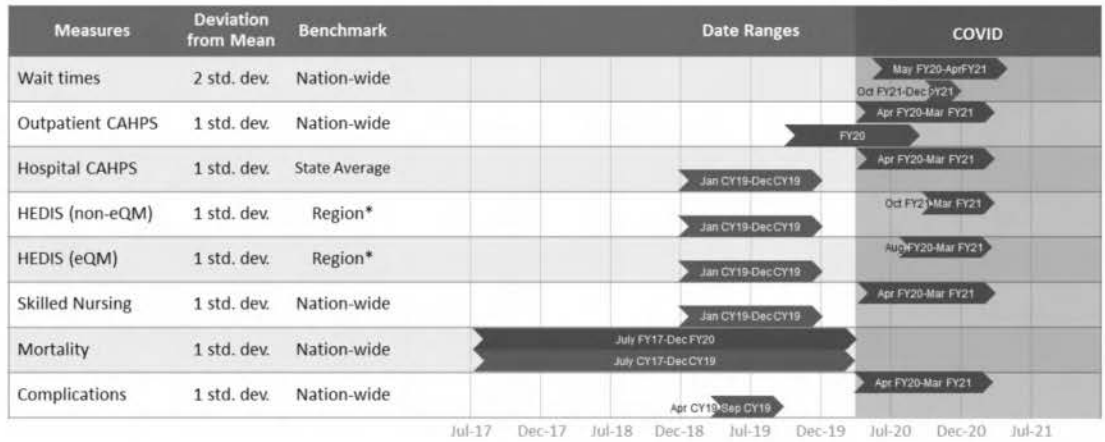
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VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



U.S. Department
of Veterans Affairs

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
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LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
MSL Results from Quality Comparison (With Community)	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
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	Flagged	2 (2 more than previous surveillance interval)	11 (10 more than previous surveillance interval)	16 (14 more than previous surveillance interval)
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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

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- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
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Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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VA



U.S. Department
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11

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Review August 31, 2021

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(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay




- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

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The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks.

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

Measure	Measure Domain	Measure ID	Measure Description	Measure Type	Measure Status	Measure Score	Measure Trend
2010 Risk Adjustment Hierarchy	Effective Care	101	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	102	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	103	2010 Risk Adjustment Hierarchy	Score	100	100	100
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2010 Risk Adjustment Hierarchy	Effective Care	105	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	106	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	107	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	108	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	109	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	110	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	111	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	112	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	113	2010 Risk Adjustment Hierarchy	Score	100	100	100
2010 Risk Adjustment Hierarchy	Effective Care	114	2010 Risk Adjustment Hierarchy	Score	100	100	100
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https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

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- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.



U.S. Department
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Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

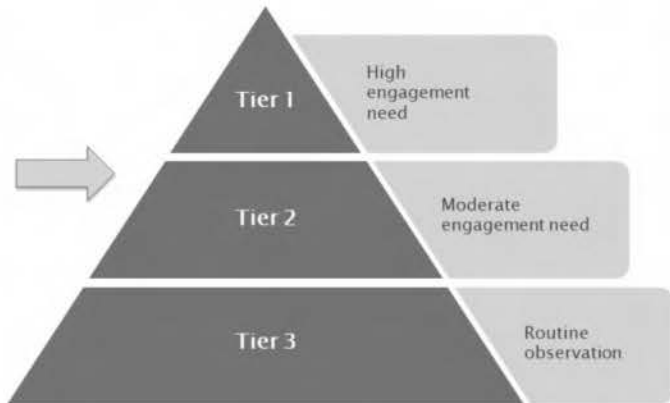
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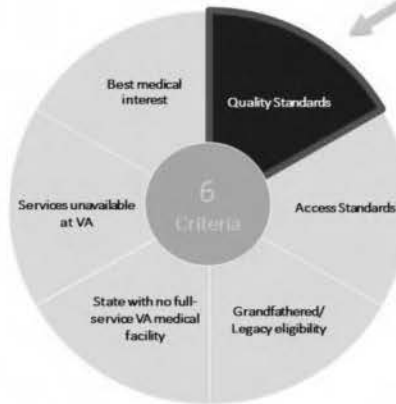
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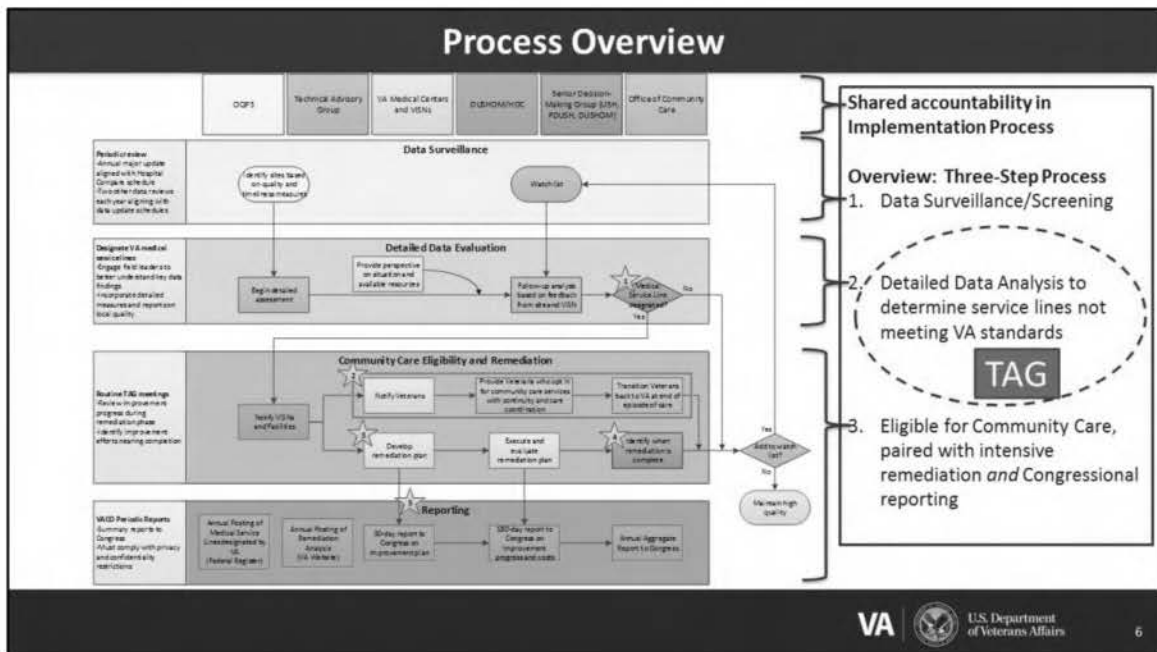
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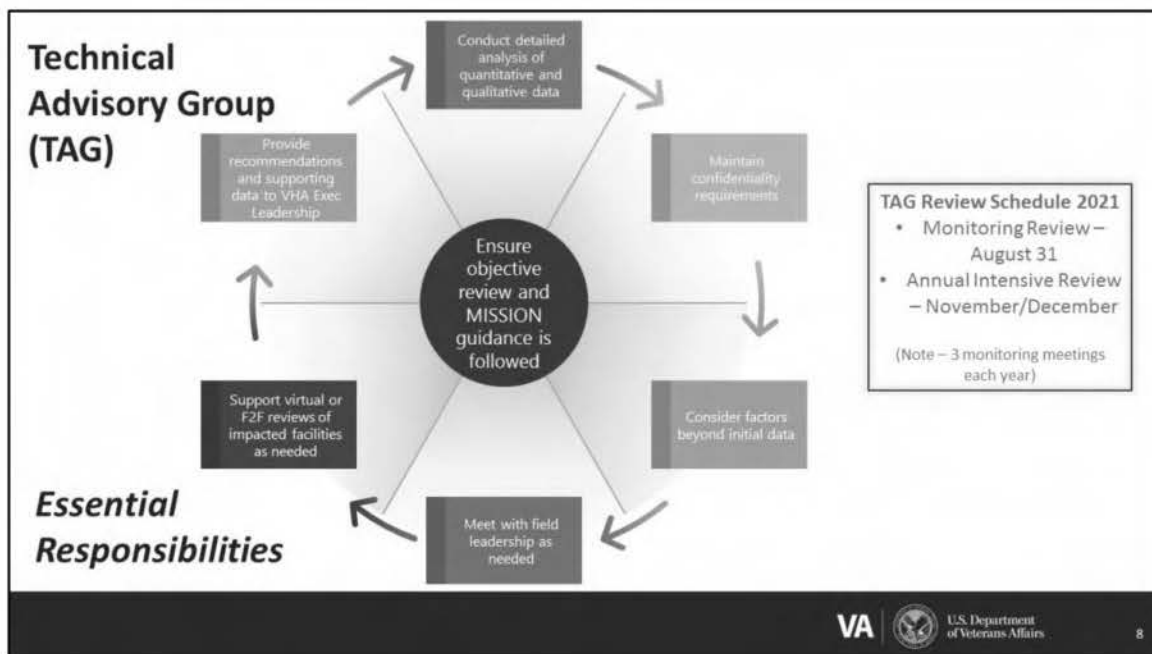
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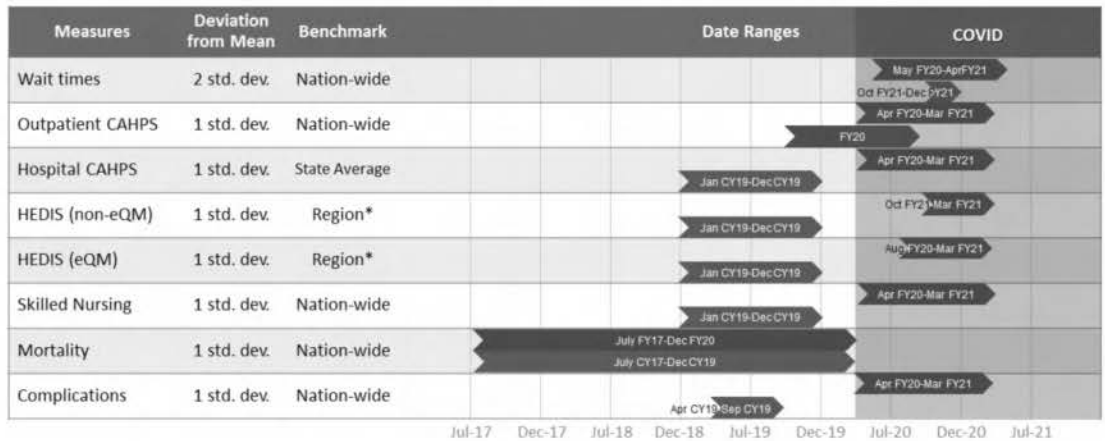
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Review August 31, 2021

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VA



U.S. Department
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10

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Review August 31, 2021

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VA

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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
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U.S. Department
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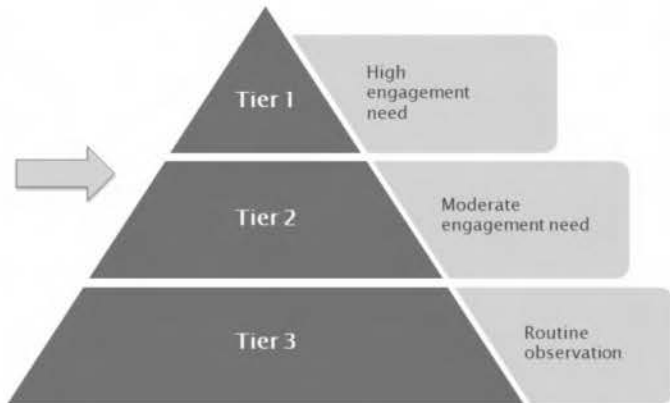
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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

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- Compare performance to the community and analyze at the level of medical service lines
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4

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



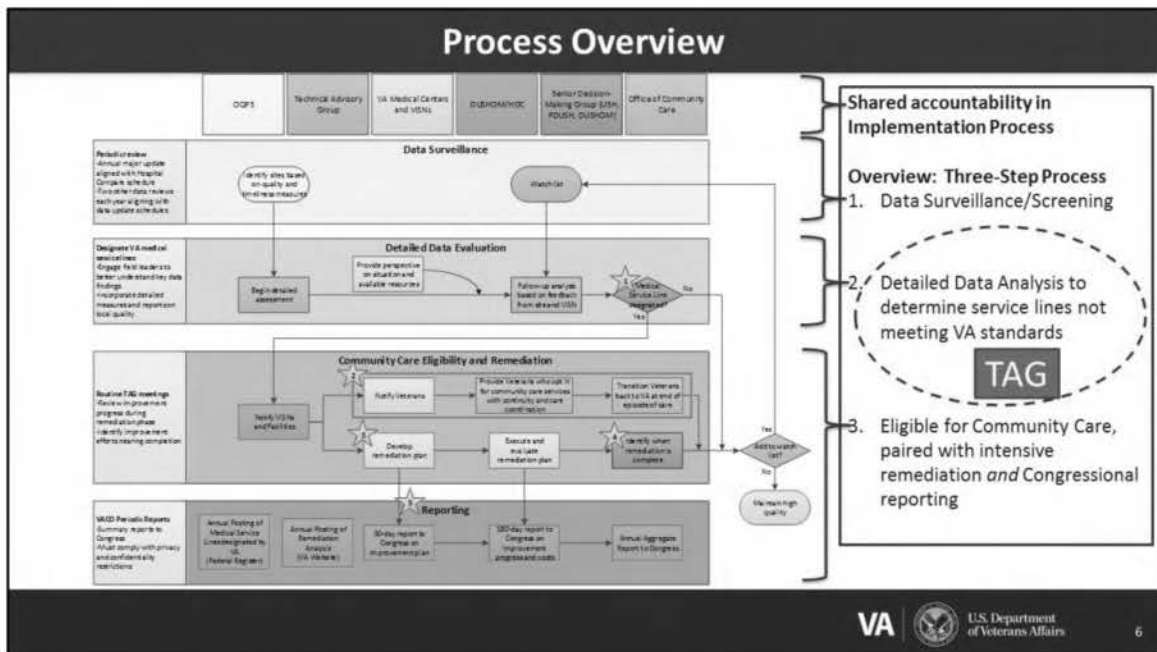
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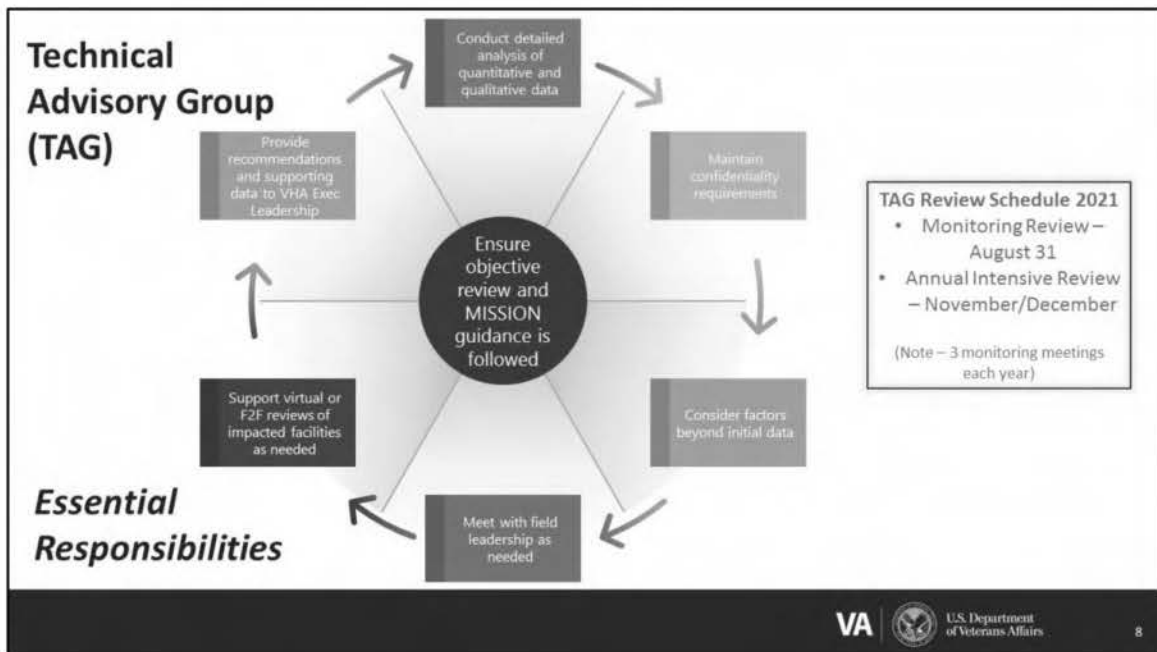
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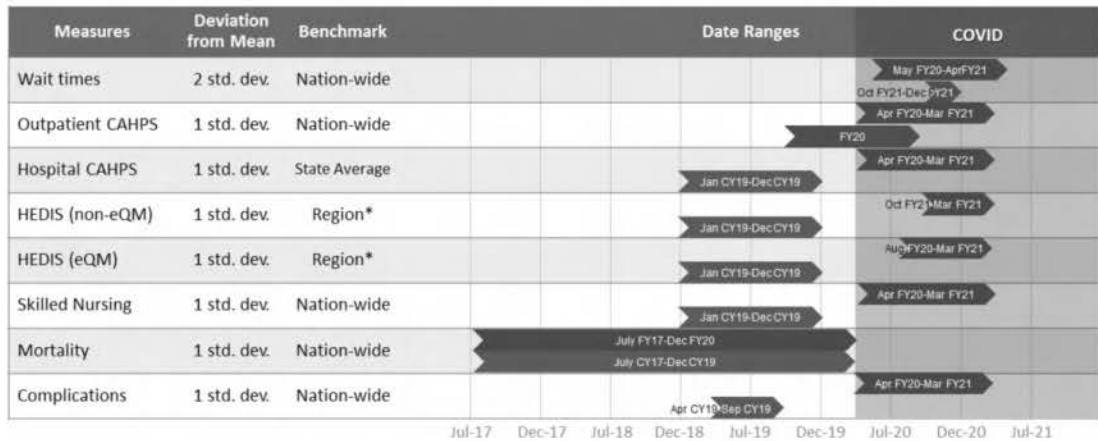
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VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

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- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

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Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
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- Antipsychotic Medications (26)
- Functional Improvement (8)
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Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
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Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible, **without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

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17

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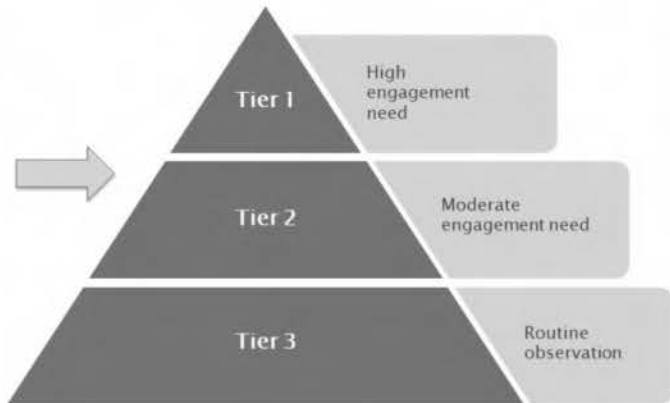
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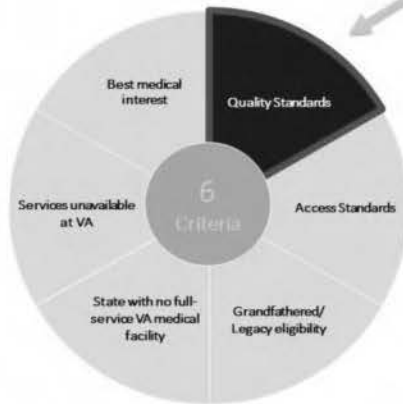


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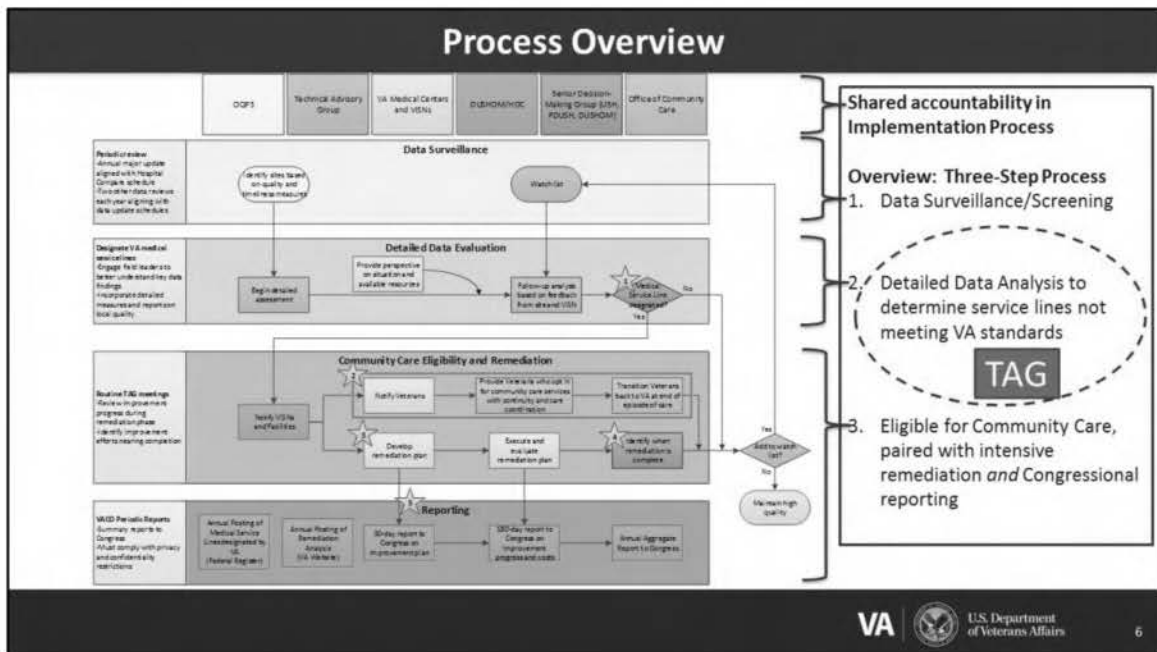
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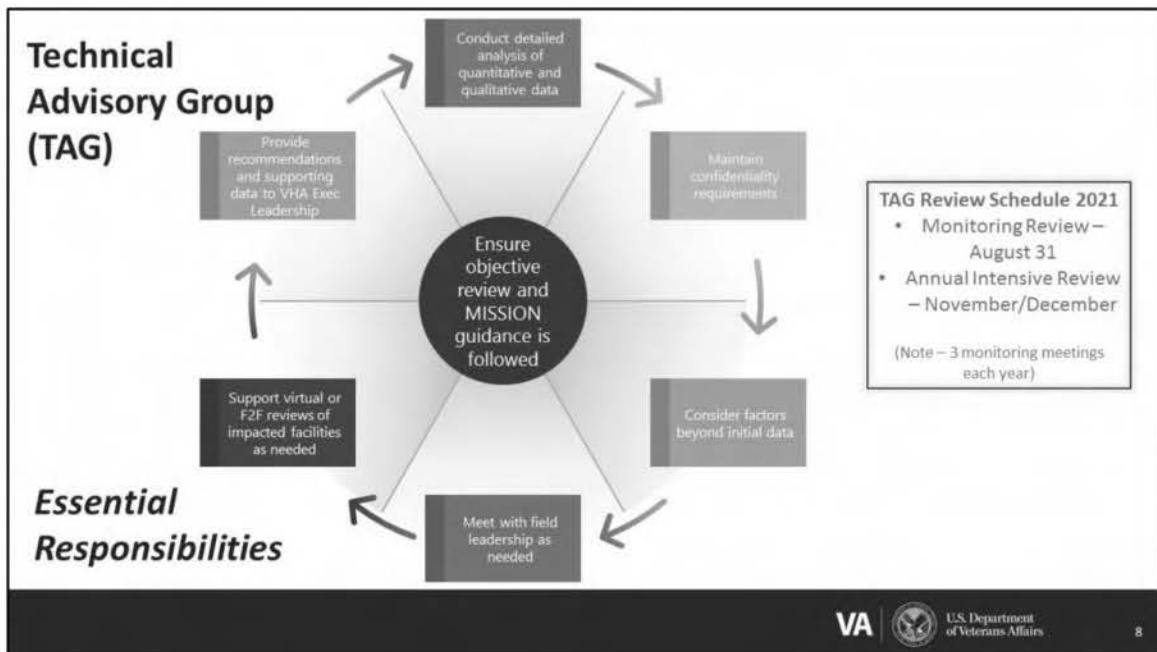
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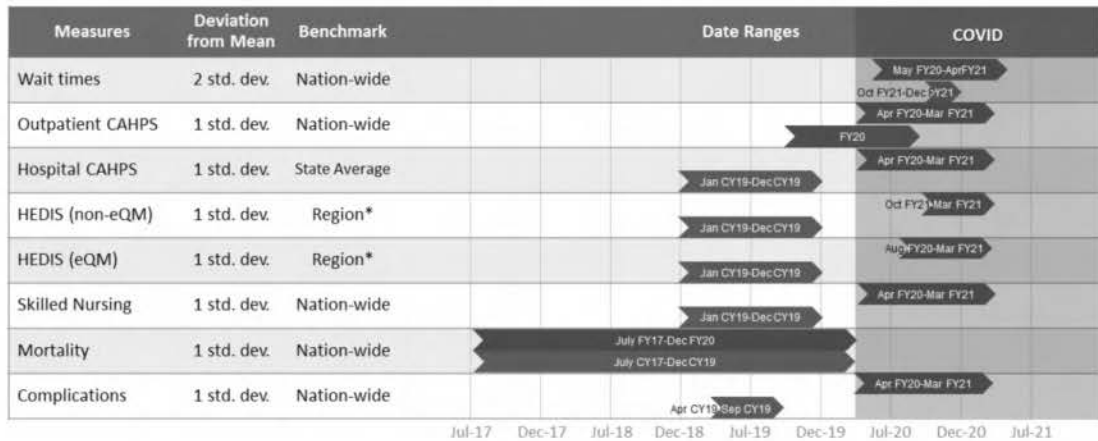
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- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible, **without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.



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Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

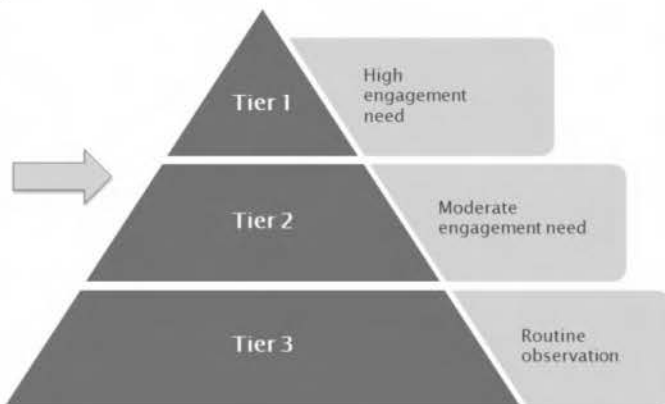
What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line (*not triggered under MISSION*) explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION** – the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
- ☑ **Absolute Improvement or Decline**
 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



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VETERANS HEALTH ADMINISTRATION

**CO-ED Sequester Update
&
Average Wait Time Calculation**

Presentation for: Dr. Rich Stone

Presented by: Susan Kirsh, MD, MPH

Date: Friday, May 21st, 2021



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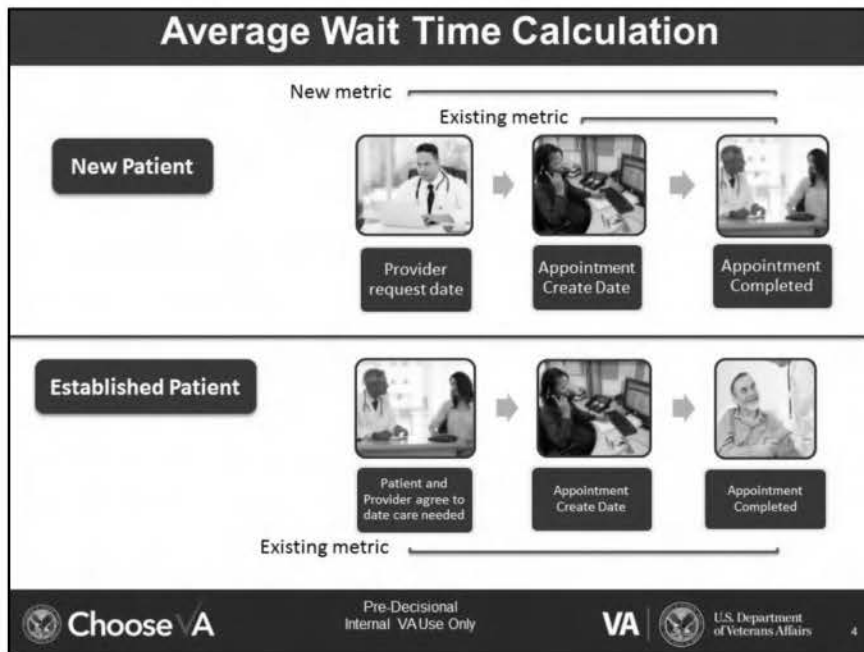
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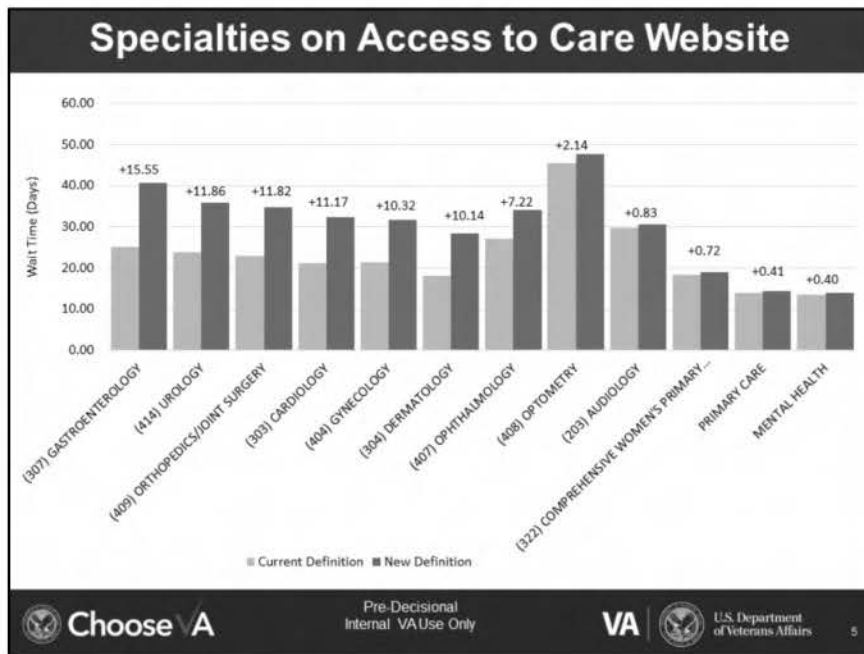
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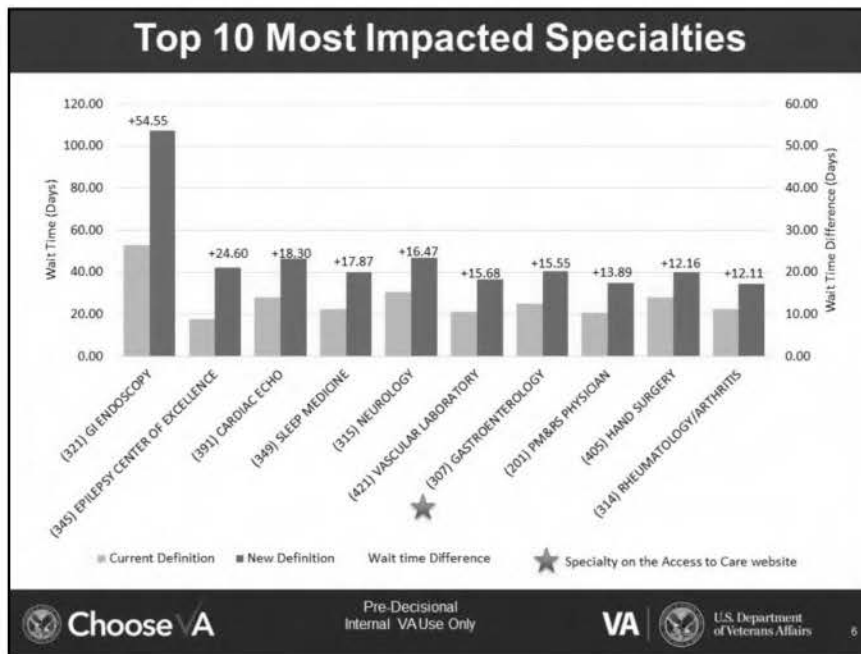


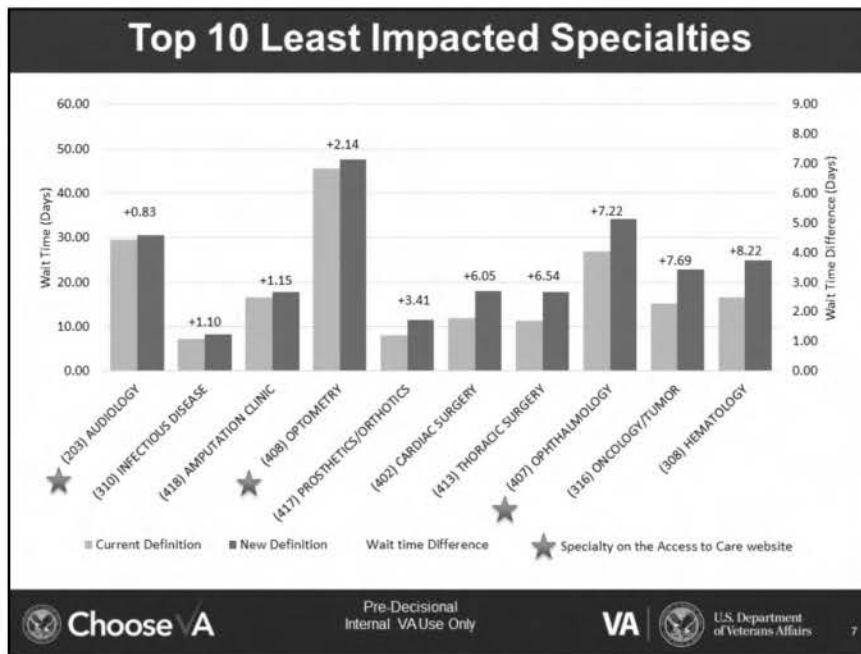
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Next Steps

- Approval from VHA senior leadership
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&
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Presentation for: Dr. Rich Stone

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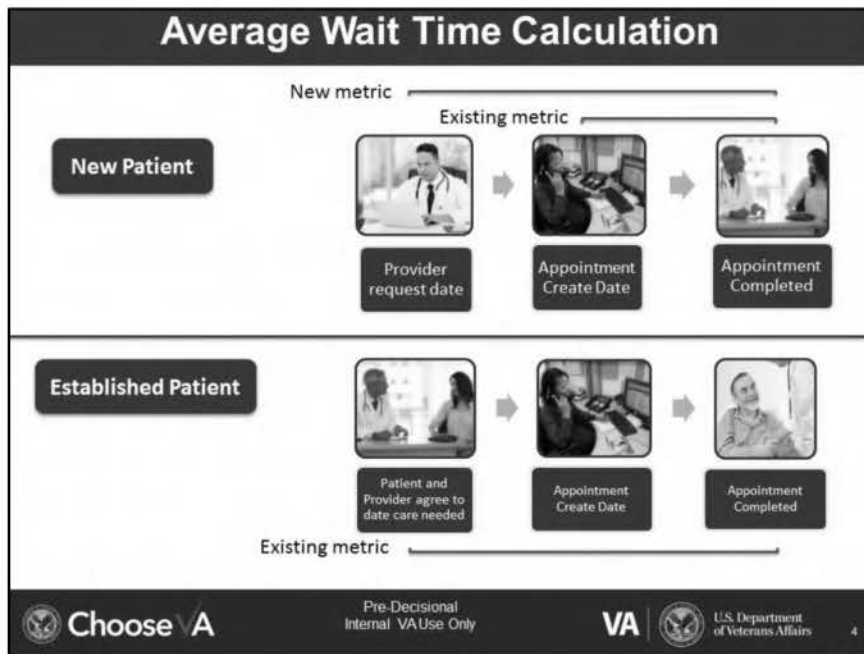
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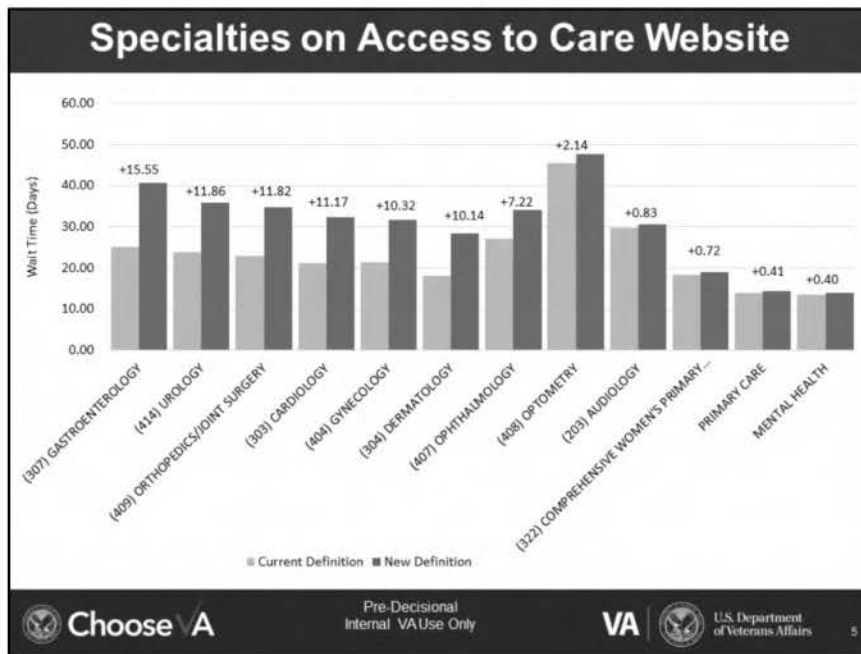
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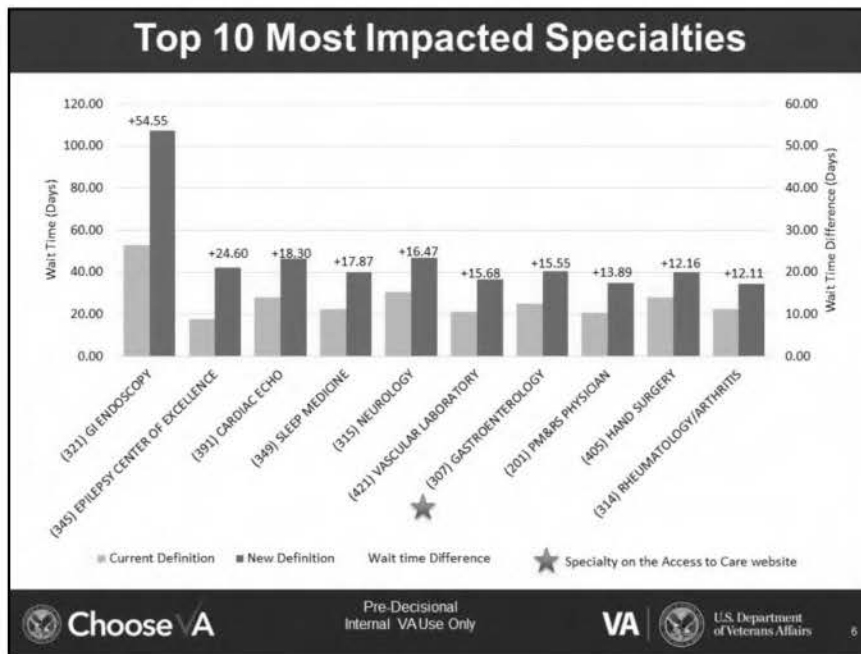


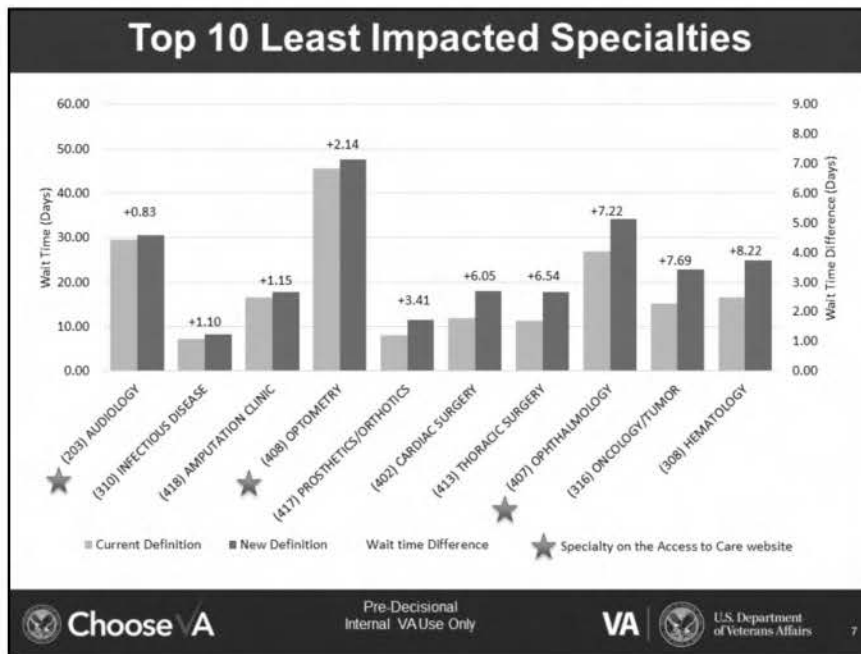
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Next Steps

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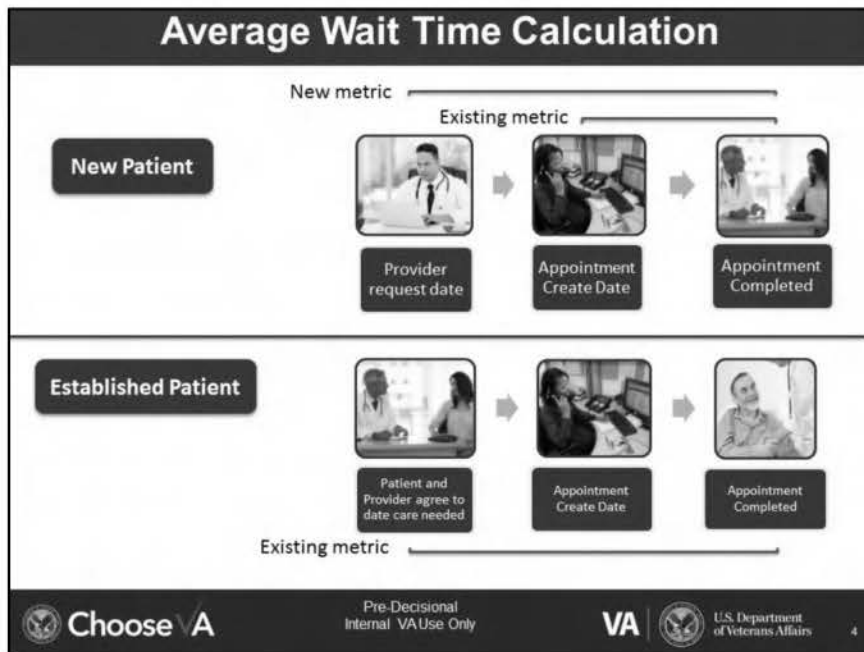
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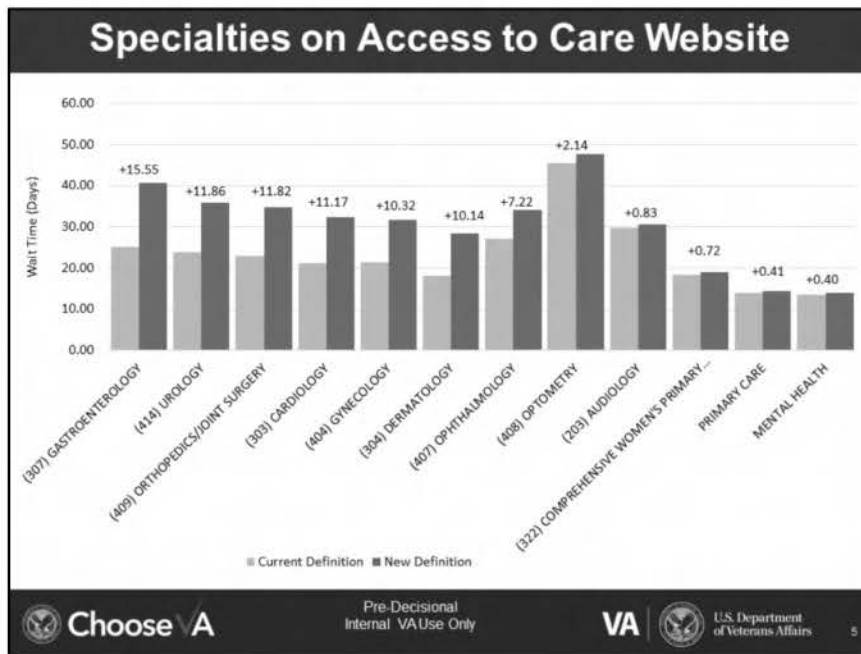
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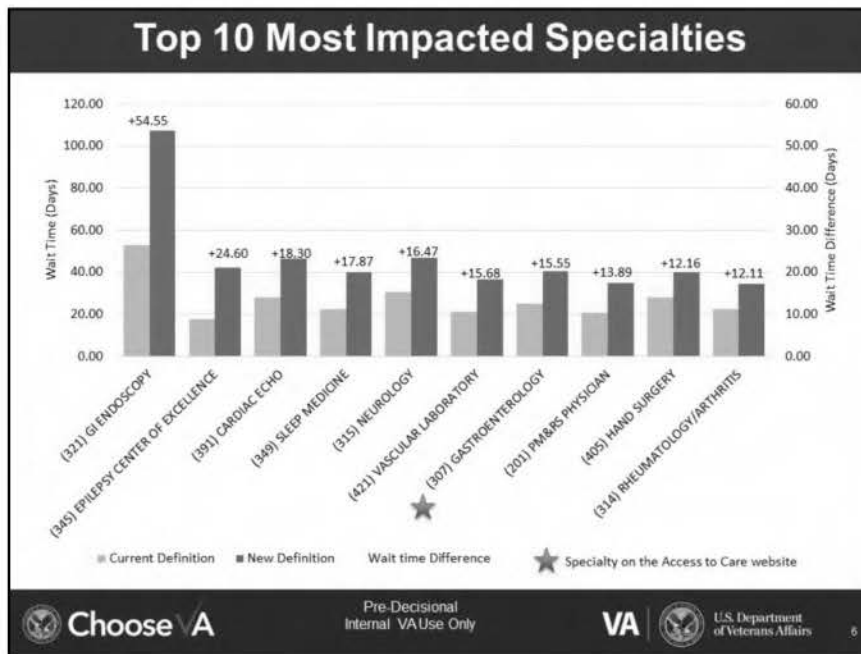


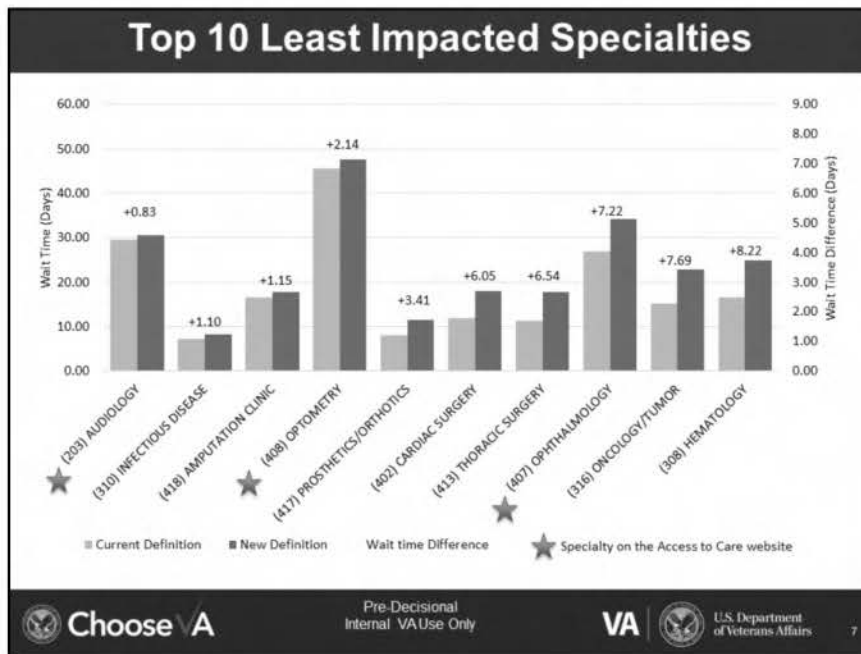
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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

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*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

Things to Remember...

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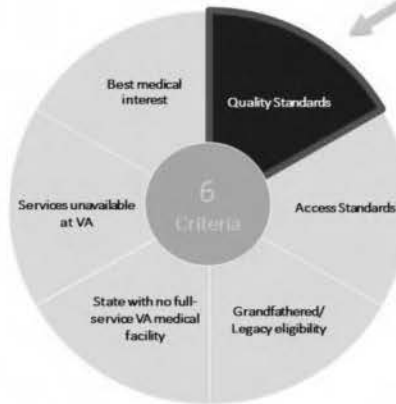
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4

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



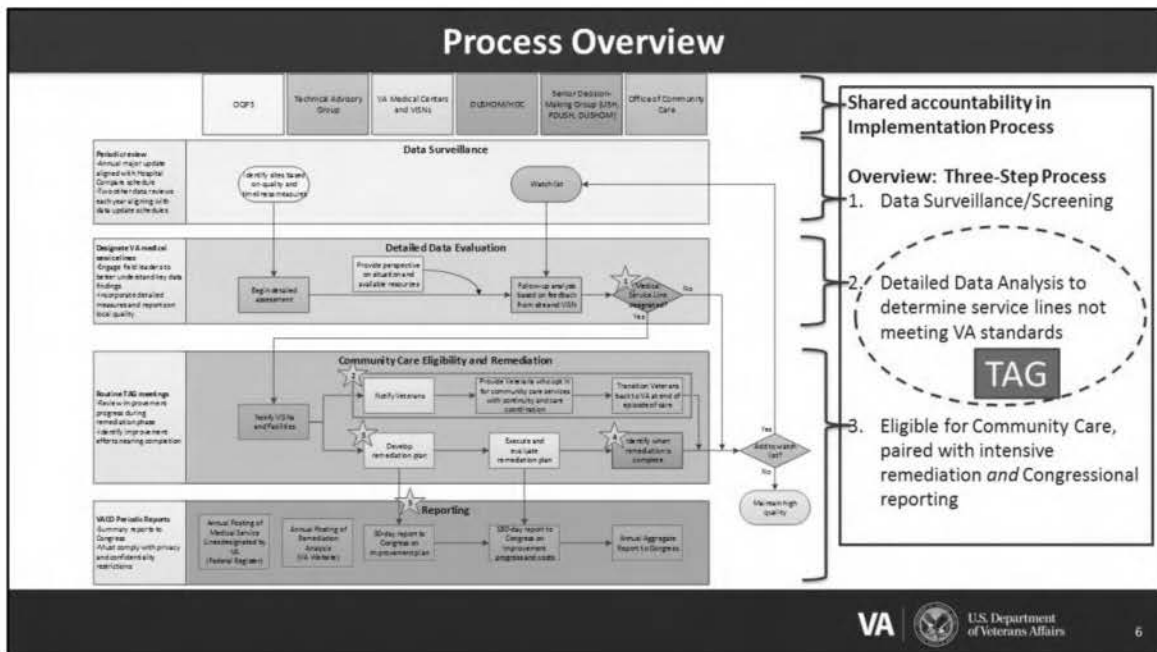
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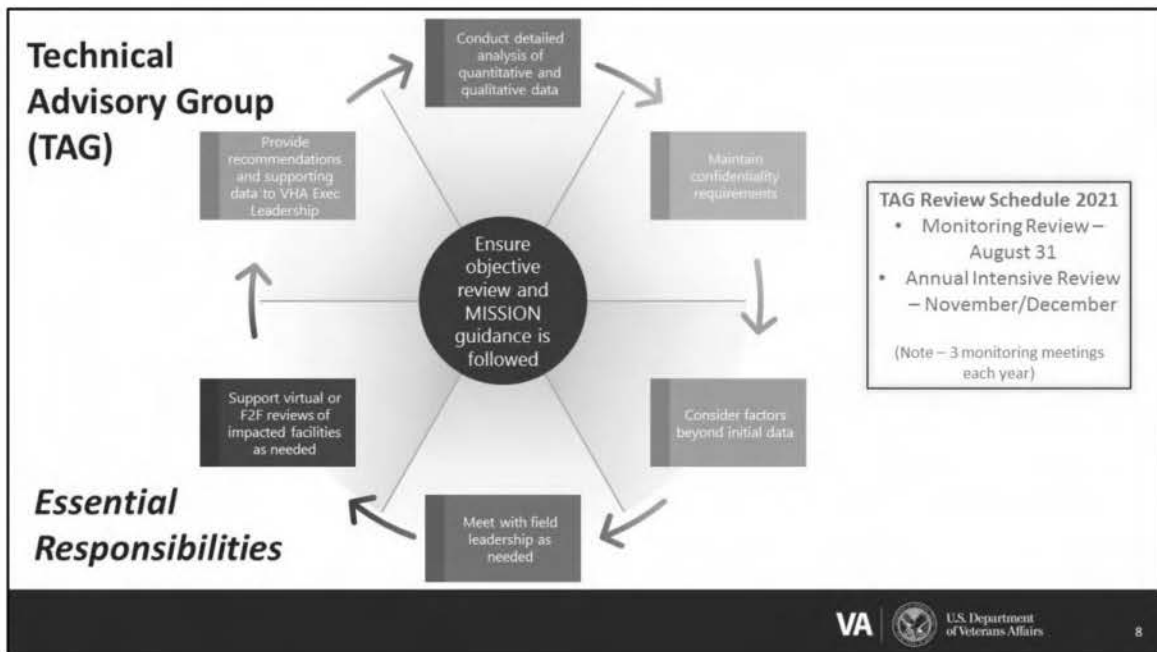
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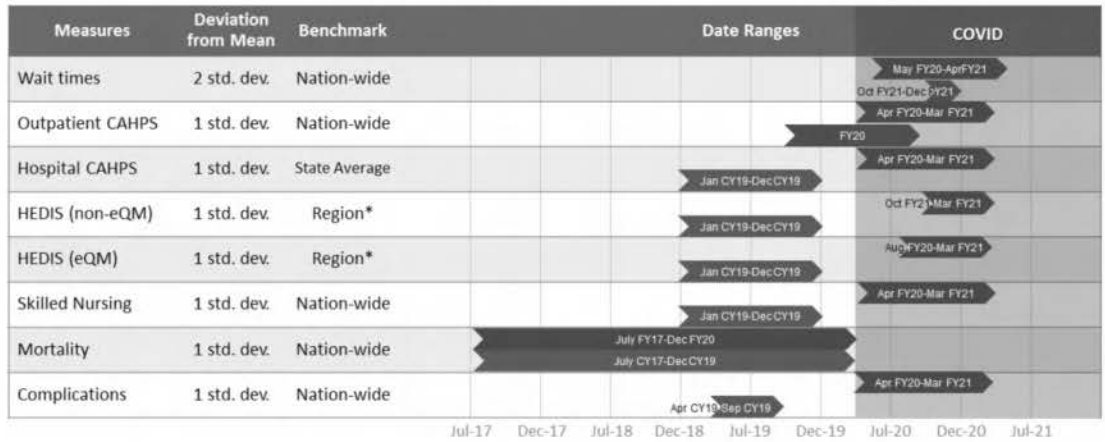
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VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
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- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
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LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
MSL Results from Quality Comparison (With Community)	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
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Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 more than previous surveillance interval)

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11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay

- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	Triggering Measure	No Triggering Measures
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	27 (3 fewer than previous surveillance interval)
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Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
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 - **Remediation action plan** submitted within 30 days
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MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible, **without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.



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Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

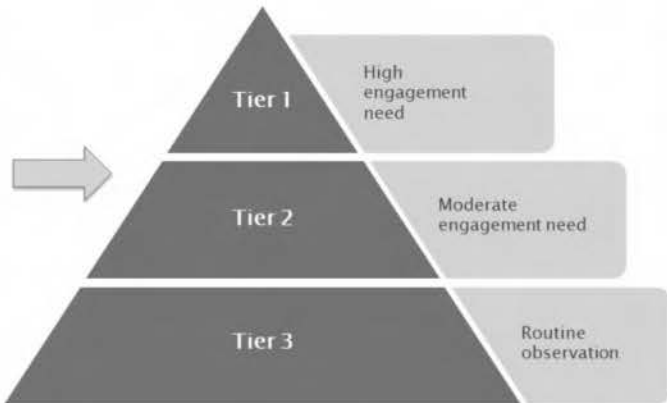
What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line (*not triggered under MISSION*) explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
- **Sites triggered under MISSION** – the TAG may also recommend additional VISN or programmatic support for sites *triggered under MISSION* as an adjunct to formal remediation. In these cases, reporting of other improvement efforts is completed through existing channels – separate to the specific remediation reporting requirements under the Act.

QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
- ☑ **Absolute Improvement or Decline**
 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

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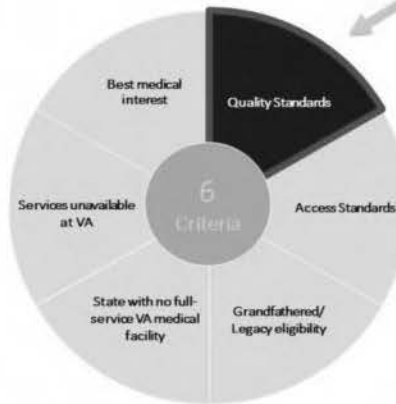
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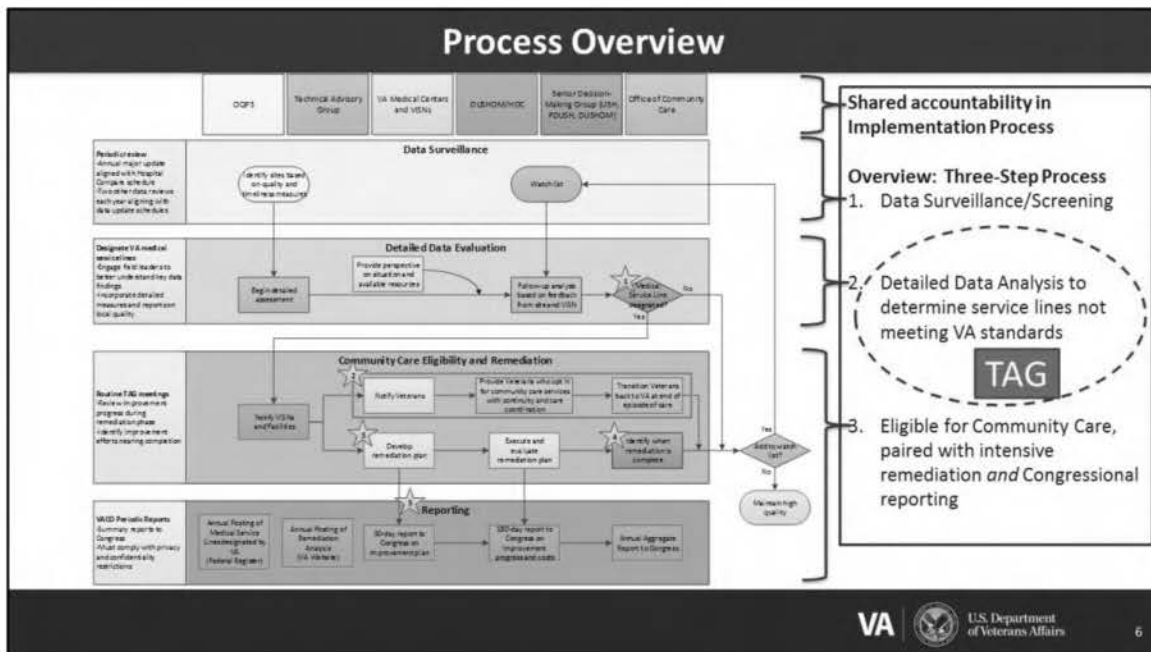
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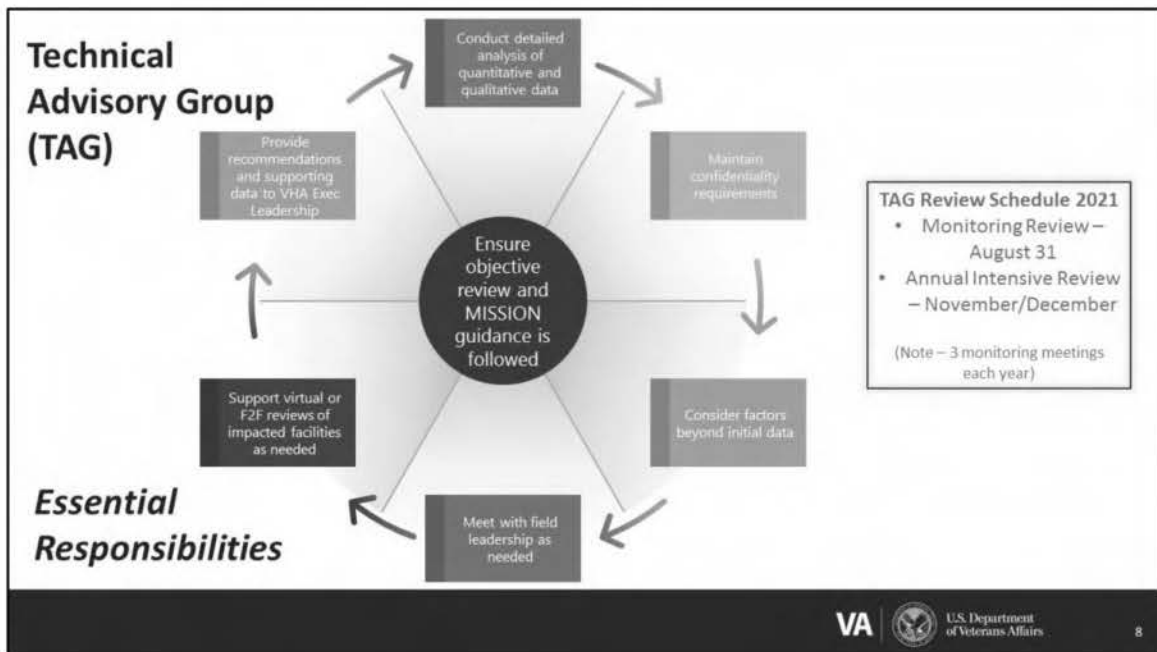
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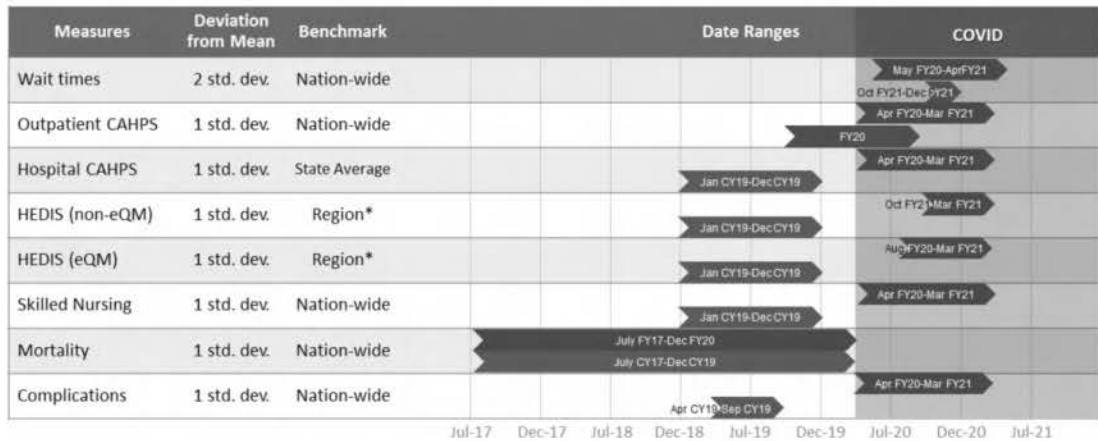
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10

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Review August 31, 2021

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12

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13

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- Measure data timeframes

Measure	Measure Domain	Measure ID	Measure Description	Measure Type	Measure Status	Measure Score	Measure Trend
2010 Risk Adjustment Hierarchy	Effective Care	1001	Lower is better	1001	1001	1001	1001
2010 Risk Adjustment Hierarchy	Effective Care	1002	Lower is better	1002	1002	1002	1002
2010 Risk Adjustment Hierarchy	Effective Care	1003	Lower is better	1003	1003	1003	1003
2010 Risk Adjustment Hierarchy	Effective Care	1004	Lower is better	1004	1004	1004	1004
2010 Risk Adjustment Hierarchy	Effective Care	1005	Lower is better	1005	1005	1005	1005
2010 Risk Adjustment Hierarchy	Effective Care	1006	Lower is better	1006	1006	1006	1006
2010 Risk Adjustment Hierarchy	Effective Care	1007	Lower is better	1007	1007	1007	1007
2010 Risk Adjustment Hierarchy	Effective Care	1008	Lower is better	1008	1008	1008	1008
2010 Risk Adjustment Hierarchy	Effective Care	1009	Lower is better	1009	1009	1009	1009
2010 Risk Adjustment Hierarchy	Effective Care	1010	Lower is better	1010	1010	1010	1010
2010 Risk Adjustment Hierarchy	Effective Care	1011	Lower is better	1011	1011	1011	1011
2010 Risk Adjustment Hierarchy	Effective Care	1012	Lower is better	1012	1012	1012	1012
2010 Risk Adjustment Hierarchy	Effective Care	1013	Lower is better	1013	1013	1013	1013
2010 Risk Adjustment Hierarchy	Effective Care	1014	Lower is better	1014	1014	1014	1014
2010 Risk Adjustment Hierarchy	Effective Care	1015	Lower is better	1015	1015	1015	1015
2010 Risk Adjustment Hierarchy	Effective Care	1016	Lower is better	1016	1016	1016	1016
2010 Risk Adjustment Hierarchy	Effective Care	1017	Lower is better	1017	1017	1017	1017
2010 Risk Adjustment Hierarchy	Effective Care	1018	Lower is better	1018	1018	1018	1018
2010 Risk Adjustment Hierarchy	Effective Care	1019	Lower is better	1019	1019	1019	1019
2010 Risk Adjustment Hierarchy	Effective Care	1020	Lower is better	1020	1020	1020	1020
2010 Risk Adjustment Hierarchy	Effective Care	1021	Lower is better	1021	1021	1021	1021
2010 Risk Adjustment Hierarchy	Effective Care	1022	Lower is better	1022	1022	1022	1022
2010 Risk Adjustment Hierarchy	Effective Care	1023	Lower is better	1023	1023	1023	1023
2010 Risk Adjustment Hierarchy	Effective Care	1024	Lower is better	1024	1024	1024	1024
2010 Risk Adjustment Hierarchy	Effective Care	1025	Lower is better	1025	1025	1025	1025
2010 Risk Adjustment Hierarchy	Effective Care	1026	Lower is better	1026	1026	1026	1026
2010 Risk Adjustment Hierarchy	Effective Care	1027	Lower is better	1027	1027	1027	1027
2010 Risk Adjustment Hierarchy	Effective Care	1028	Lower is better	1028	1028	1028	1028
2010 Risk Adjustment Hierarchy	Effective Care	1029	Lower is better	1029	1029	1029	1029
2010 Risk Adjustment Hierarchy	Effective Care	1030	Lower is better	1030	1030	1030	1030
2010 Risk Adjustment Hierarchy	Effective Care	1031	Lower is better	1031	1031	1031	1031
2010 Risk Adjustment Hierarchy	Effective Care	1032	Lower is better	1032	1032	1032	1032
2010 Risk Adjustment Hierarchy	Effective Care	1033	Lower is better	1033	1033	1033	1033
2010 Risk Adjustment Hierarchy	Effective Care	1034	Lower is better	1034	1034	1034	1034
2010 Risk Adjustment Hierarchy	Effective Care	1035	Lower is better	1035	1035	1035	1035
2010 Risk Adjustment Hierarchy	Effective Care	1036	Lower is better	1036	1036	1036	1036
2010 Risk Adjustment Hierarchy	Effective Care	1037	Lower is better	1037	1037	1037	1037
2010 Risk Adjustment Hierarchy	Effective Care	1038	Lower is better	1038	1038	1038	1038
2010 Risk Adjustment Hierarchy	Effective Care	1039	Lower is better	1039	1039	1039	1039
2010 Risk Adjustment Hierarchy	Effective Care	1040	Lower is better	1040	1040	1040	1040
2010 Risk Adjustment Hierarchy	Effective Care	1041	Lower is better	1041	1041	1041	1041
2010 Risk Adjustment Hierarchy	Effective Care	1042	Lower is better	1042	1042	1042	1042
2010 Risk Adjustment Hierarchy	Effective Care	1043	Lower is better	1043	1043	1043	1043
2010 Risk Adjustment Hierarchy	Effective Care	1044	Lower is better	1044	1044	1044	1044
2010 Risk Adjustment Hierarchy	Effective Care	1045	Lower is better	1045	1045	1045	1045
2010 Risk Adjustment Hierarchy	Effective Care	1046	Lower is better	1046	1046	1046	1046
2010 Risk Adjustment Hierarchy	Effective Care	1047	Lower is better	1047	1047	1047	1047
2010 Risk Adjustment Hierarchy	Effective Care	1048	Lower is better	1048	1048	1048	1048
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https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
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VA

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of Veterans Affairs

17

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U.S. Department
of Veterans Affairs

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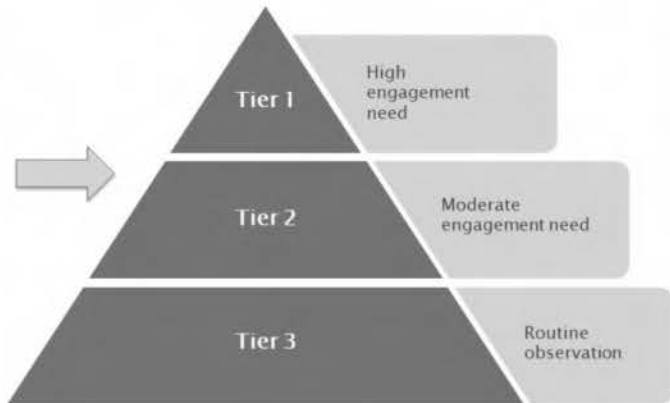
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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

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- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

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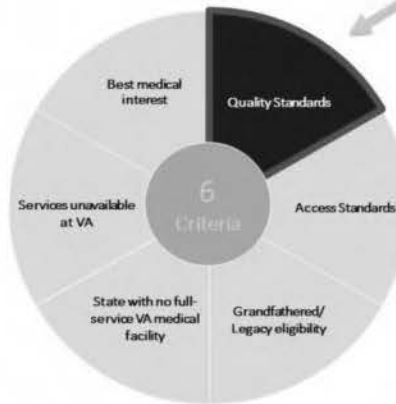


U.S. Department
of Veterans Affairs

Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
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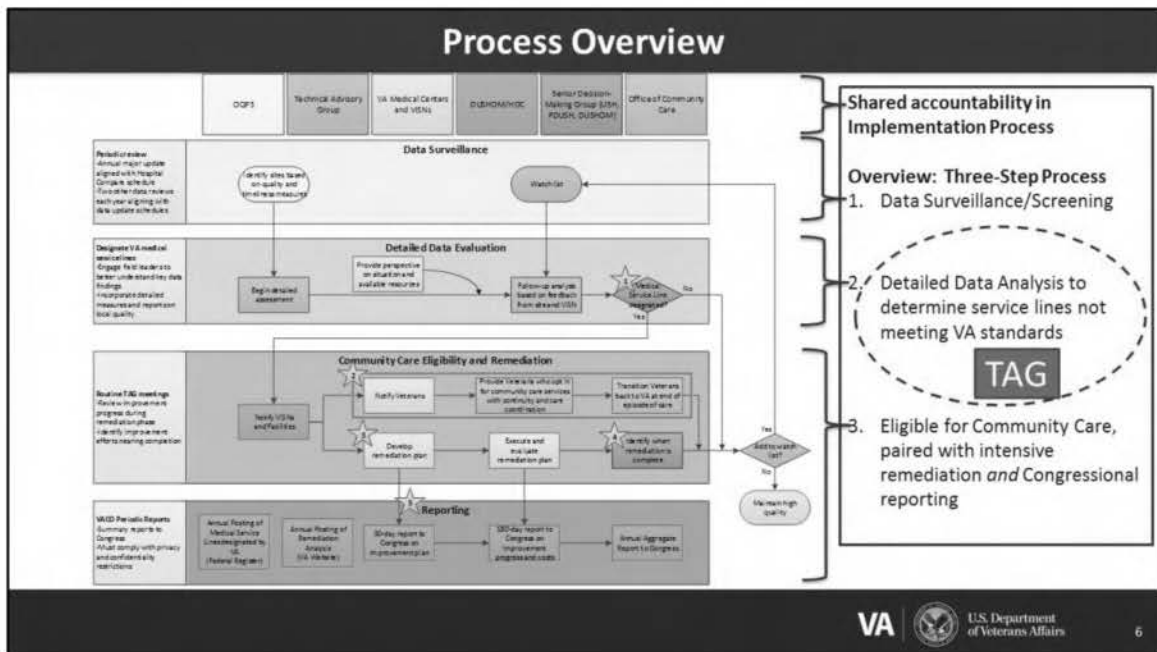
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Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community.

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Source: VA regulations (AQ-46)



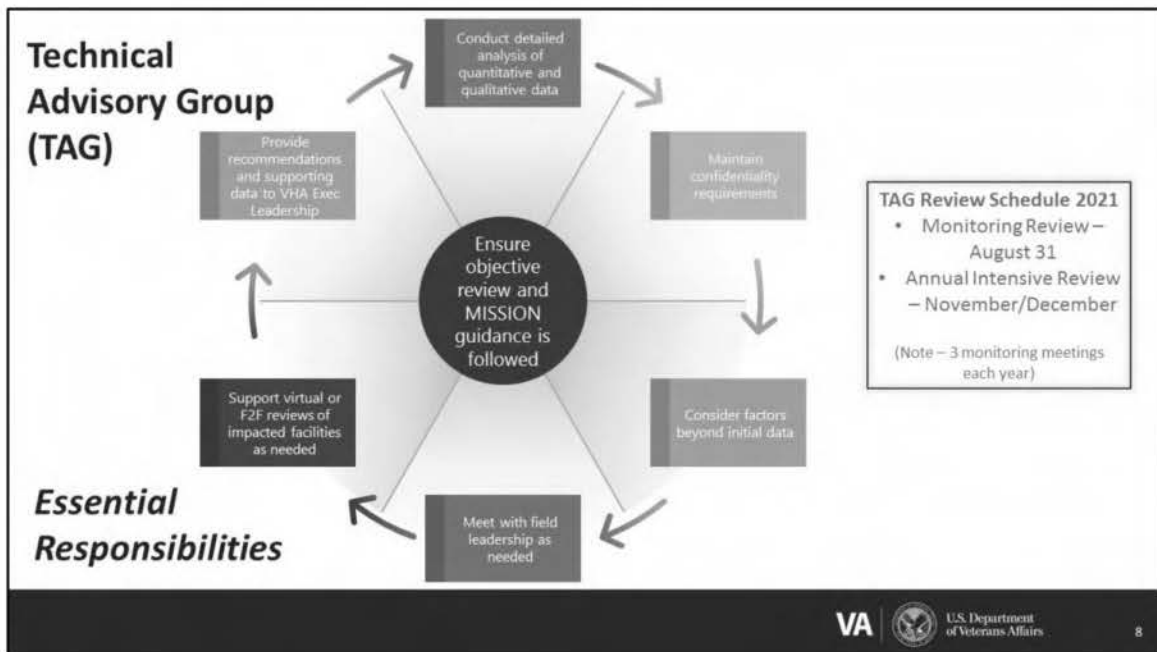
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Data Surveillance

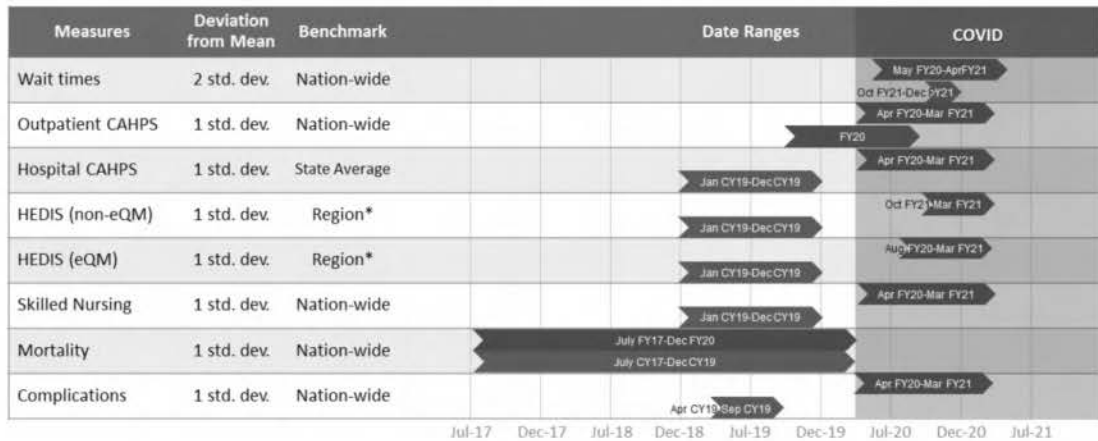
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VA and Community Surveillance Data Availability



VA
 Community
 VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



U.S. Department
of Veterans Affairs

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
- CAHPS Provider Rating (13)
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LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
MSL Results from Quality Comparison (With Community)	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
	Flagged	2 (2 more than previous surveillance interval)	11 (10 more than previous surveillance interval)	16 (14 more than previous surveillance interval)
	Triggering Measure	0 (1 fewer than previous surveillance interval)	9 (6 more than previous surveillance interval)	124 (78 more than previous surveillance interval)
	No Triggering Measure	3 (3 fewer than previous surveillance interval)	39 (20 more than previous surveillance interval)	347 (120 fewer than previous surveillance interval)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

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Triggering Quality Measures:

Short Stay

- Antipsychotic Medications (26)
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Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
 - **Federal Register posting of service lines** that did not meet VA standards
 - **Remediation action plan** submitted within 30 days
 - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
 - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
 - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



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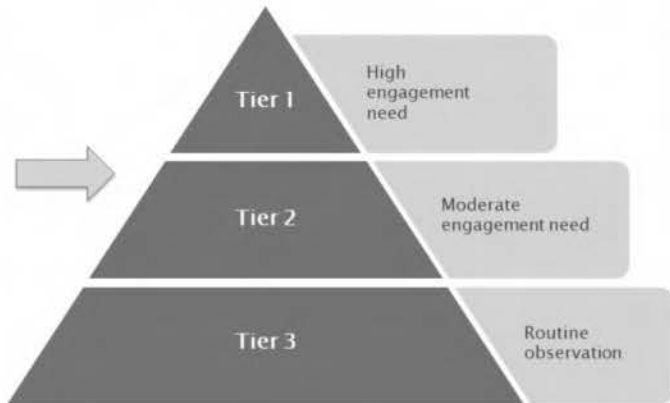
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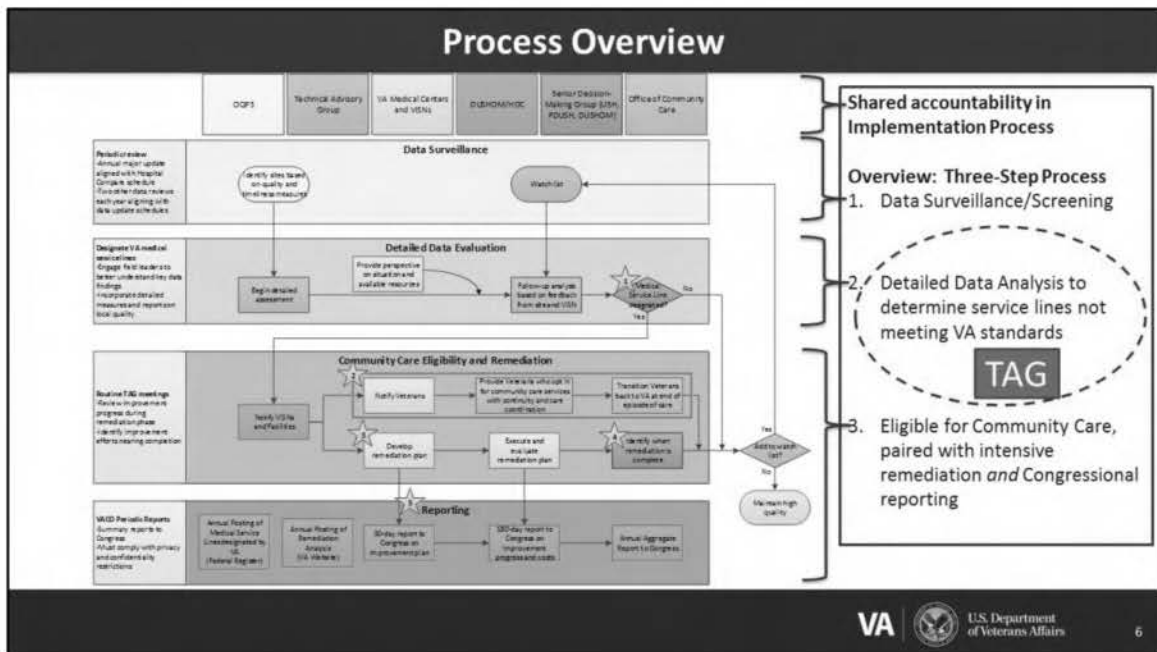
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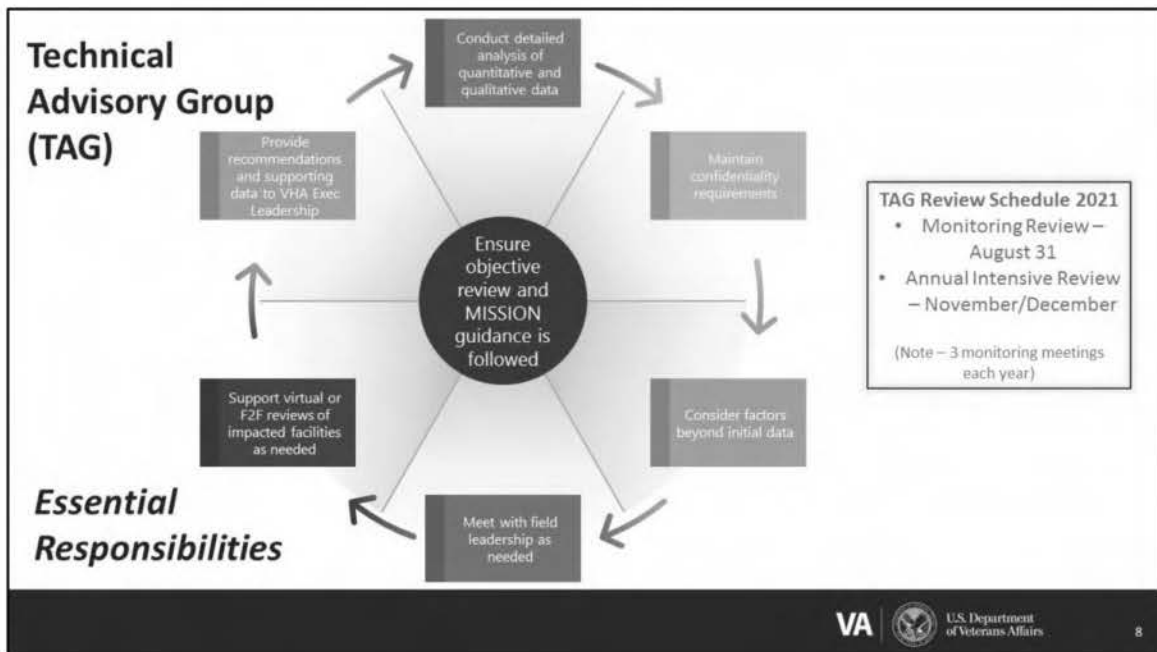
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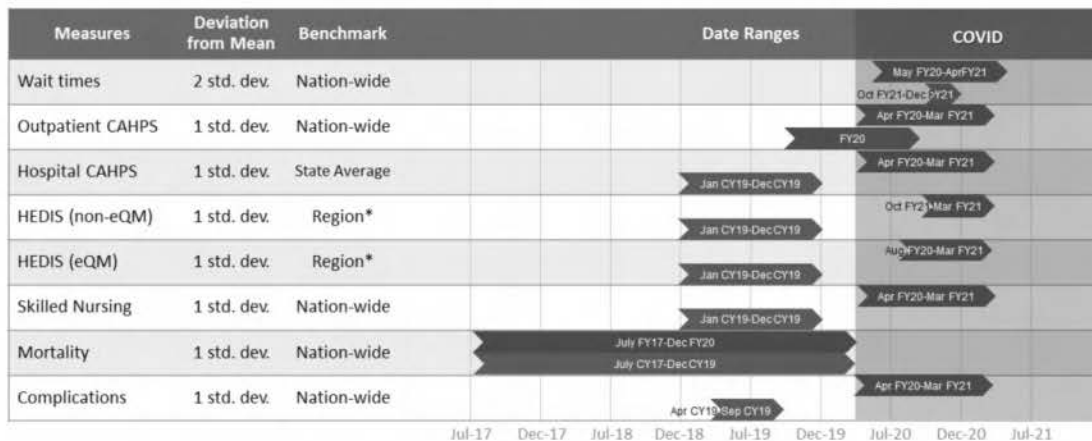
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U.S. Department
of Veterans Affairs

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Review August 31, 2021

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Review August 31, 2021

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(No sites flagged for TAG review during this surveillance interval)

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- HCAHPS Hospital Rating (11)
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VA



U.S. Department
of Veterans Affairs

11

MISSION TAG Monitoring
Review August 31, 2021

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Triggering Quality Measures:

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	Triggering Measure	N/A	N/A	27 (3 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	98 (same as previous surveillance interval)

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
 - **Federal Register posting of service lines** that did not meet VA standards
 - **Remediation action plan** submitted within 30 days
 - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
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MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
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- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes



https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
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VA

U.S. Department
of Veterans Affairs

17

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
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* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

VA



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of Veterans Affairs

18

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
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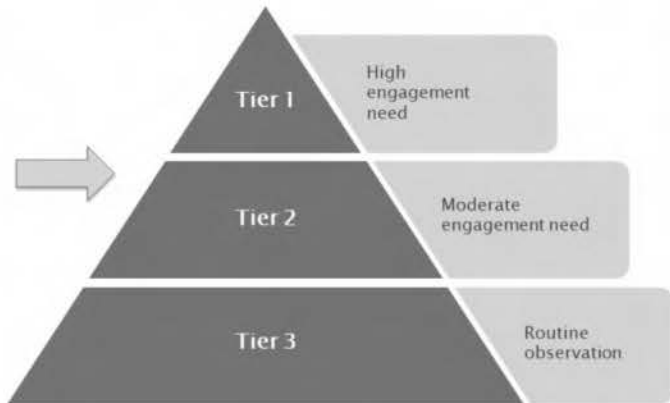
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- ☑ **Relative Comparison**
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 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
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 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
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VA Standards for Quality and Measures*

VHA Standards	Initial Measures
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Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate Death rate among surgical patients with serious treatable complications Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019



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Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
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- Where VA compares favorably to the community, **that's great!**
- Where we do not, we are committed to improving our care.
- If there is a **significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



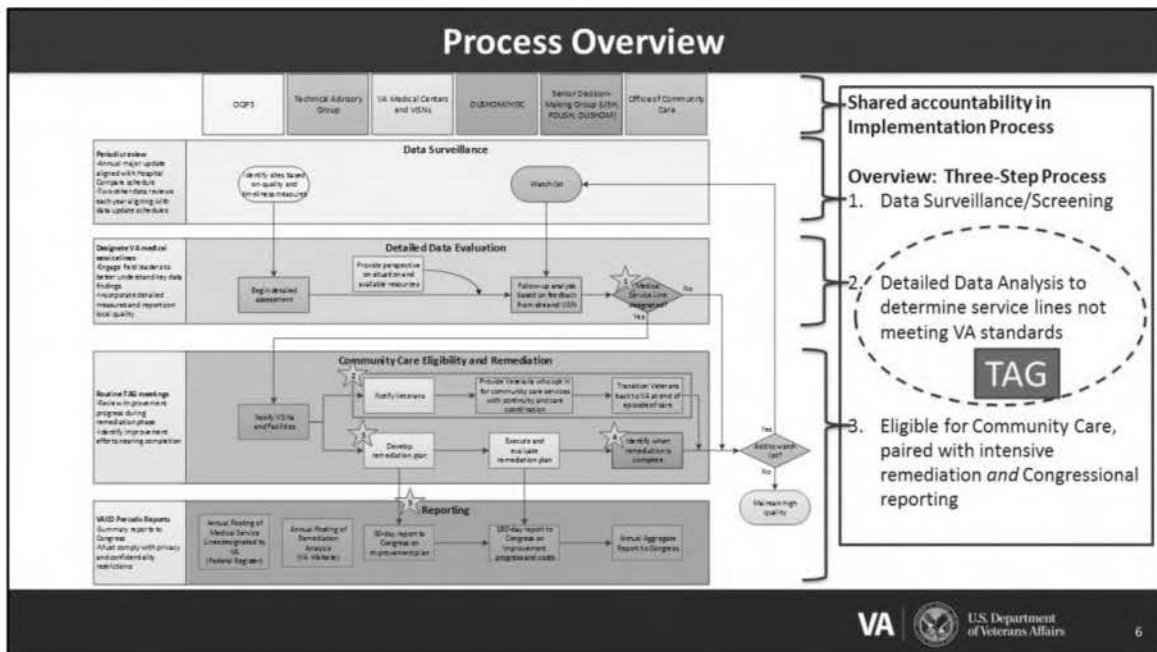
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- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community.

However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)



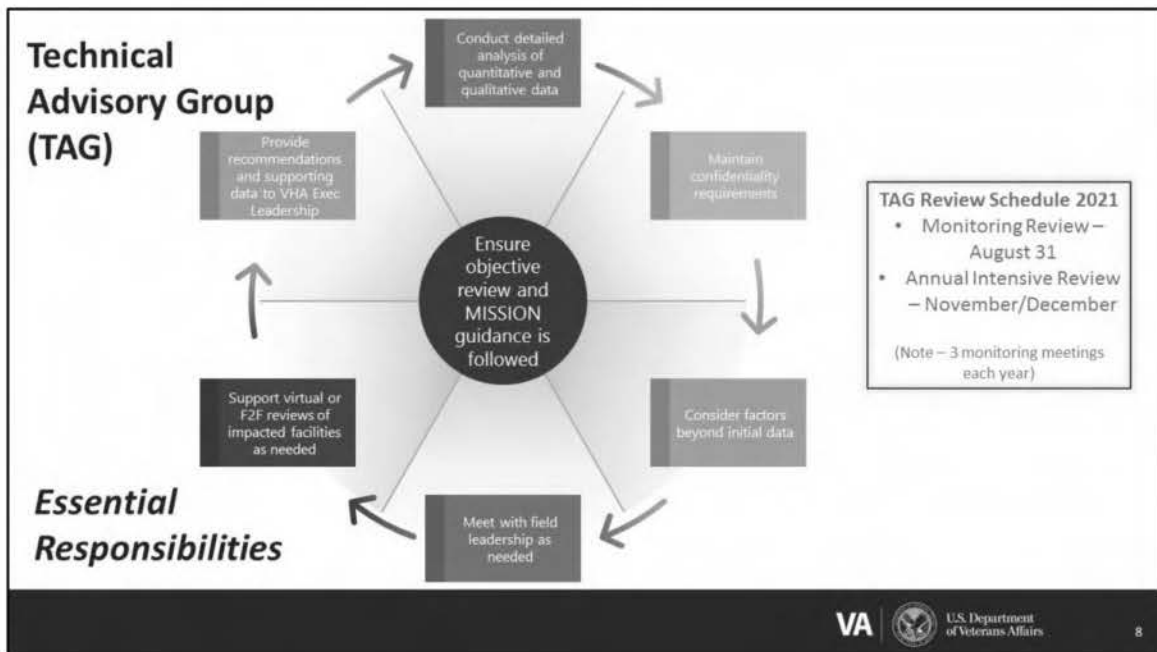
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Data Surveillance

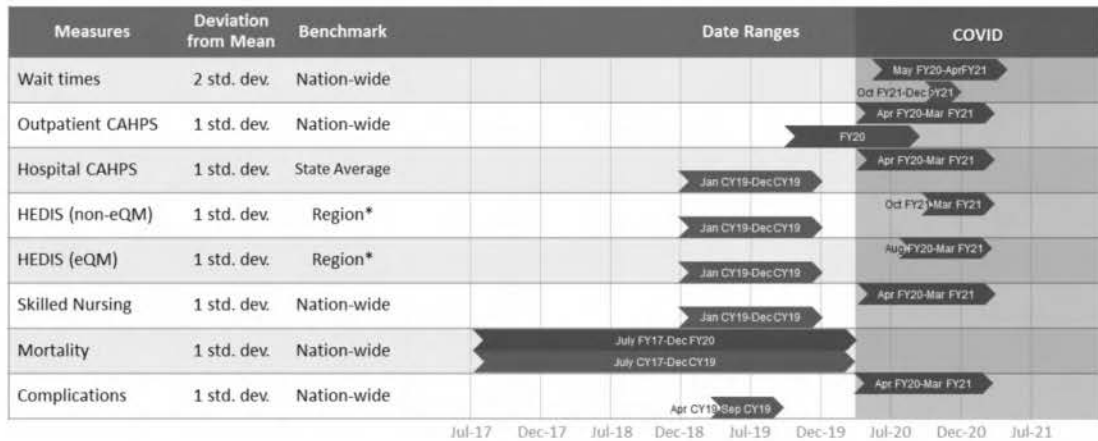
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- Medical Service Lines are flagged in timeliness and/or quality
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Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness and quality is brought to the TAG for further evaluation
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VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



U.S. Department
of Veterans Affairs

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
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	No Triggering Measure	3 (3 fewer than previous surveillance interval)	39 (20 more than previous surveillance interval)	347 (120 fewer than previous surveillance interval)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
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MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 more than previous surveillance interval)

VA



U.S. Department
of Veterans Affairs

11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay




- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
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Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
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Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
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Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
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of Veterans Affairs

18

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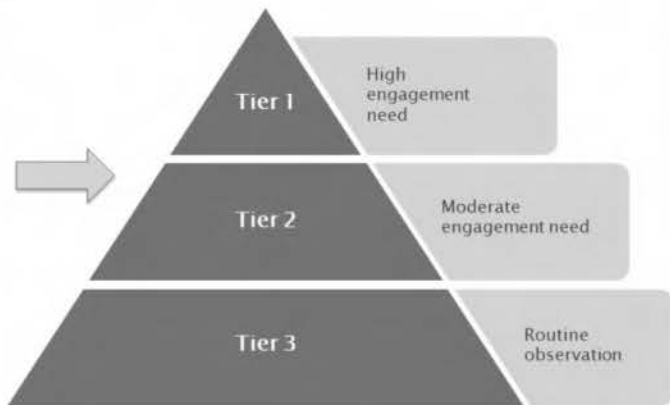
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September 1, 2021

VA



U.S. Department
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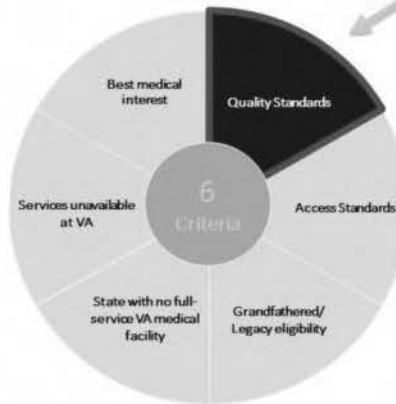
VA



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4

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



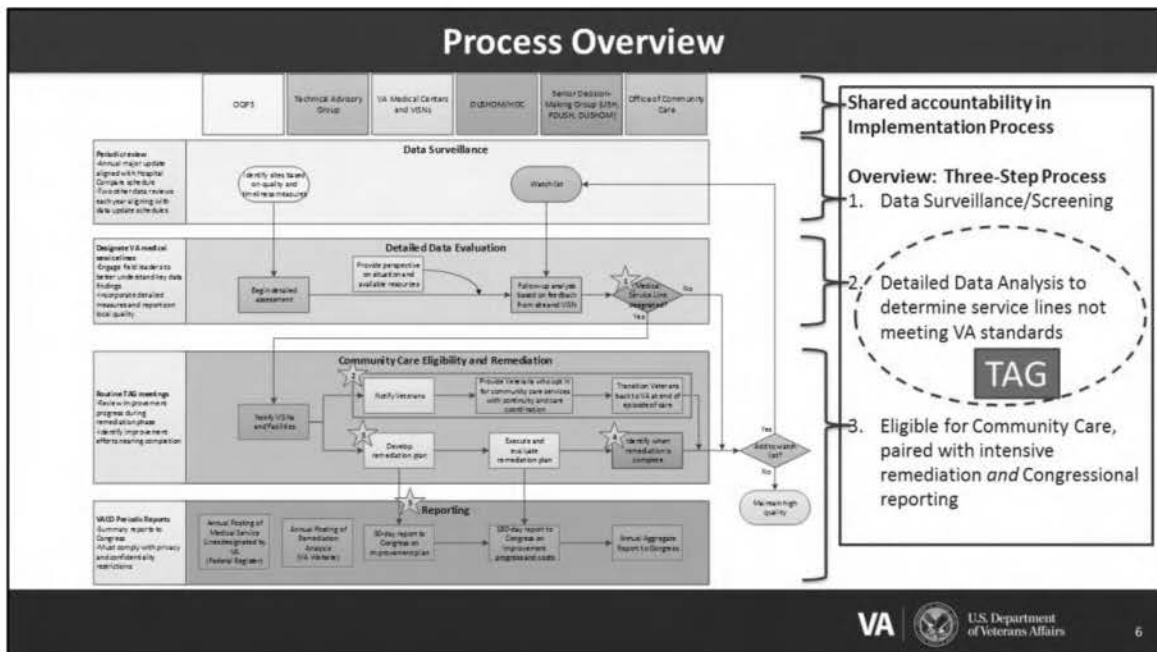
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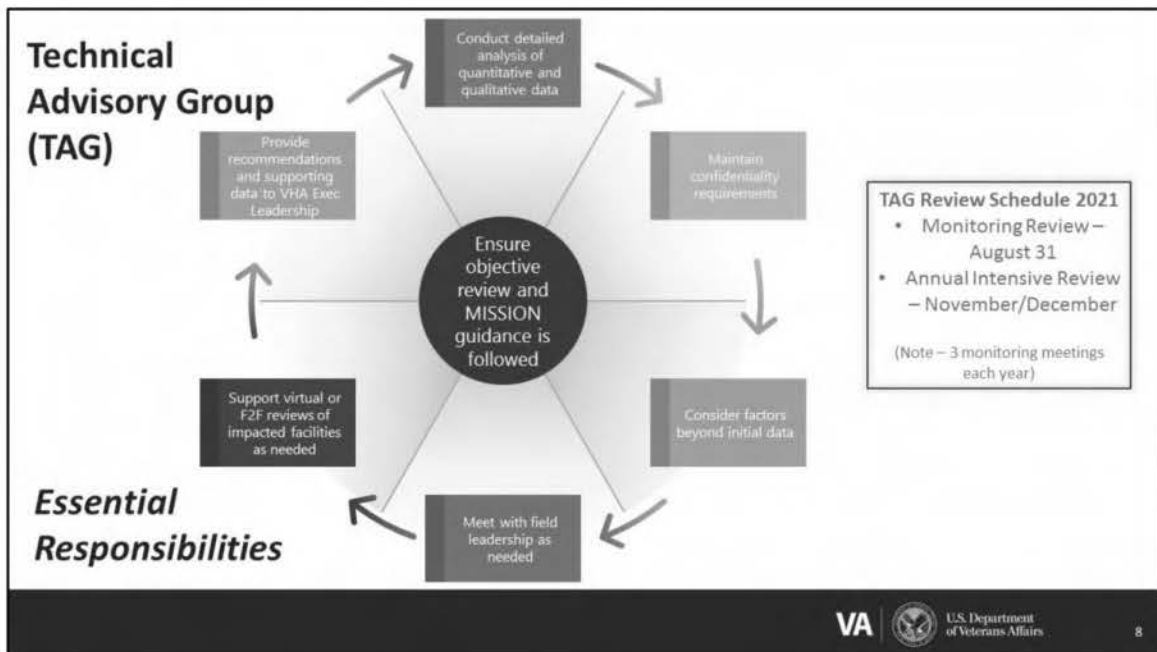
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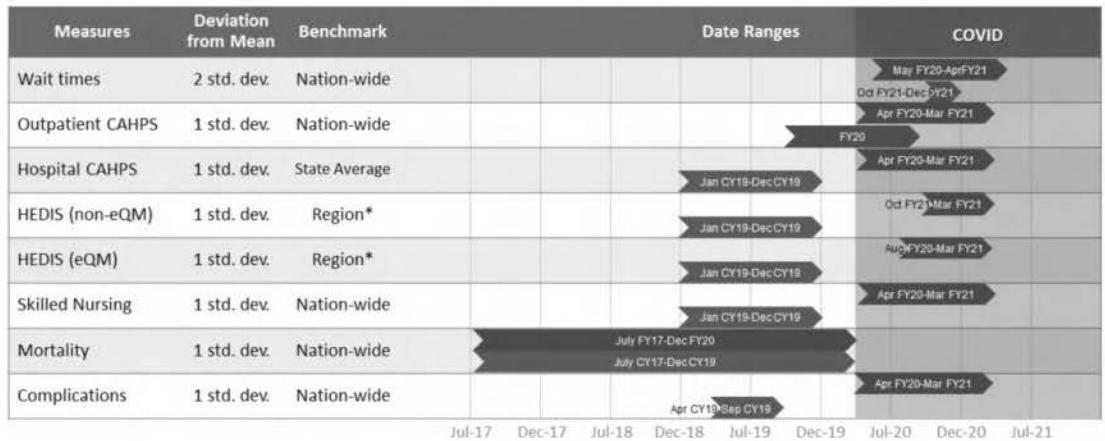
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VA and Community Surveillance Data Availability



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U.S. Department
of Veterans Affairs

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

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- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
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LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	2 (2 more than previous surveillance interval)	11 (10 more than previous surveillance interval)	16 (14 more than previous surveillance interval)
	Triggering Measure	0 (1 fewer than previous surveillance interval)	9 (6 more than previous surveillance interval)	124 (78 more than previous surveillance interval)
	No Triggering Measure	3 (3 fewer than previous surveillance interval)	39 (20 more than previous surveillance interval)	347 (120 fewer than previous surveillance interval)

VA



U.S. Department
of Veterans Affairs

10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
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	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 more than previous surveillance interval)

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11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay

- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	27 (3 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	98 (same as previous surveillance interval)

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12

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
 - **Federal Register posting of service lines** that did not meet VA standards
 - **Remediation action plan** submitted within 30 days
 - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
 - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
 - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks.

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

Measure	Measure Domain	Measure ID	Measure Description	Measure Type	Measure Status	Measure Score	Measure Trend
2010 Risk Adjustment Hierarchy	Effective Care	1001	Lower is better	1001	1001	1001	1001
2010 Risk Adjustment Hierarchy	Effective Care	1002	Lower is better	1002	1002	1002	1002
2010 Risk Adjustment Hierarchy	Effective Care	1003	Lower is better	1003	1003	1003	1003
2010 Risk Adjustment Hierarchy	Effective Care	1004	Lower is better	1004	1004	1004	1004
2010 Risk Adjustment Hierarchy	Effective Care	1005	Lower is better	1005	1005	1005	1005
2010 Risk Adjustment Hierarchy	Effective Care	1006	Lower is better	1006	1006	1006	1006
2010 Risk Adjustment Hierarchy	Effective Care	1007	Lower is better	1007	1007	1007	1007
2010 Risk Adjustment Hierarchy	Effective Care	1008	Lower is better	1008	1008	1008	1008
2010 Risk Adjustment Hierarchy	Effective Care	1009	Lower is better	1009	1009	1009	1009
2010 Risk Adjustment Hierarchy	Effective Care	1010	Lower is better	1010	1010	1010	1010
2010 Risk Adjustment Hierarchy	Effective Care	1011	Lower is better	1011	1011	1011	1011
2010 Risk Adjustment Hierarchy	Effective Care	1012	Lower is better	1012	1012	1012	1012
2010 Risk Adjustment Hierarchy	Effective Care	1013	Lower is better	1013	1013	1013	1013
2010 Risk Adjustment Hierarchy	Effective Care	1014	Lower is better	1014	1014	1014	1014
2010 Risk Adjustment Hierarchy	Effective Care	1015	Lower is better	1015	1015	1015	1015
2010 Risk Adjustment Hierarchy	Effective Care	1016	Lower is better	1016	1016	1016	1016
2010 Risk Adjustment Hierarchy	Effective Care	1017	Lower is better	1017	1017	1017	1017
2010 Risk Adjustment Hierarchy	Effective Care	1018	Lower is better	1018	1018	1018	1018
2010 Risk Adjustment Hierarchy	Effective Care	1019	Lower is better	1019	1019	1019	1019
2010 Risk Adjustment Hierarchy	Effective Care	1020	Lower is better	1020	1020	1020	1020
2010 Risk Adjustment Hierarchy	Effective Care	1021	Lower is better	1021	1021	1021	1021
2010 Risk Adjustment Hierarchy	Effective Care	1022	Lower is better	1022	1022	1022	1022
2010 Risk Adjustment Hierarchy	Effective Care	1023	Lower is better	1023	1023	1023	1023
2010 Risk Adjustment Hierarchy	Effective Care	1024	Lower is better	1024	1024	1024	1024
2010 Risk Adjustment Hierarchy	Effective Care	1025	Lower is better	1025	1025	1025	1025
2010 Risk Adjustment Hierarchy	Effective Care	1026	Lower is better	1026	1026	1026	1026
2010 Risk Adjustment Hierarchy	Effective Care	1027	Lower is better	1027	1027	1027	1027
2010 Risk Adjustment Hierarchy	Effective Care	1028	Lower is better	1028	1028	1028	1028
2010 Risk Adjustment Hierarchy	Effective Care	1029	Lower is better	1029	1029	1029	1029
2010 Risk Adjustment Hierarchy	Effective Care	1030	Lower is better	1030	1030	1030	1030
2010 Risk Adjustment Hierarchy	Effective Care	1031	Lower is better	1031	1031	1031	1031
2010 Risk Adjustment Hierarchy	Effective Care	1032	Lower is better	1032	1032	1032	1032
2010 Risk Adjustment Hierarchy	Effective Care	1033	Lower is better	1033	1033	1033	1033
2010 Risk Adjustment Hierarchy	Effective Care	1034	Lower is better	1034	1034	1034	1034
2010 Risk Adjustment Hierarchy	Effective Care	1035	Lower is better	1035	1035	1035	1035
2010 Risk Adjustment Hierarchy	Effective Care	1036	Lower is better	1036	1036	1036	1036
2010 Risk Adjustment Hierarchy	Effective Care	1037	Lower is better	1037	1037	1037	1037
2010 Risk Adjustment Hierarchy	Effective Care	1038	Lower is better	1038	1038	1038	1038
2010 Risk Adjustment Hierarchy	Effective Care	1039	Lower is better	1039	1039	1039	1039
2010 Risk Adjustment Hierarchy	Effective Care	1040	Lower is better	1040	1040	1040	1040
2010 Risk Adjustment Hierarchy	Effective Care	1041	Lower is better	1041	1041	1041	1041
2010 Risk Adjustment Hierarchy	Effective Care	1042	Lower is better	1042	1042	1042	1042
2010 Risk Adjustment Hierarchy	Effective Care	1043	Lower is better	1043	1043	1043	1043
2010 Risk Adjustment Hierarchy	Effective Care	1044	Lower is better	1044	1044	1044	1044
2010 Risk Adjustment Hierarchy	Effective Care	1045	Lower is better	1045	1045	1045	1045
2010 Risk Adjustment Hierarchy	Effective Care	1046	Lower is better	1046	1046	1046	1046
2010 Risk Adjustment Hierarchy	Effective Care	1047	Lower is better	1047	1047	1047	1047
2010 Risk Adjustment Hierarchy	Effective Care	1048	Lower is better	1048	1048	1048	1048
2010 Risk Adjustment Hierarchy	Effective Care	1049	Lower is better	1049	1049	1049	1049
2010 Risk Adjustment Hierarchy	Effective Care	1050	Lower is better	1050	1050	1050	1050

https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible, **without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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18

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
Ease of Remediation	Likelihood and ease of remediation of the VA medical service line within a short timeframe.
Recent Trends	Recent trends concerning the VA medical service line or non-VA medical service line.
Number of Covered Veterans	The number of covered Veterans served by the medical service line or that could be affected by the designation.
Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

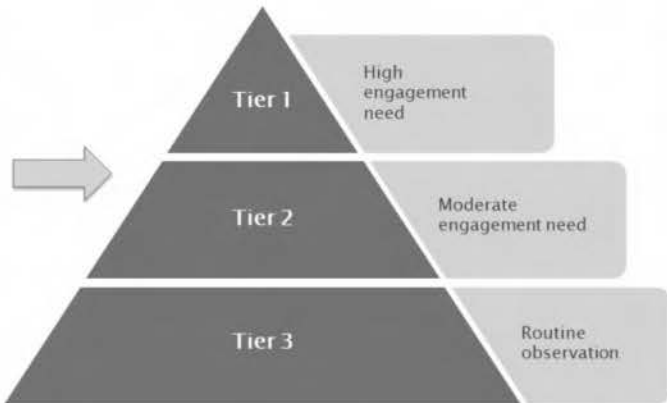
What about VAMCs needing support outside the MISSION process?

- It is anticipated that there may be VAMCs with medical service lines which are experiencing challenges but do not meet the requirements for MISSION Act related remediation.
- Remediation efforts under the parameters of the MISSION Act are separate from VHA's ongoing consultation, improvement and monitoring activities undertaken by VISNs and VHACO Program Offices.
- **Sites *not* triggered under MISSION** – the TAG has the option to recommend that a VAMC medical service line (*not triggered under MISSION*) explore support options from the VISN or relevant program office to help drive quality improvement and high value care for Veterans.
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QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
- ☑ **Absolute Improvement or Decline**
 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



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21

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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of Veterans Affairs

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza Breast and Cervical Cancer Screening Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack Comprehensive Diabetes Care – Blood Pressure and Glucose control Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate Death rate among surgical patients with serious treatable complications Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great!**
- Where we do not, we are committed to improving our care.
- If there is a **significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

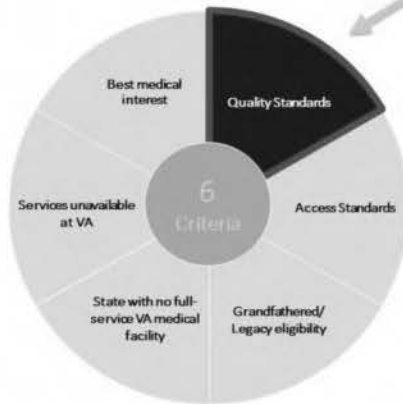
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4

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



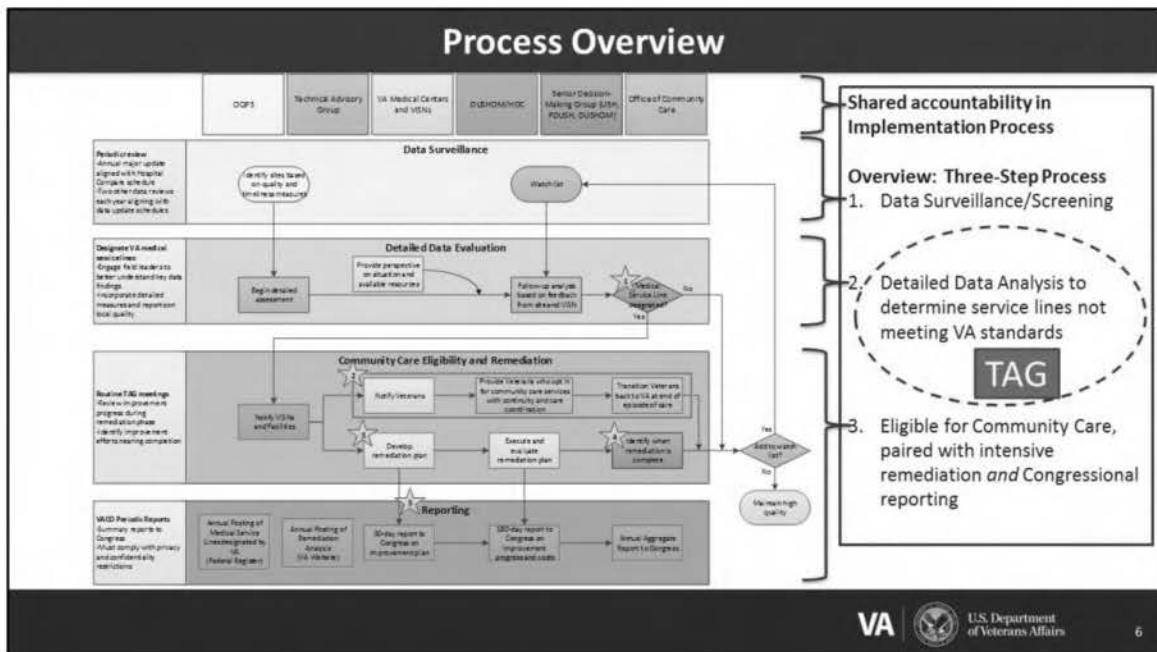
Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community.

However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)



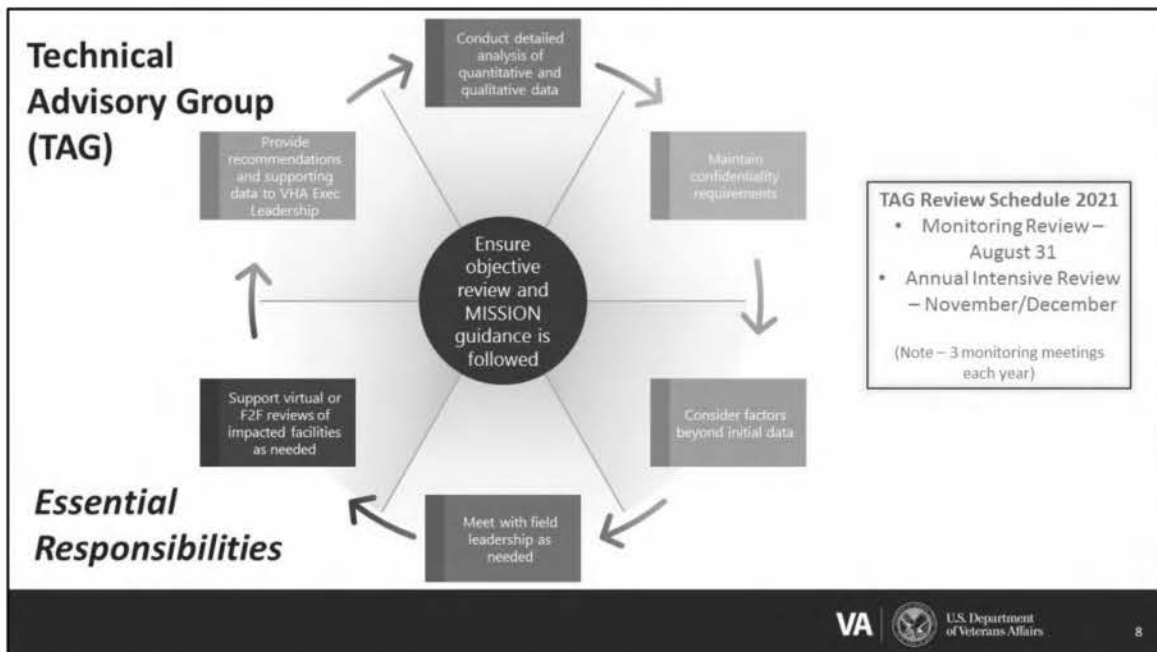
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

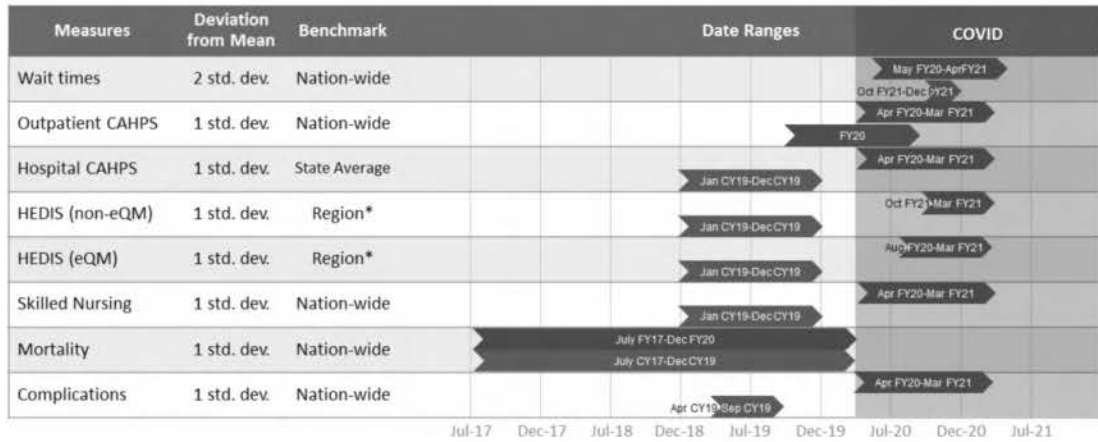
- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
 - Timeliness measures are compared with internal VA data
 - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
 - Flagging is based on the number of triggered measures
 - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness and quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	2 (2 more than previous surveillance interval)	11 (10 more than previous surveillance interval)	16 (14 more than previous surveillance interval)
	Triggering Measure	0 (1 fewer than previous surveillance interval)	9 (6 more than previous surveillance interval)	124 (78 more than previous surveillance interval)
	No Triggering Measure	3 (3 fewer than previous surveillance interval)	39 (20 more than previous surveillance interval)	347 (120 fewer than previous surveillance interval)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 more than previous surveillance interval)

VA



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11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay

- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
MSL Results from Quality Comparison (With Community)			Flagged	Triggering Measure
	For TAG review before SDMG recommendations			No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	27 (3 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	98 (same as previous surveillance interval)

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
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 - **Remediation action plan** submitted within 30 days
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Are there differences between the quality criterion and other eligibility criteria for community care?

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- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

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Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
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Endocrinology (PC)	% Wait Within 28 Days from CD	Diabetes Management – HbA1c Poor Control**	Diabetes Management – Blood Pressure Control**
Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
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* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
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* From 38 CFR Part 17 § 17.4015 (e)

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19

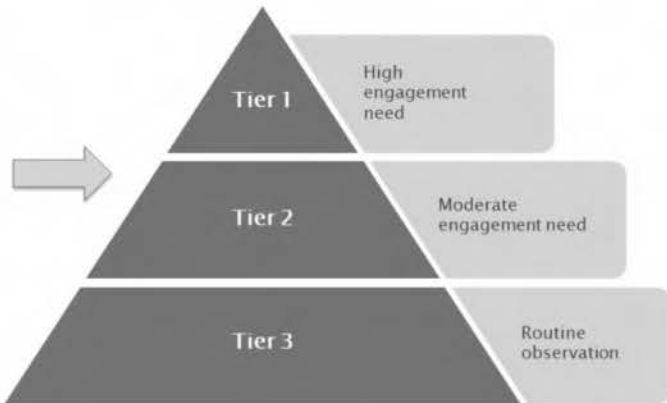
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QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
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 - >50% of all SAIL supporting indicators worsened from 1 year ago
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 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
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VA



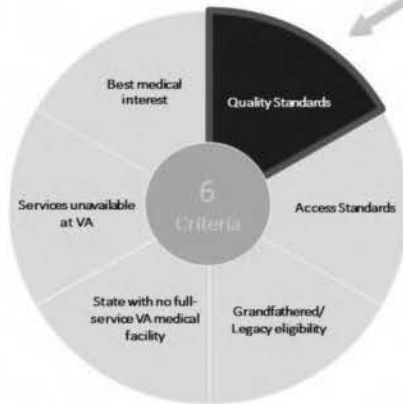
U.S. Department
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3

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Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



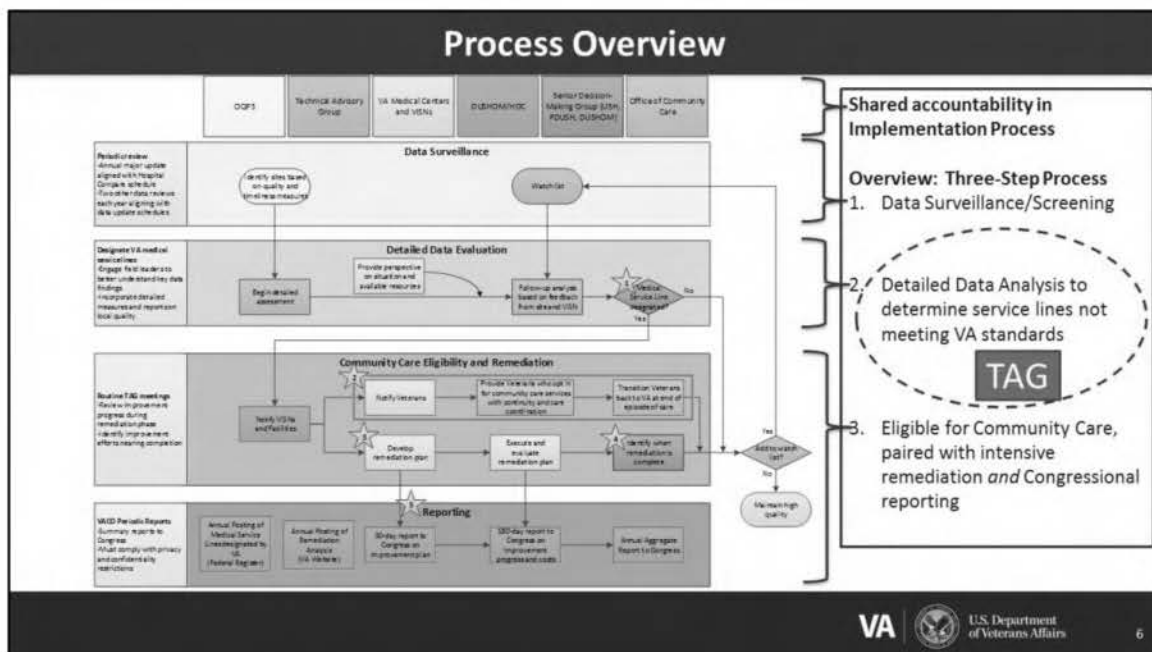
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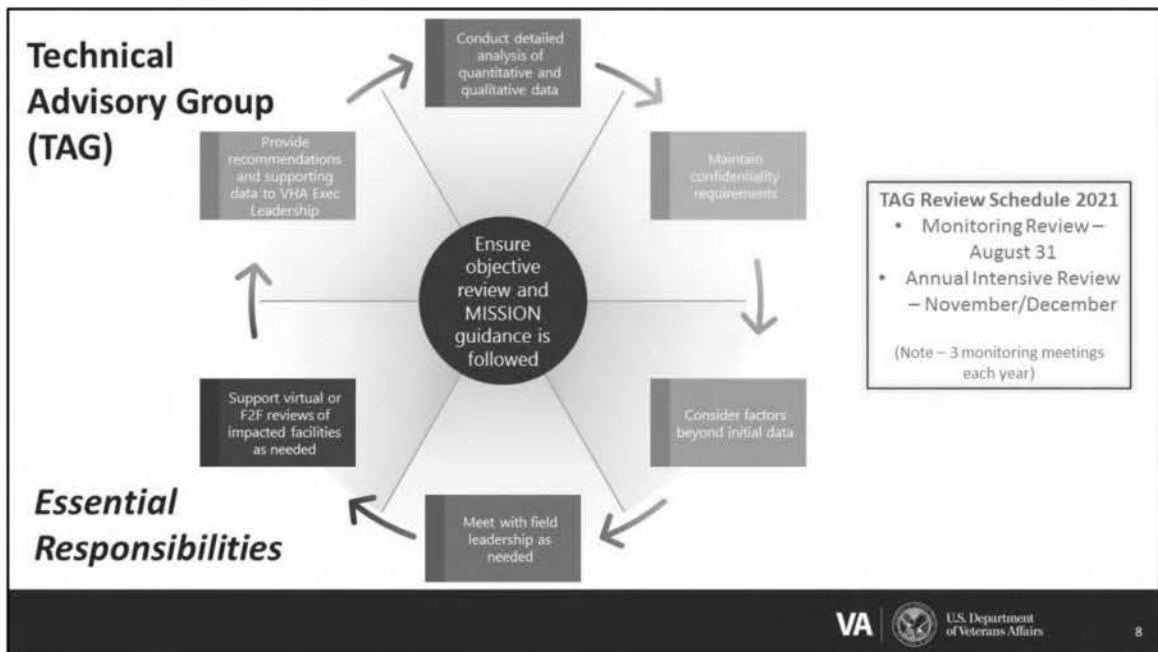
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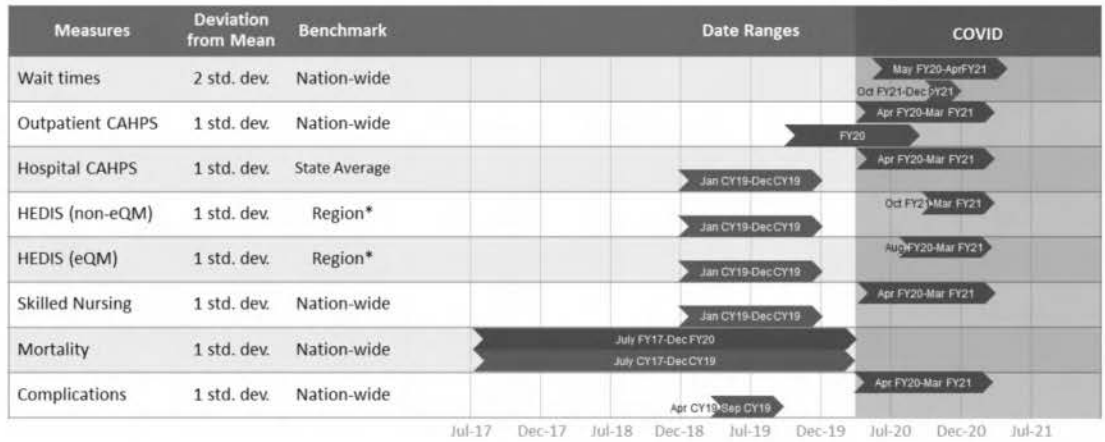
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VA and Community Surveillance Data Availability



VA
 Community
 VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

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10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

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- CAUTI (13)
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Short Stay




- Antipsychotic Medications (26)
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12

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
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Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
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- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
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- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
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18

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

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* From 38 CFR Part 17 § 17.4015 (e)

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19

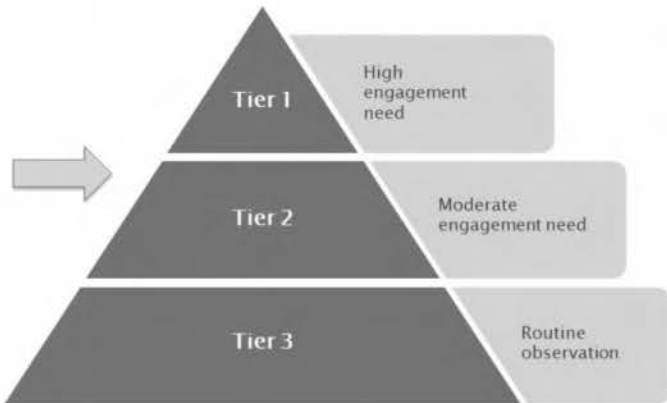
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QPS/CIC's Engagement Protocol for Improvements in Quality (EPIQ)

Strategic Engagement Needs Algorithm (SENA)

- ☑ **Relative Comparison**
 - ≥40% metrics in 5th quintile of SAIL
 - ≥65% metrics in 4th or 5th quintiles of SAIL
- ☑ **Absolute Improvement or Decline**
 - >50% of all SAIL metrics worsened from 1 year ago
 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



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21

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
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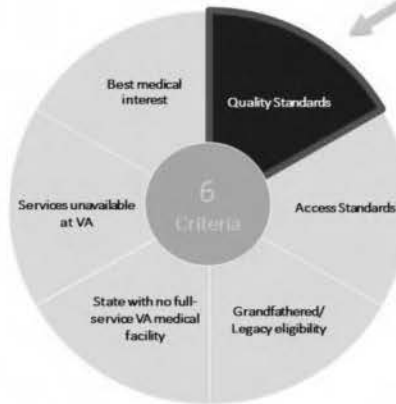
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3

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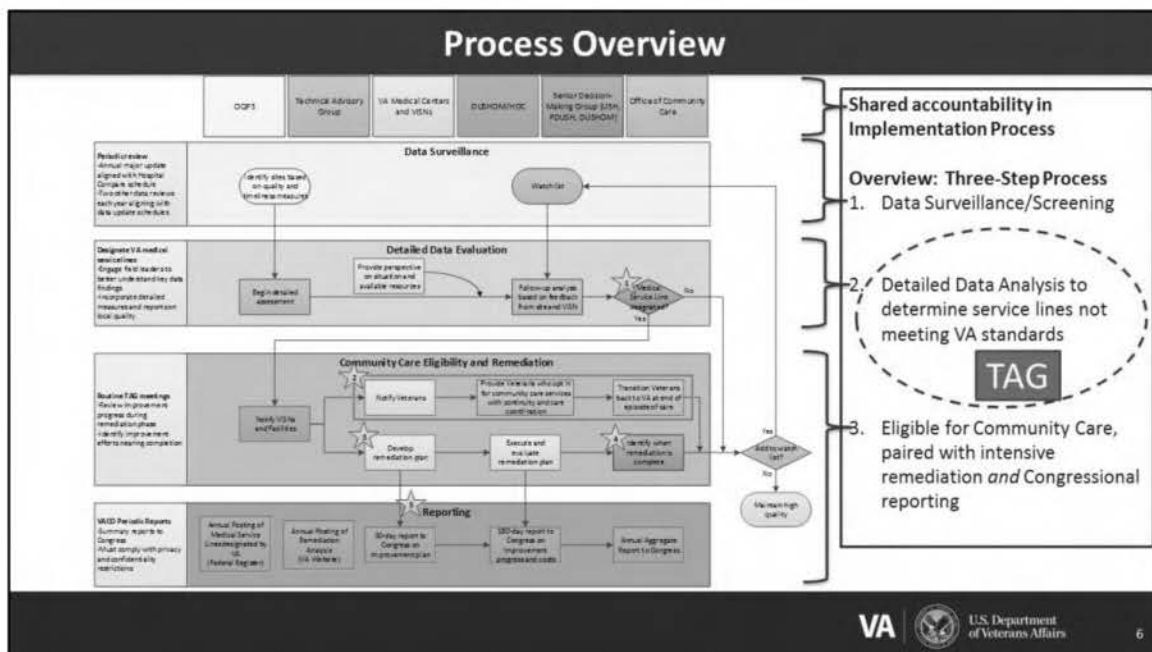
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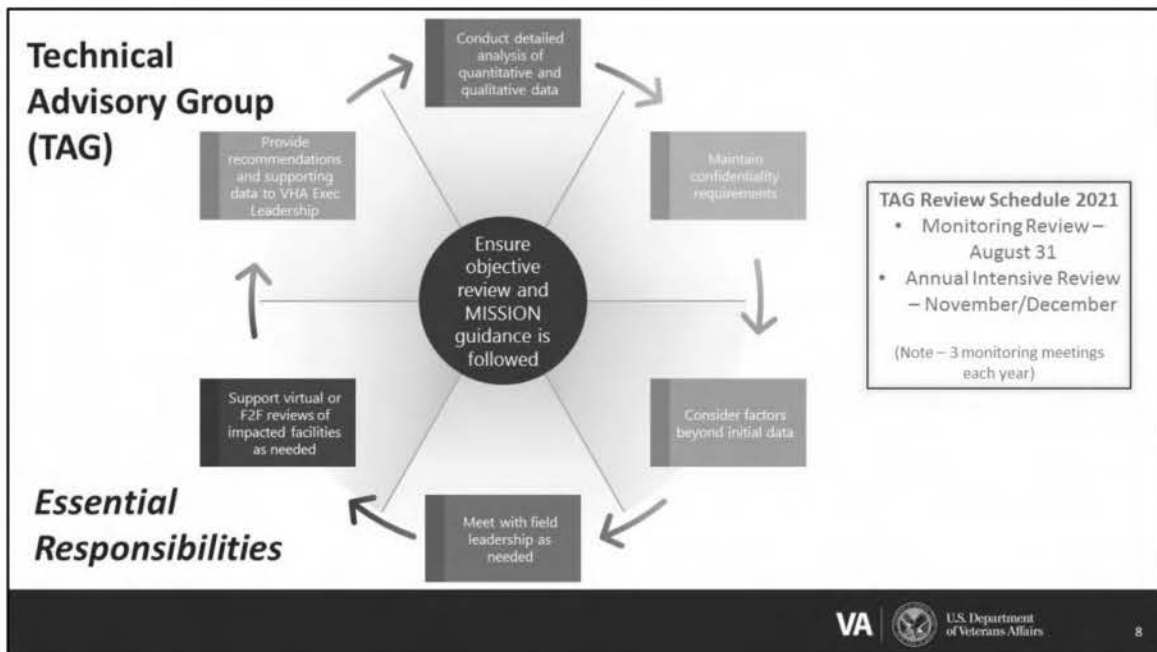
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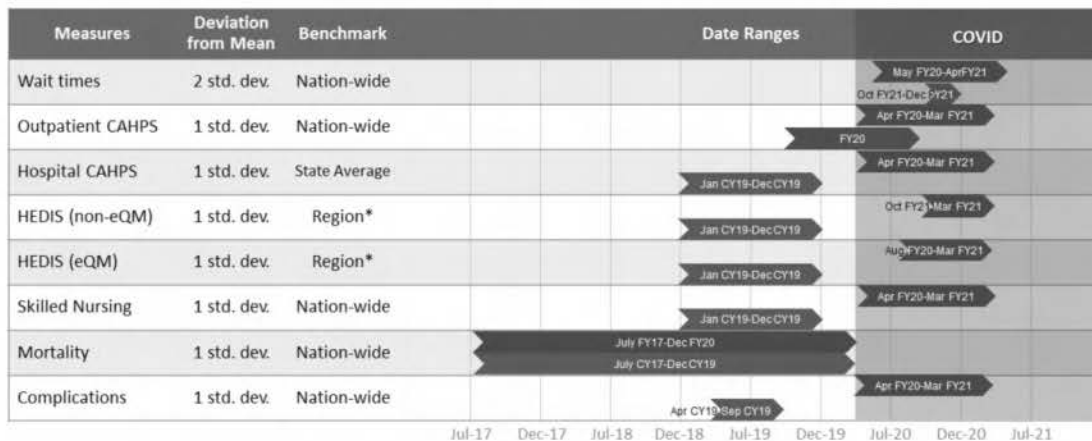
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Review August 31, 2021

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12

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17

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19

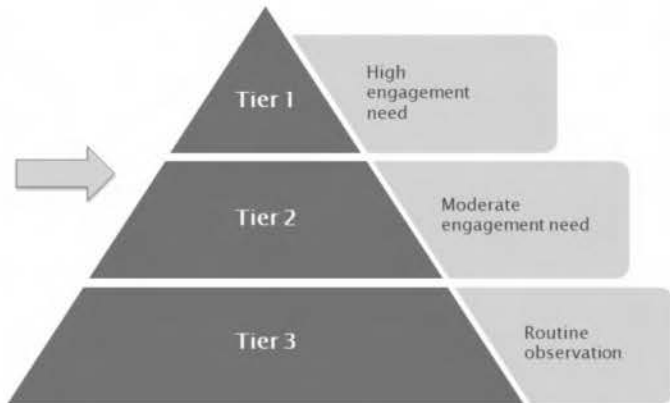
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 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

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- Identify a common set of quality standards
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- Required for designated VA medical service lines
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*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

VA



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3

Things to Remember...

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Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



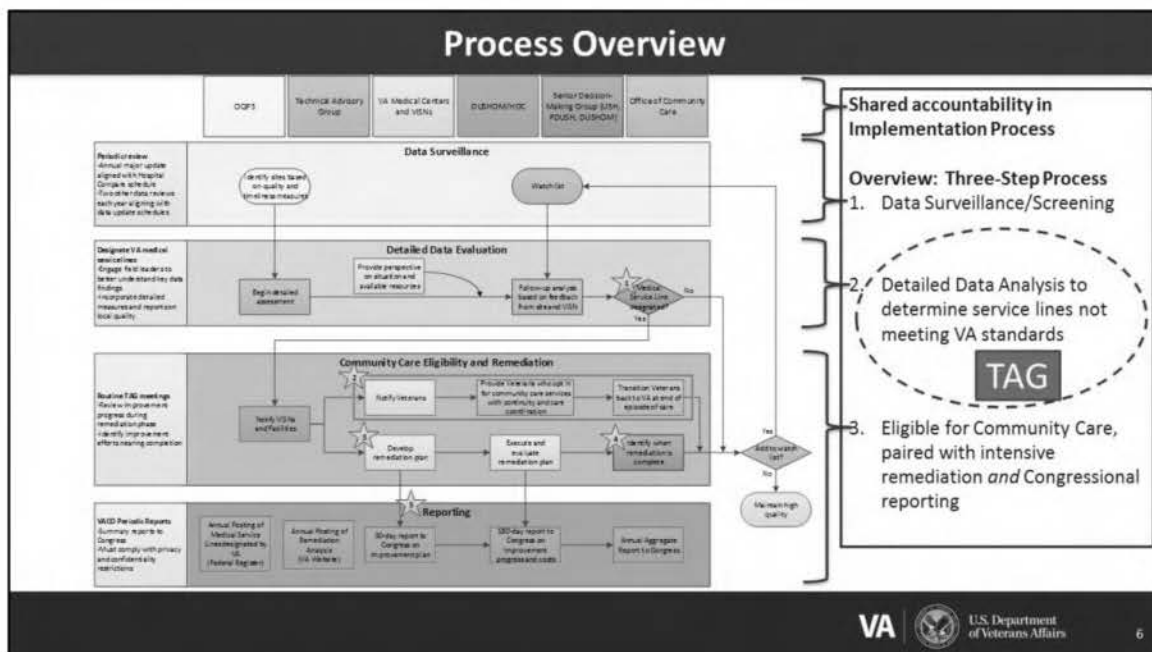
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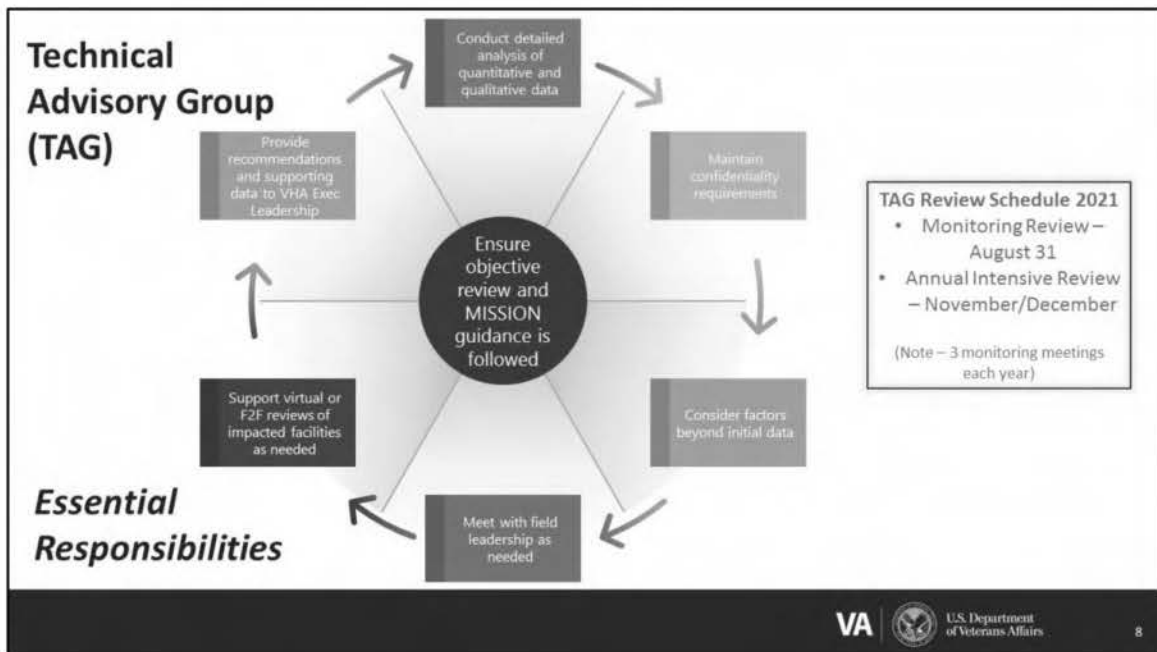
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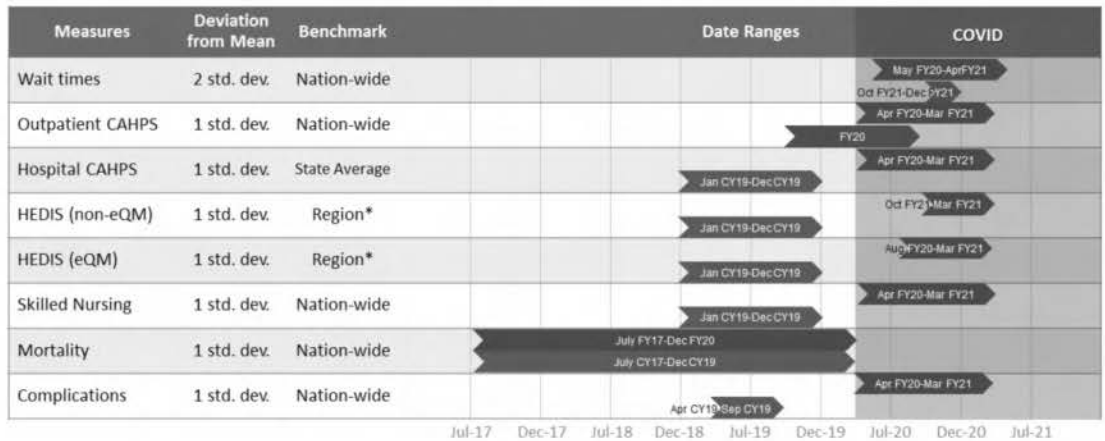
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VA
 Community
 VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



U.S. Department
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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services

(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
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Triggering Quality Measures

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VA



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of Veterans Affairs

10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

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- CAUTI (13)
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VA



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of Veterans Affairs

11

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- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

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Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
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- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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- Available for use any time a Veteran is eligible, **without any limit**
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- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
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17

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
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of Veterans Affairs

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Factor	Description*
Clinical Significance	Whether the differences between performance of individual VA medical service lines, and between performance of VA medical service lines and non-VA medical service lines are clinically significant.
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Impact on Patient Outcomes	The potential impact on patient outcomes.
Collateral Effects	The effect that designating one VA medical service line would have on other VA medical service lines.

* From 38 CFR Part 17 § 17.4015 (e)

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19

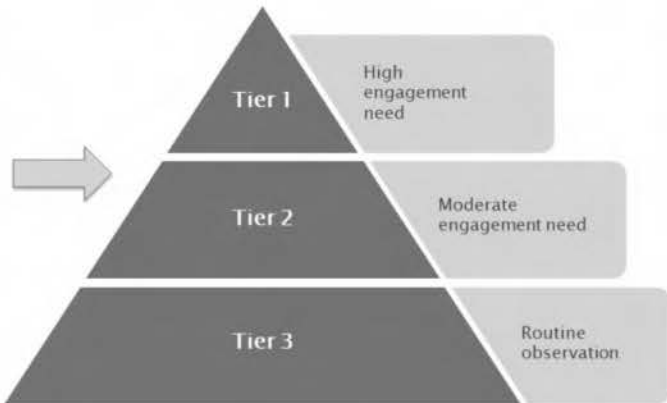
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VA



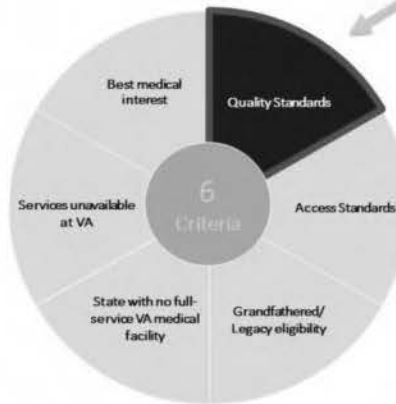
U.S. Department
of Veterans Affairs

3

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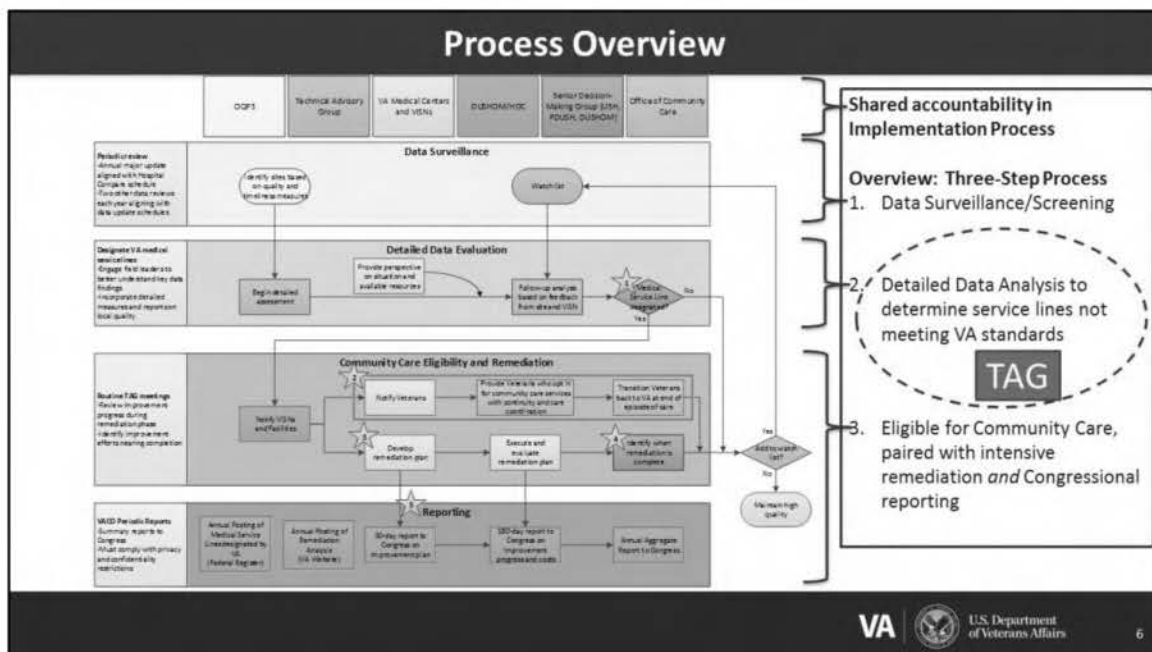
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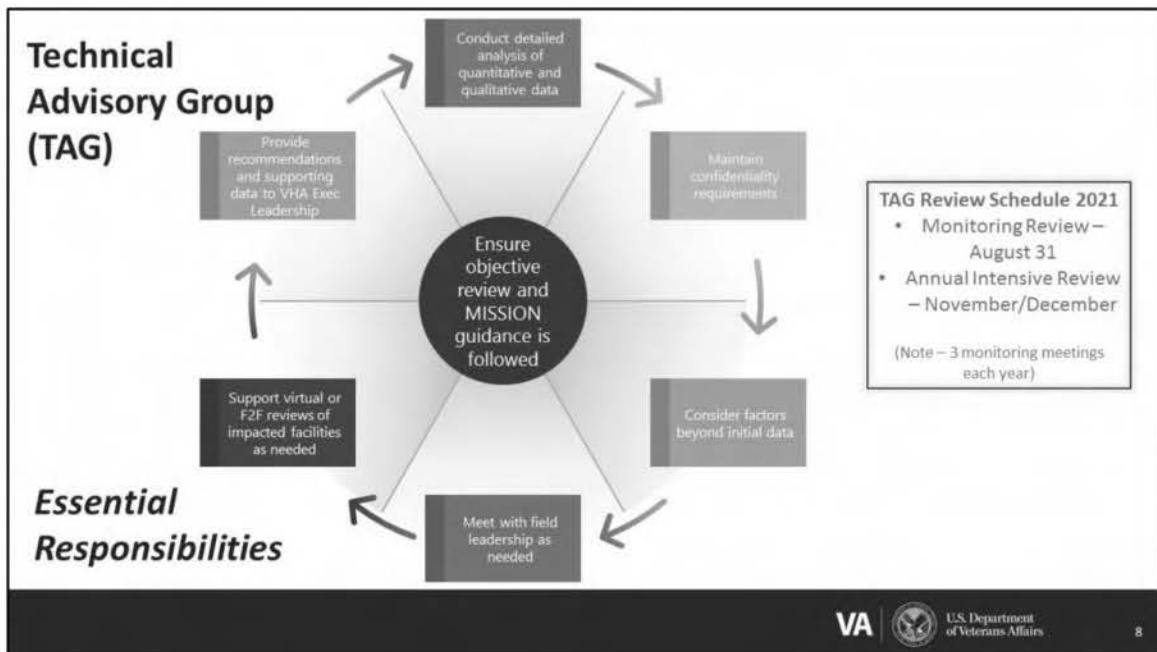
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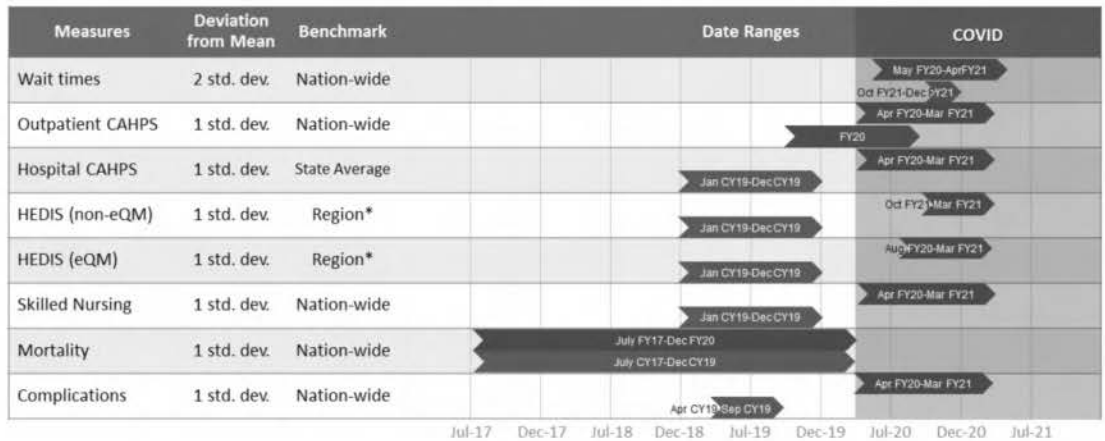
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U.S. Department
of Veterans Affairs

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Review August 31, 2021

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VA



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12

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17

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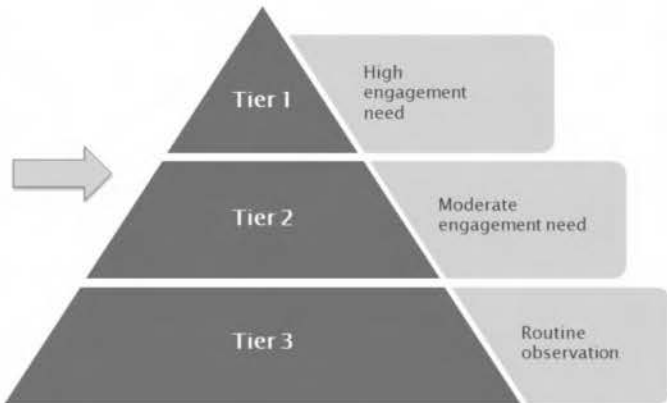
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MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

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VA



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of Veterans Affairs

3

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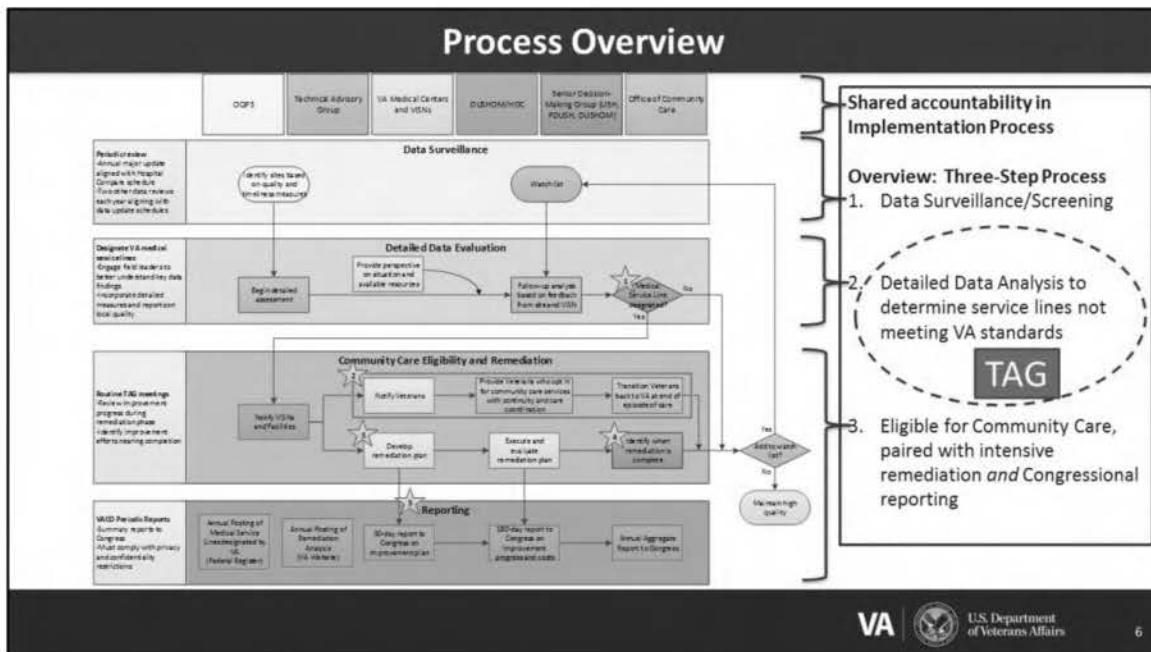
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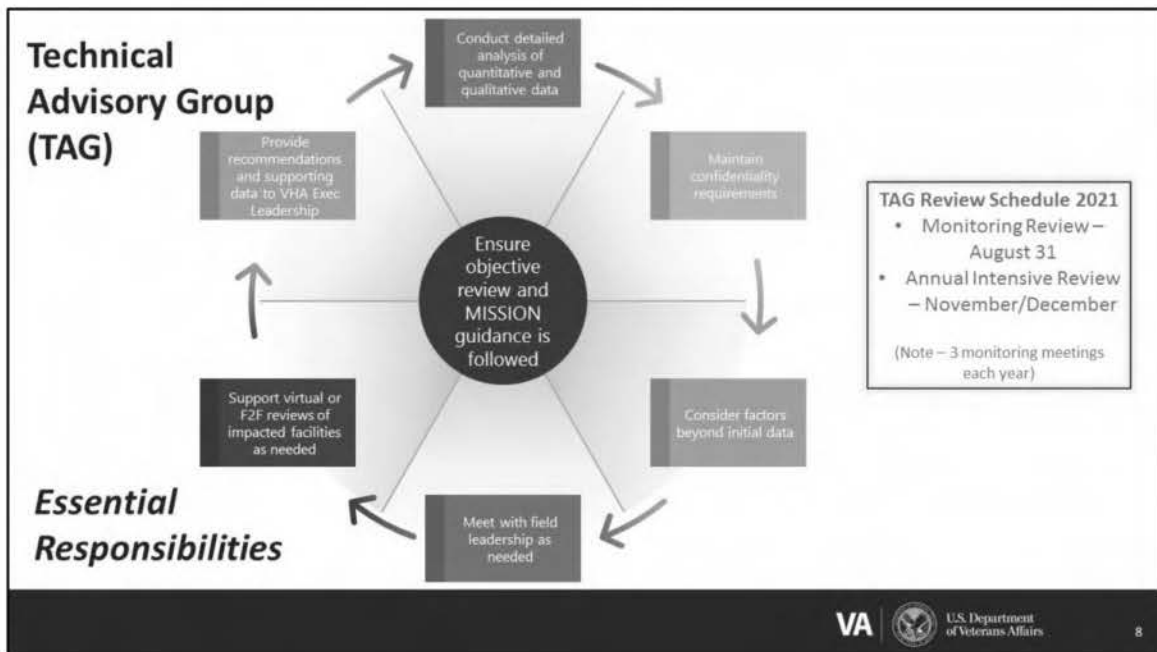
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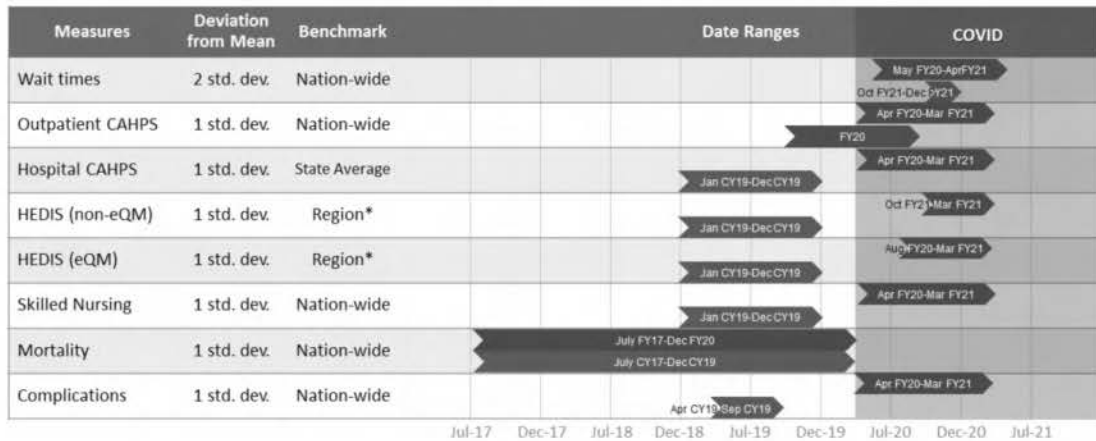
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VA and Community Surveillance Data Availability



VA
 Community
 VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

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VA



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10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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of Veterans Affairs

11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay

- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
		Flagged	Triggering Measure	No Triggering Measures
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
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12

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
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The main report displays:

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Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

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Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
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Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
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Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
Acute Medicine & Surgery (AMS)*	N/A	Risk Adjusted Mortality Rate for COPD Risk Adjusted Mortality Rate for Pneumonia Catheter Associated Urinary Tract Infection Central Line Associated Bloodstream Infection	C. Diff Infection Surgical Mortality Rate – Severe Complications Care Transition Overall Rating of Hospital

* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.

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18

Factors for Consideration in TAG Evaluation

- VA Regulations specify that consideration of additional factors will occur prior to designation decision
- Consideration during detailed data evaluation is not limited to these factors alone

Factor	Description*
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19

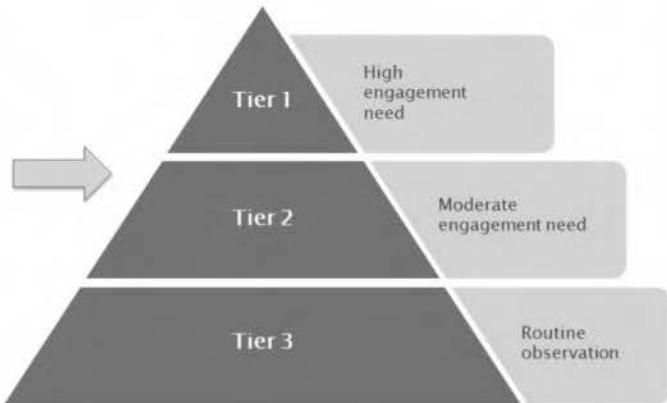
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of Veterans Affairs

21

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VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
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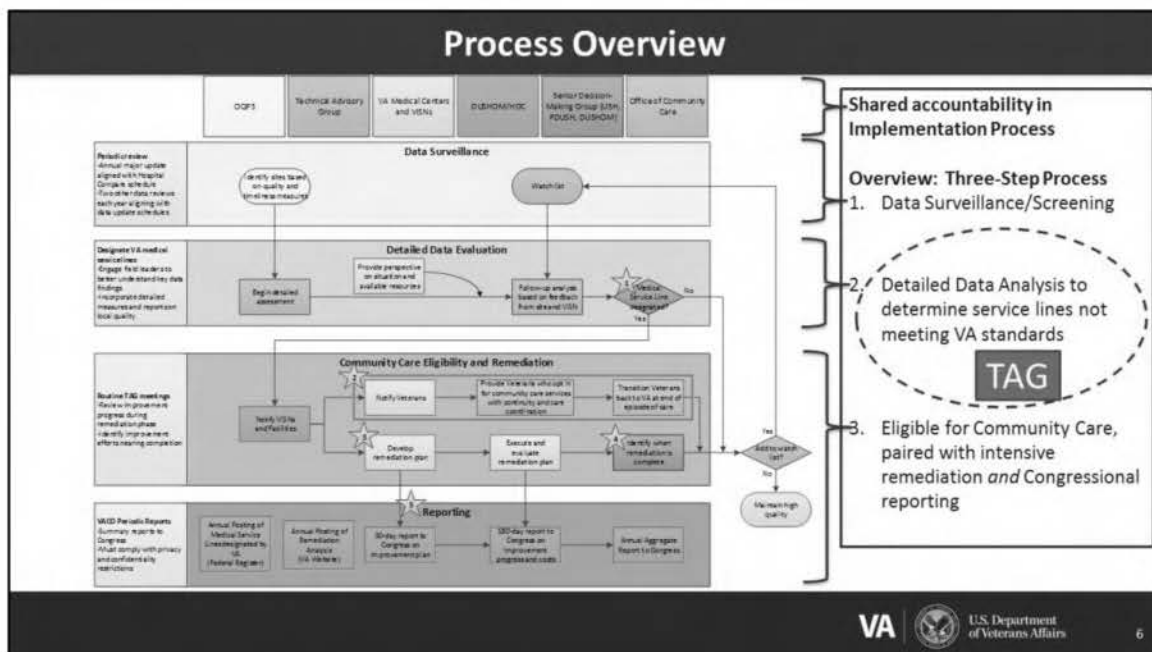
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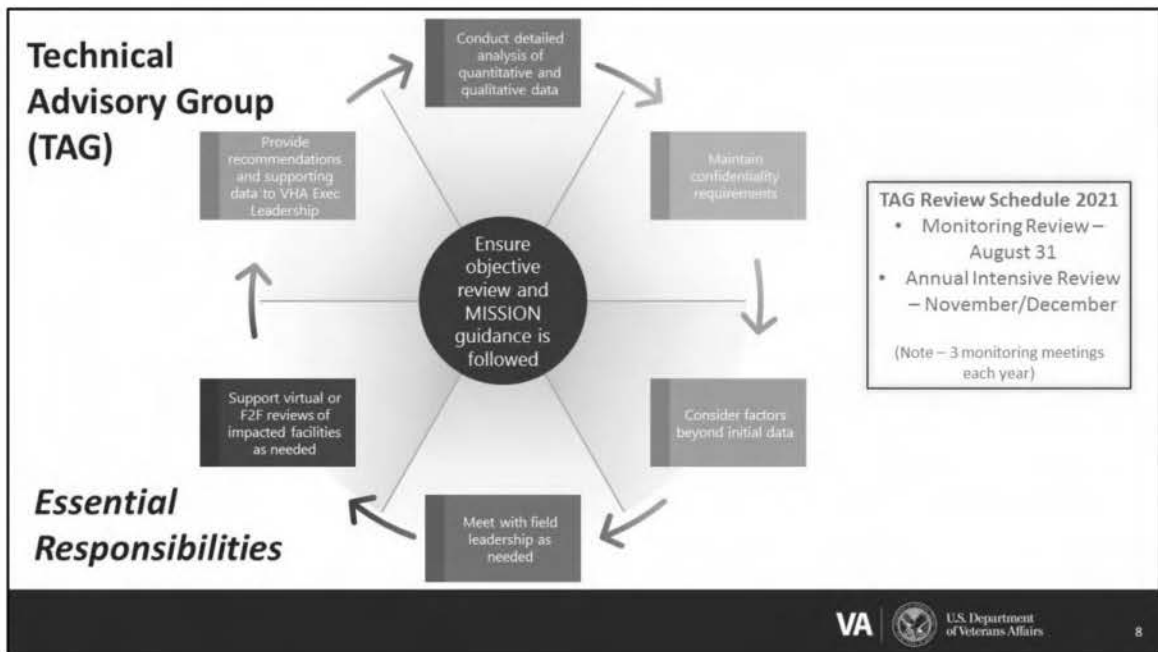
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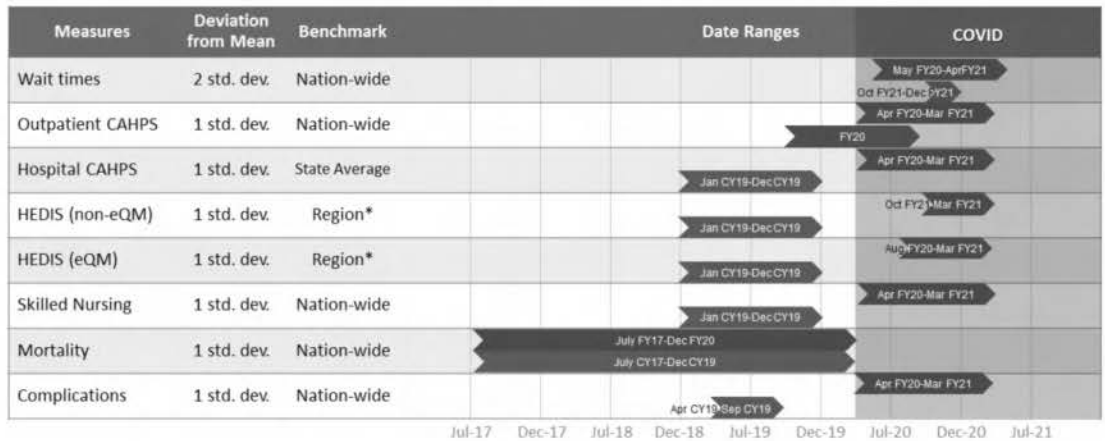
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MISSION TAG Monitoring
Review August 31, 2021

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VA



U.S. Department
of Veterans Affairs

10

MISSION TAG Monitoring
Review August 31, 2021




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VA



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11

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VA



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of Veterans Affairs

12

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18

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19

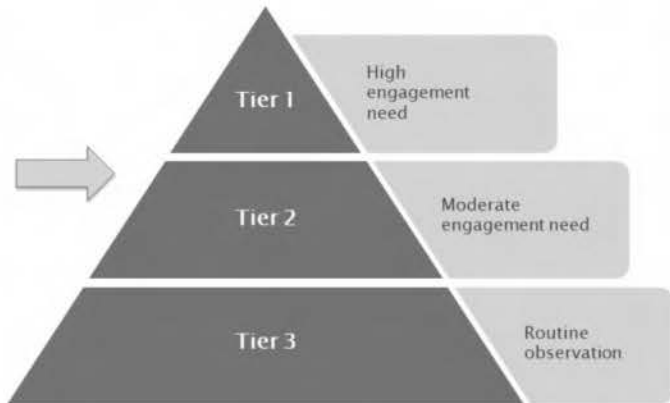
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of Veterans Affairs

21

MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



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3

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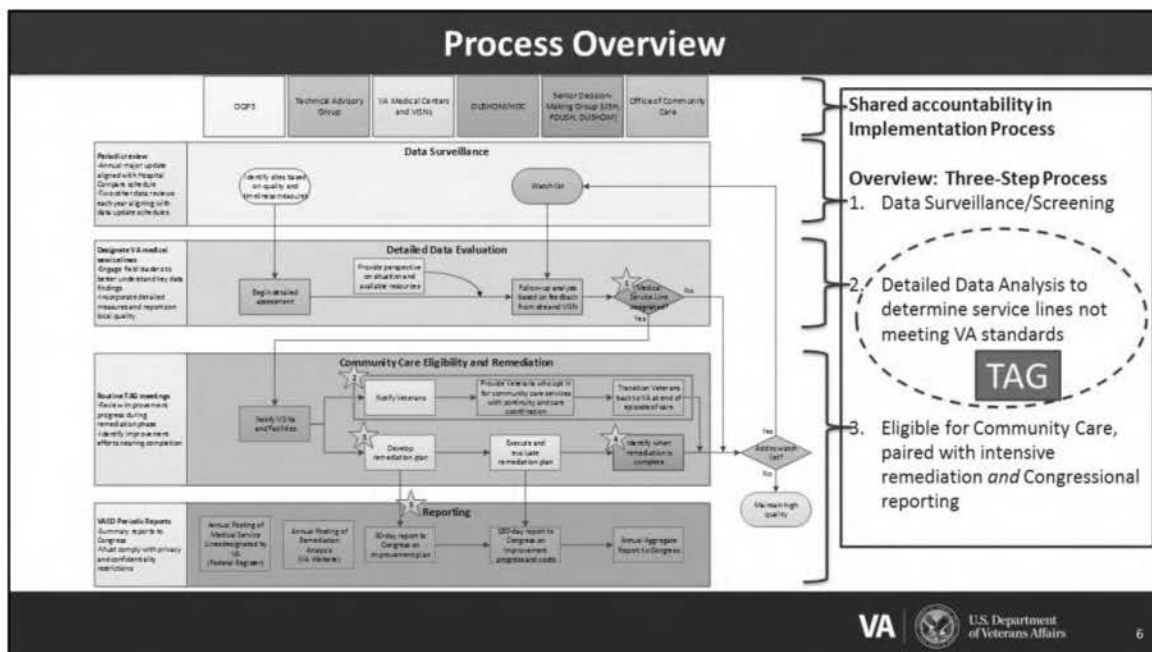
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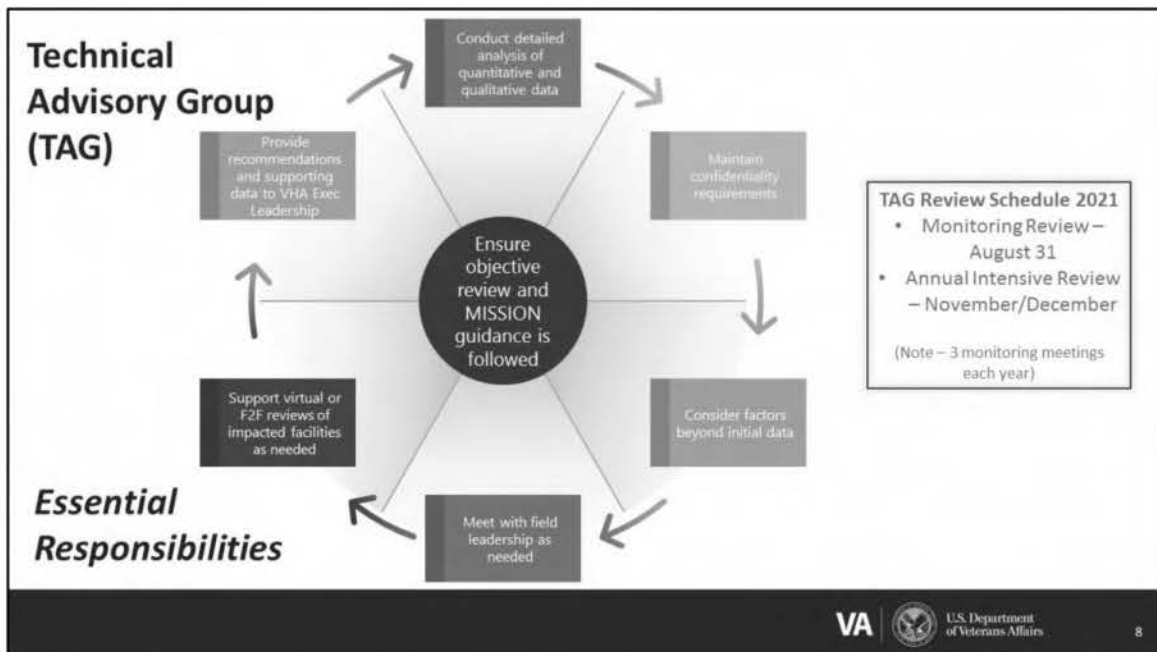
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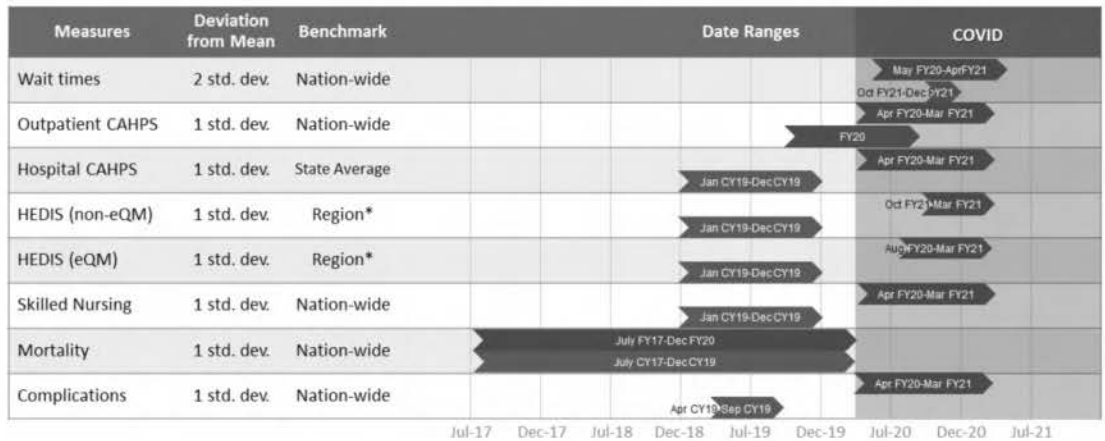
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VA and Community Surveillance Data Availability



VA
 Community
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MISSION TAG Monitoring
Review August 31, 2021

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(Two sites flagged for TAG review during this surveillance interval)

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- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
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10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
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- Antipsychotic Medications (26)
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https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

Other Eligibility Criteria

- Criteria are applied on a **case-by-case basis** using information **specific to each Veteran**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criteria is made at the clinic or provider level**
- Available for use any time a Veteran is eligible, **without any limit**
- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

Standards for Quality

- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
- When the **service line MEETS the standards for quality**, **this eligibility for community care ends**

Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
Primary Care (PC)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Smoking and Tobacco Cessation Counselling Flu Immunization Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF** Beta-Blocker Treatment After Heart Attacks**	Diabetes Management – HbA1c Poor Control** Diabetes Management – Blood Pressure Control** Care Coordination Overall Rating of Provider
Women's Health (WH)	% Wait Within 20 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Breast Cancer Screening Cervical Cancer Screening	
Cardiology (Card)	% Wait Within 28 Days from CD CAHPS Routine (bottom box) CAHPS Urgent (bottom box) CAHPS Questions (bottom box)	Controlling High Blood Pressure** Risk Adjusted Mortality Rate for CHF**	Risk Adjusted Mortality Rate for AMI Beta-Blocker Treatment After Heart Attacks**
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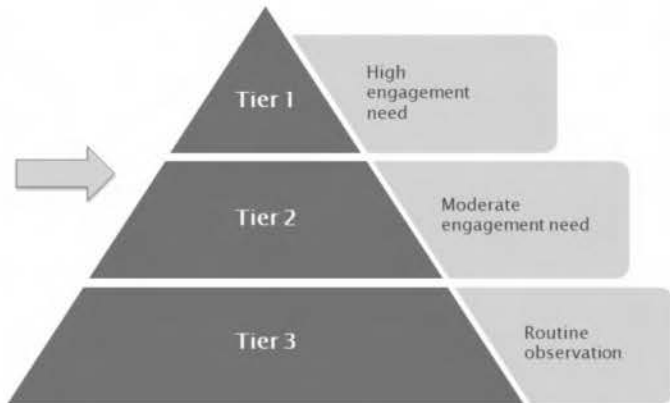
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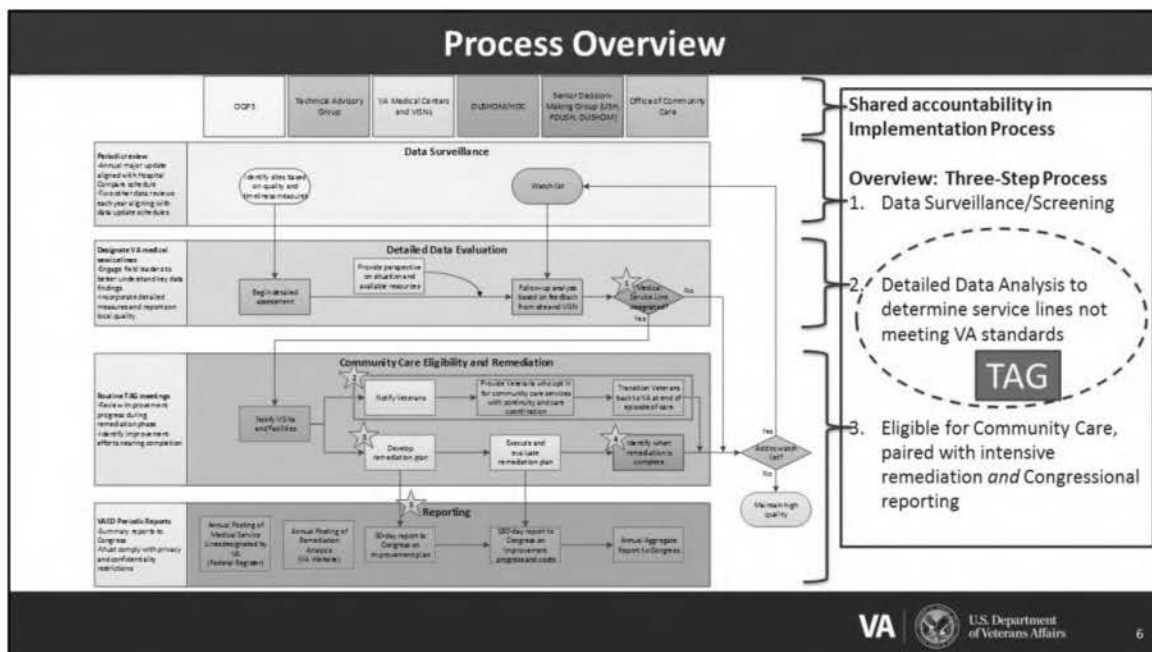
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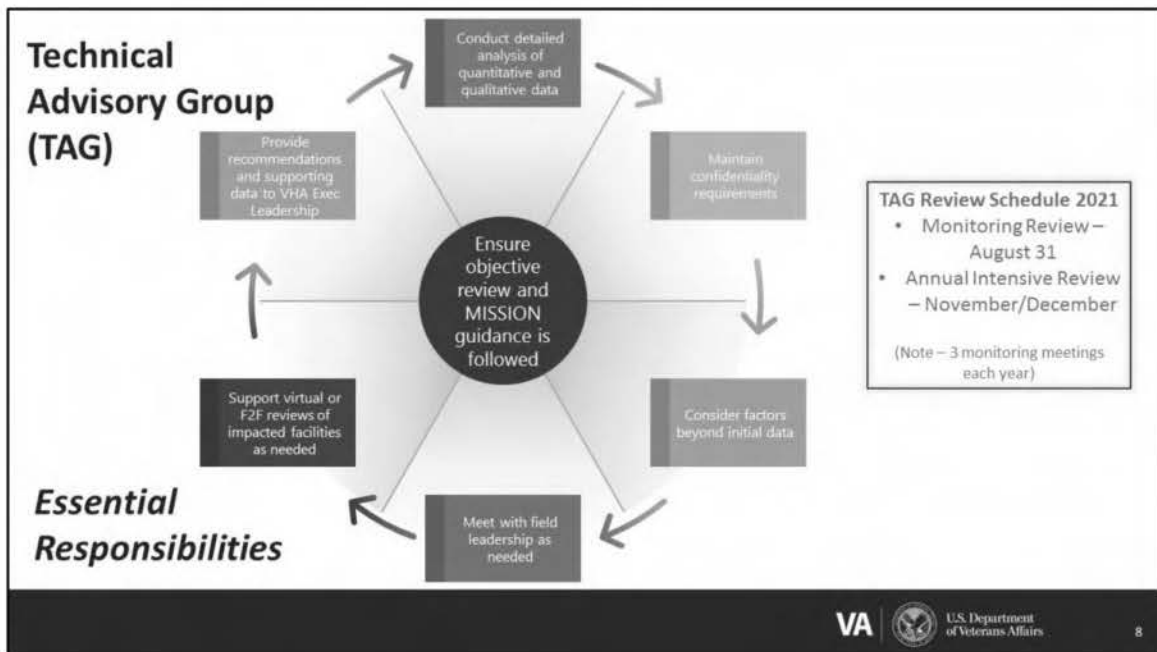
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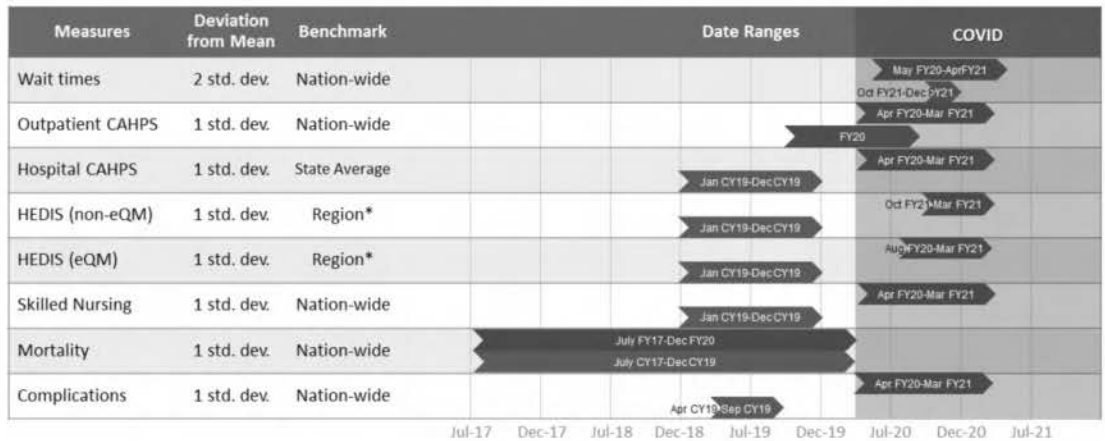
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U.S. Department
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10

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Review August 31, 2021

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2001 Risk Adjustment Hierarchy	Effective Care	2001	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
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2006 Risk Adjustment Hierarchy	Effective Care	2006	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
2007 Risk Adjustment Hierarchy	Effective Care	2007	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
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2012 Risk Adjustment Hierarchy	Effective Care	2012	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
2013 Risk Adjustment Hierarchy	Effective Care	2013	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
2014 Risk Adjustment Hierarchy	Effective Care	2014	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
2015 Risk Adjustment Hierarchy	Effective Care	2015	Risk Adjustment Hierarchy	Lower is better	Score	100%	100%	100%
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https://reports.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?/IPEC/NDPP/NDPP_Production/NDPP

Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

- ✓ – Measure quality of a medical service line of a VA facility by comparing it with 2 or more distinct and appropriate quality measures at non-Department medical service lines
- ✓ – Measure timeliness of the medical service line of a VA facility by comparing with the same medical service line at different Department facilities

Are there differences between the quality criterion and other eligibility criteria for community care?

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- These criteria are **always active**, so Veterans are eligible **any time the conditions are met**

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- Criterion applies to the **entire medical service line based on analysis for care**. **Veteran decision to opt-in or opt-out**
- The **decision to use the criterion is made by the VA Secretary** based on the analysis of the data
- **Cap limit placed by Congress on the number of service lines eligible (3 locally and 36 nationally)**
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Full Measure List by VA Medical Service Line – 11/2020 to Present

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of Veterans Affairs

Factors for Consideration in TAG Evaluation

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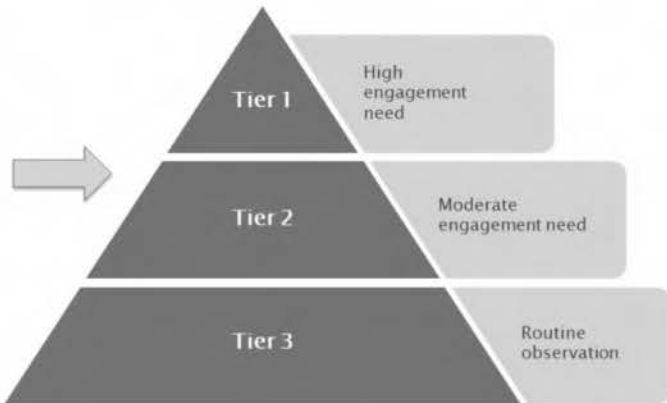
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 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
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- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

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- Required for designated VA medical service lines
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VA Standards for Quality and Measures*

VHA Standards	Initial Measures
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3

Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
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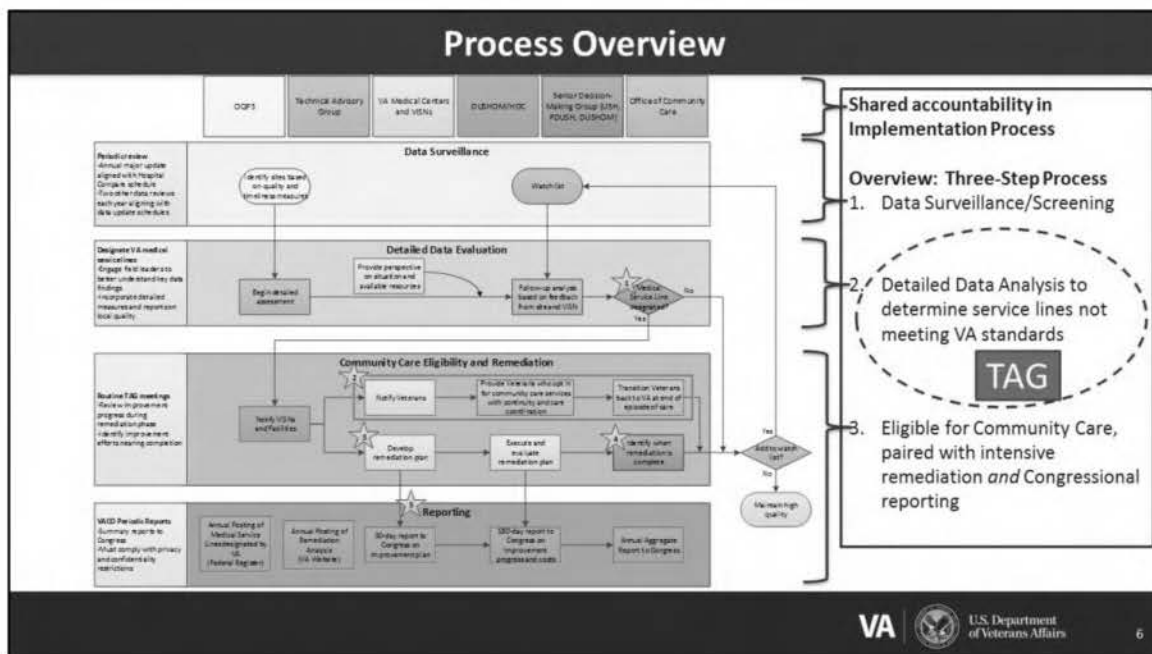
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- Quality – compared to community (2 or more measures)
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Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community.

However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)



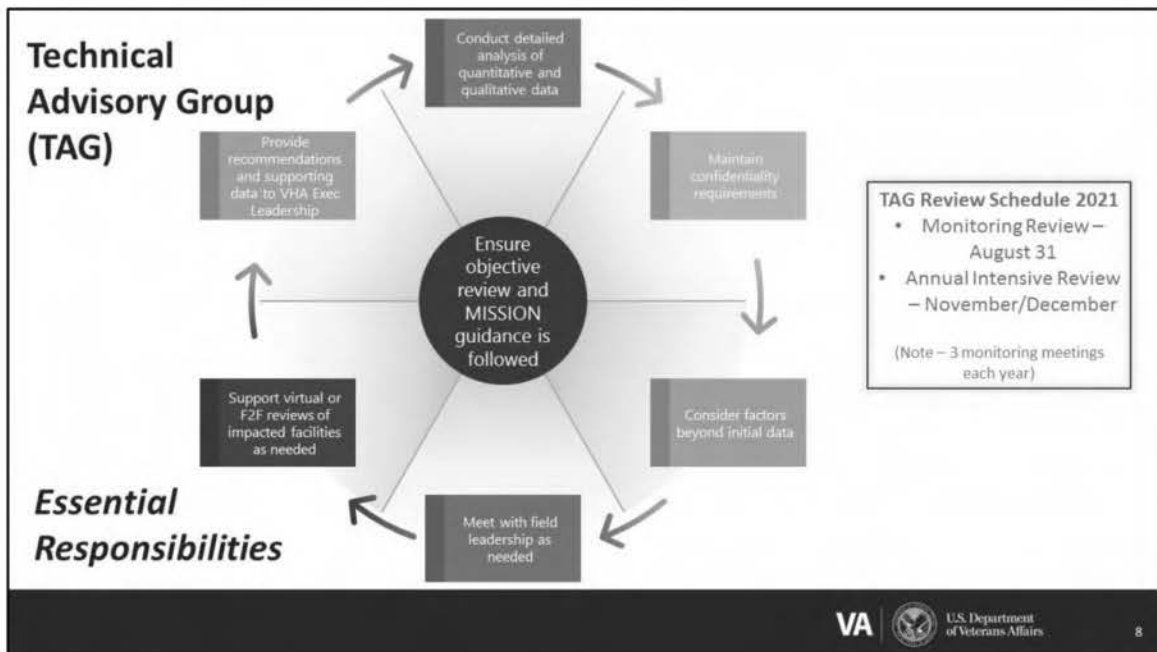
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Data Surveillance

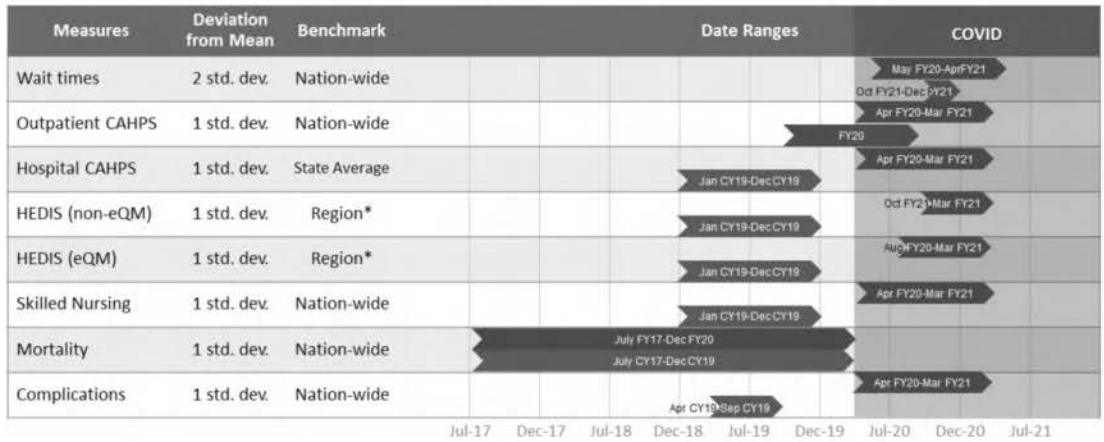
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- Any Medical Service Line flagged in both timeliness and quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



VA and Community Surveillance Data Availability



■ VA ■ Community ■ VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)



U.S. Department
of Veterans Affairs

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	2 (2 more than previous surveillance interval)	11 (10 more than previous surveillance interval)	16 (14 more than previous surveillance interval)
	Triggering Measure	0 (1 fewer than previous surveillance interval)	9 (6 more than previous surveillance interval)	124 (78 more than previous surveillance interval)
	No Triggering Measure	3 (3 fewer than previous surveillance interval)	39 (20 more than previous surveillance interval)	347 (120 fewer than previous surveillance interval)

VA



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of Veterans Affairs

10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	13 (4 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	24 (7 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	92 (2 more than previous surveillance interval)

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U.S. Department
of Veterans Affairs

11

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay



- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

Long Stay

- Falls with Major Injury (4)
- Physical Restraints (3)

Due to the lack of timeliness measures, Skilled Nursing Home medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
	For TAG review before SDMG recommendations	Flagged	Triggering Measure	No Triggering Measures
	For standard VHA improvement processes			
	No performance issues identified			
MSL Results from Quality Comparison (With Community)	Flagged	N/A	N/A	7 (3 more than previous surveillance interval)
	Triggering Measure	N/A	N/A	27 (3 fewer than previous surveillance interval)
	No Triggering Measure	N/A	N/A	98 (same as previous surveillance interval)

Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
- **Community care eligibility** concludes when **remediation is complete** (service line meets standards)
- Requires extensive response:
 - **Federal Register posting of service lines** that did not meet VA standards
 - **Remediation action plan** submitted within 30 days
 - **Identification of VAMC, VISN, VHA Central Office individuals accountable** for remediation of medical service line to meet VA standards for quality
 - **Ongoing Congressional reporting** of status *and* **cost** of remediation actions
 - Reporting annually on public facing website

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

Mission Act Quality Standards Tracking Report (MAQSTR)

The MISSION Act Quality Standards Tracking Report (MAQSTR) is designed to help compare VHA performance measure results to comparable community benchmarks.

The main report displays:

- Measure Domains
- Short description of performance measures
- Preferred data direction
- Short description of performance measures
- Quarterly and yearly data
- Community scores
- Facility prior year score
- Links to the source reports
- Measure data timeframes

Measure ID	Measure Name	Measure Domain	Measure Type	Measure Status	Measure Score	Measure Trend
1000-0001	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0002	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0003	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0004	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0005	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
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1000-0007	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0008	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0009	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0
1000-0010	Effective Care: Diabetes Control (HbA1c)	Effective Care	Continuous	Active	10.0	10.0

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Appendix – Supporting Materials

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19

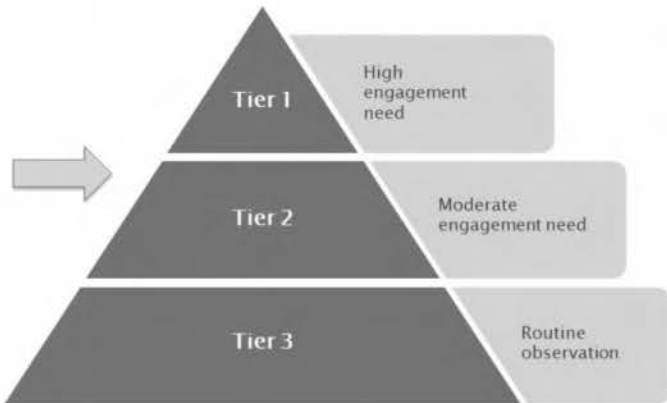
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September 1, 2021

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U.S. Department
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VA



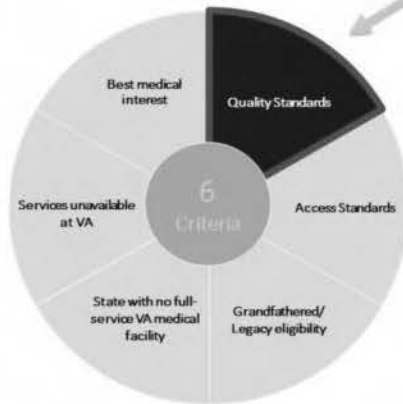
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3

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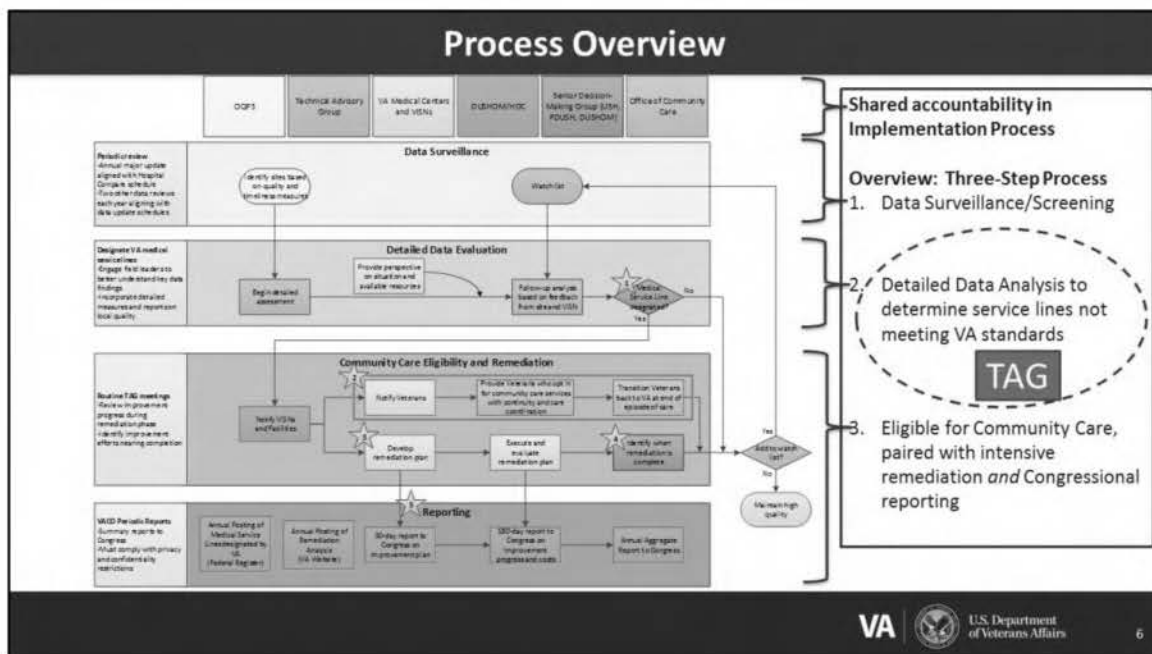
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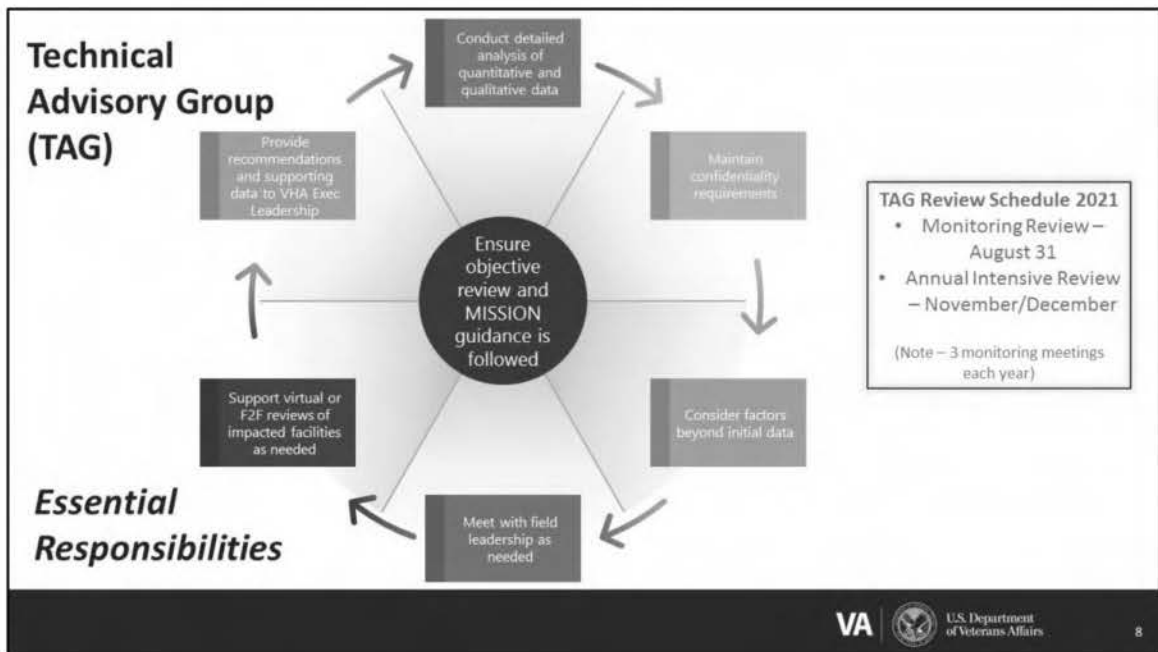
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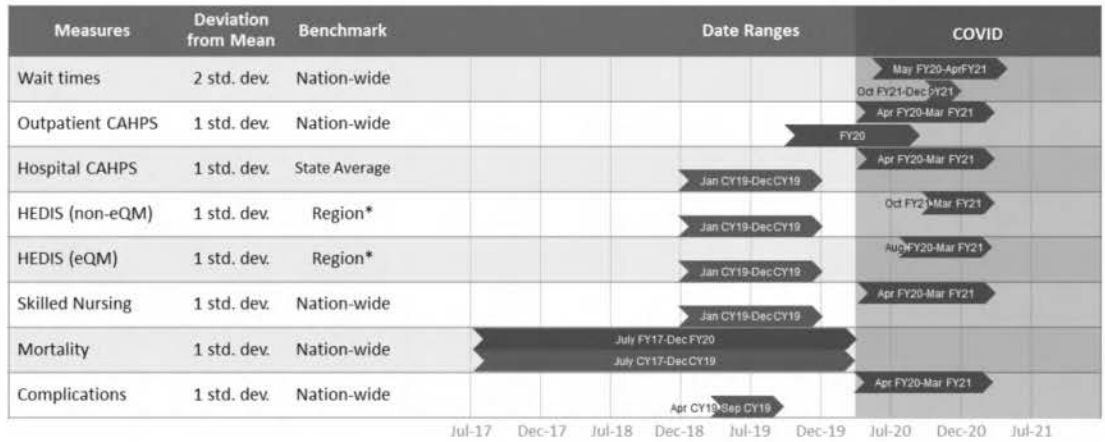
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U.S. Department
of Veterans Affairs

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LEGEND		MSL Results from Timeliness Comparison (Internal VA)		
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VA



U.S. Department
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10

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Hospital Care

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures

- CLABSI (18)
- CAUTI (13)
- HCAHPS Hospital Rating (11)
- HCAHPS Care Transition (10)

Due to the lack of timeliness measures, Inpatient medical service lines **may not be designated** by the VA Secretary, per MISSION Act requirements.

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MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Extended Care Services

(No sites flagged for TAG review during this surveillance interval)

Triggering Quality Measures:

Short Stay




- Antipsychotic Medications (26)
- Functional Improvement (8)
- Pressure Ulcer (0)

Triggering Quality Measures:

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Remediation of Medical Service Lines – Section 109 - § 1706A

- **Required** for those occasions **where VA medical service lines are designated** based on the quality standards criterion for Community Care eligibility
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The main report displays:

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Appendix – Supporting Materials

MISSION Act Requirements

MISSION Act Requirements – Section 101

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Full Measure List by VA Medical Service Line – 11/2020 to Present

Medical Service Line	Timeliness Measures (VA Internal Comparison)	Quality Measures (Community Comparison)	
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Skilled Nursing Facilities (SNF)*	N/A	Functional Improvement (Short Stay) Antipsychotic Medications (Short Stay) Pressure Ulcers (Short Stay)	Physical Restraints (Long Stay) Falls with Major Injury (Long Stay)
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* No timeliness measures are available for this medical service line, so it is not able to be designated according to MISSION Act requirements.

** Measure not able to be broken out with MSL-specific filters, so same aggregate data is used to flag both MSLs using this measure.



U.S. Department
of Veterans Affairs

Factors for Consideration in TAG Evaluation

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Factor	Description*
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* From 38 CFR Part 17 § 17.4015 (e)

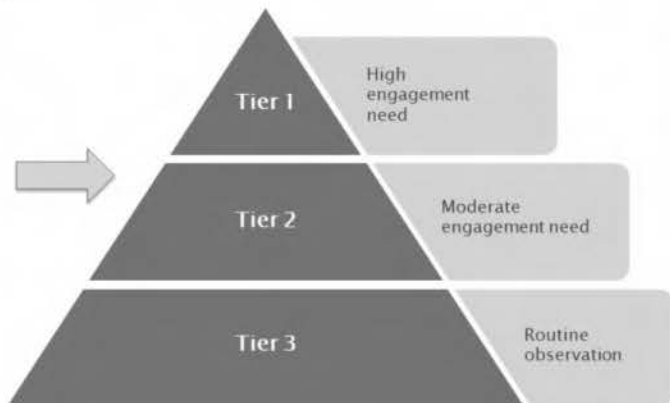
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 - >50% of all SAIL supporting indicators worsened from 1 year ago
- ☑ **Community Comparison**
 - Under-served VA (Mental Health and Primary Care)
 - **MISSION Act (Monitor List)**



MISSION Act Quality Standards and Related Activities

VHA Office of Quality and Patient Safety (QPS)
September 1, 2021

VA



U.S. Department
of Veterans Affairs

MISSION Act Quality – Overview

VA Standards for Quality (MISSION Act Section 104 - § 1703C)

- Identify a common set of quality standards
- Compare performance to the community and analyze at the level of medical service lines
- Serve as the foundation for subsequent eligibility decisions for Community Care

Quality Criterion for Community Care Eligibility (MISSION Act Section 101 - § 1703[e])

- Provides the authority to VA to enable eligibility for Community Care by designating VA medical service lines based on the quality criterion
- Affects VA medical service lines not complying with VA standards for quality, as determined through measures of both timeliness and quality

Remediation of Medical Service Lines (MISSION Act Section 109 - § 1706A)

- Required for designated VA medical service lines
- Requires extensive Congressional response and public awareness

MISSION Act-specific needs, distinct from routine VHA improvement and consultation

VA Standards for Quality and Measures*

VHA Standards	Initial Measures
Timely Care: Provided without inappropriate or harmful delays	Patient-reported measures on getting timely appointments, care, and information Wait times for outpatient care
Effective Care: Based on scientific knowledge of what is likely to provide benefit to Veterans	Smoking and Tobacco Use Cessation Immunization for Influenza Breast and Cervical Cancer Screening Mortality Rates - Risk Adjusted Controlling high blood pressure Beta-blocker treatment after heart attack Comprehensive Diabetes Care – Blood Pressure and Glucose control Improvement in function (short-stay nursing home patients) Newly received antipsychotic medications (short-stay nursing home patients)
Safe Care: Avoids harm from care that is intended to help Veterans	Catheter and central line associated infection rates C. difficile infection rate Death rate among surgical patients with serious treatable complications Nursing home safety measures
Veteran-Centered Care: Anticipates and responds to Veterans specific needs	Patient's overall rating of the Provider Patient's rating of Coordination of Care HCAHPS Overall Rating of Hospital HCAHPS Care Transition Measure

*This represents a condensed version of the list of measures posted on the Federal Register on 10/3/2019

VA



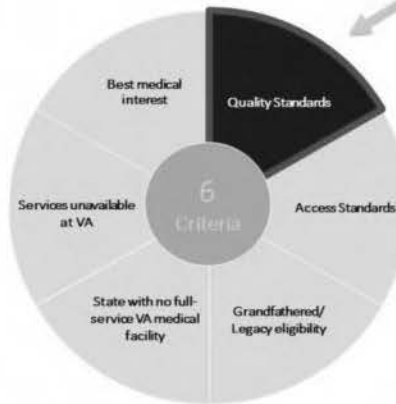
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3

Things to Remember...

- VA standards for quality reflect care that is **timely, effective, safe, and Veteran-centered**.
- VA **compares its care** to the care provided in the community.
- Where VA compares favorably to the community, **that's great!**
- Where we do not, we are committed to improving our care.
- If there is a **significant or serious concern**, Veterans have the option to receive care in the community for specific medical services that do not meet the VA standards for quality and timeliness while remediations are underway at their VA facility.

Quality Criterion for Community Care Eligibility Section 101 - § 1703[e]



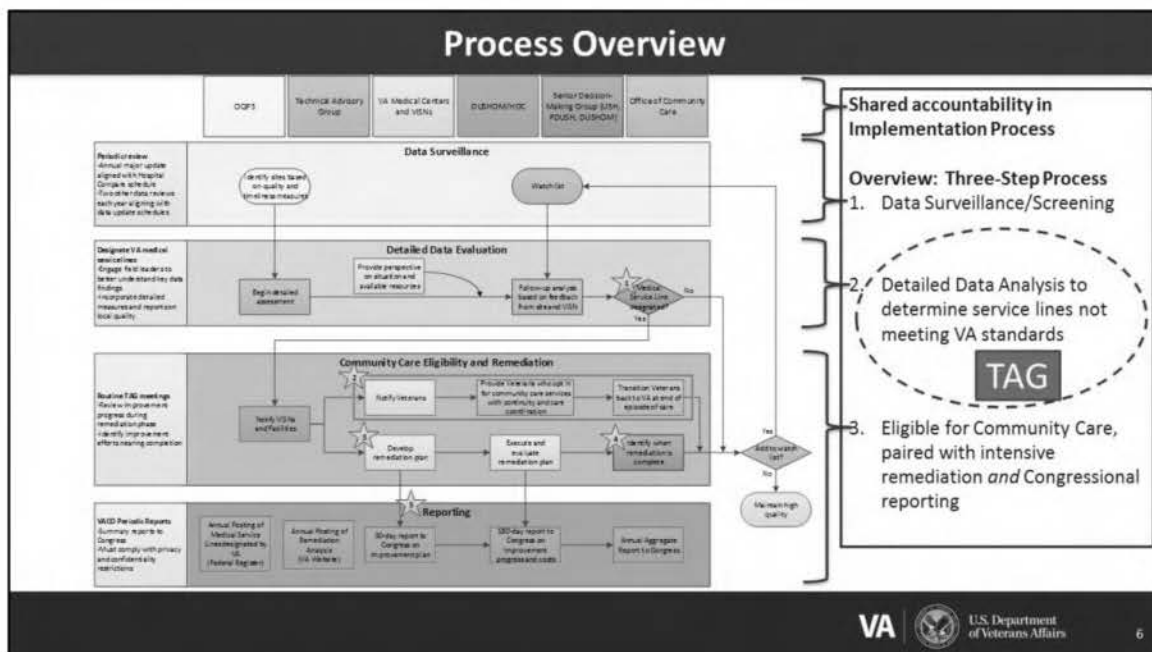
Veterans may be provided the option for community care if a medical service line* does not meet VA's standards for quality based on two conditions:

- Quality – compared to community (2 or more measures)
- Timeliness – compared to same service line at other VA facilities

Example: If VA has identified that the cardiology service line at a local VA medical facility is not providing care that meets VA's standards for quality, the Veteran may be able to elect to receive their cardiology care in the community.

However, there may be limits on when, where, and what is available under this criterion.

*Medical service line - "a specific medical service or set of services delivered in a VA facility."
Source: VA regulations (AQ-46)



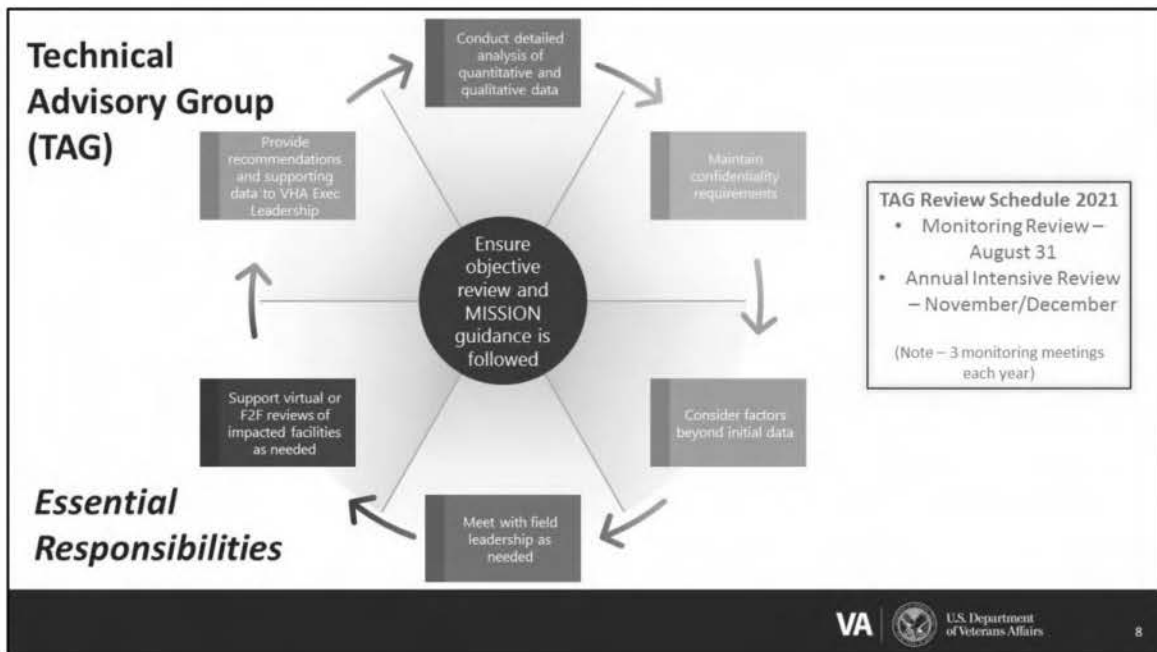
Surveillance Logic Leading to Technical Advisory Group (TAG) Evaluation

Data Surveillance

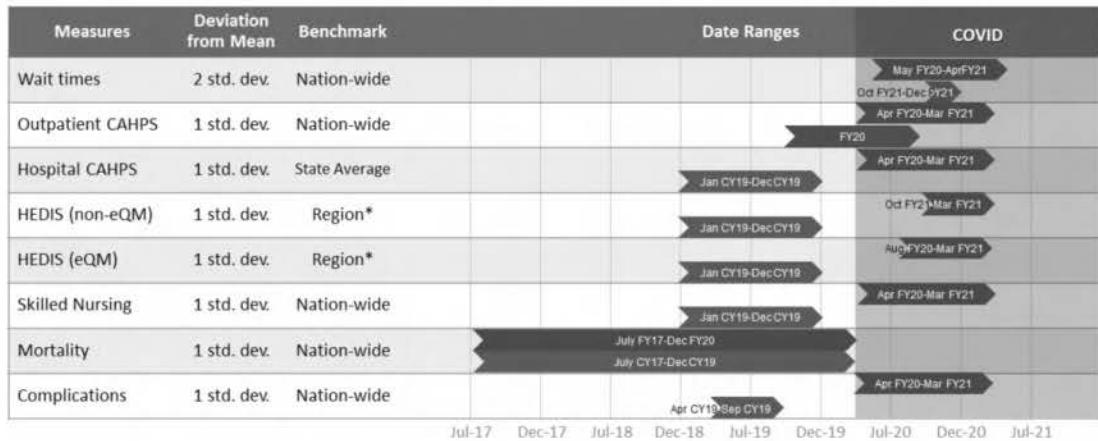
- Measures are triggered through comparisons against a benchmark (one or two standard deviations worse than the benchmark average)
 - Timeliness measures are compared with internal VA data
 - Quality measures are primarily compared with community data
- Medical Service Lines are flagged in timeliness and/or quality
 - Flagging is based on the number of triggered measures
 - For example, Primary Care at Everytown VAMC is flagged in quality due to triggering in two quality measures

Detailed Data Evaluation

- Any Medical Service Line flagged in both timeliness and quality is brought to the TAG for further evaluation
- The TAG reports Detailed Data Evaluation findings to the Senior Decision-Making Group (USH's Office) to inform their recommendations to the VA Secretary on medical service lines to be designated



VA and Community Surveillance Data Availability



VA
 Community
 VA Baseline

*Some facilities were scored against a national benchmark due to a lack of sufficient sample sizes for regional data (flu and tobacco measures)

MISSION TAG Monitoring
Review August 31, 2021

Surveillance Summary: Medical Services




(Two sites flagged for TAG review during this surveillance interval)

Triggering Timeliness Measures (Top 3)

- Cardiology CAHPS Access (24)
- Primary Care CAHPS Access (17)
- Women's Health CAHPS Access (13)

Triggering Quality Measures

- Flu Immunizations (137)
- CAHPS Provider Rating (13)
- Breast Cancer Screening (12)
- CAHPS Care Coordination (12)
- Cervical Cancer Screening (7)
- DM – Blood Pressure Control (4)

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VA



U.S. Department
of Veterans Affairs

10

MISSION TAG Monitoring
Review August 31, 2021

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VA



U.S. Department
of Veterans Affairs

11

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Review August 31, 2021

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VA



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18

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