



Measure Applications Partnership (MAP) and Pre-Rulemaking: How to Get Involved

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Today's Objectives

By the end of this session, members will understand:

- The purpose of MAP (Measure Applications Partnership) and its role in recommending measures for Medicare.
- Basic MAP terminology and concepts.
- Improvements to the MAP process for 2016-2017 pre-rulemaking cycle.

Key words are marked with this icon



Audience Quiz

What is the relationship between NQF and the MAP?

- a. NQF makes MAP recommendations with input from MAP committees.
- b. NQF convenes the MAP, but does not have a voting seat on the MAP, nor influence MAP's decisions.
- c. Unsure.

Audience Quiz

Every year, the MUC (Measures Under Consideration) list is required by law to be posted on or before:

- a. Nov. 1
- b. Nov. 15
- c. Dec. 1
- d. Don't know; I haven't even heard of the MUC list!

Audience Quiz

How many measures did MAP review in 2015?

- a. About 75
- b. About 100
- c. About 125
- d. About 150

Key Points

- At the request of CMS each year, the MAP recommends measures to be implemented into Medicare programs.
- MAP's recommendations rely on Member input throughout the process.
- The MAP process is transparent and easily accessible to Members and the public.



Animated Short Video: Quality Measures at Work



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What is MAP?



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What is the purpose of MAP?



The **National Quality Strategy** (NQS) is the guiding framework for all of MAP's work.

The Measure Applications Partnership (MAP) supports the NQS by recommending measures to use in federal programs. MAP recommends measures that help achieve the three part aim and six priorities outlined in the NQS.



CMS Quality Initiative Programs

- Quality healthcare is a high priority for CMS.
- To assure high quality care for all Americans, CMS began launching quality initiative programs (also called Medicare payment or Medicare reporting programs) in 2001.
 - Touch on every aspect of the health care system
 - Improve quality through accountability and public disclosure
 - Reduce costs by increasing quality



The Role of Measures



Measure

n. A standard: a basis for comparison; a reference point against which other things can be evaluated; “they set the measure for all subsequent work.”

v. To bring into comparison against a standard.*

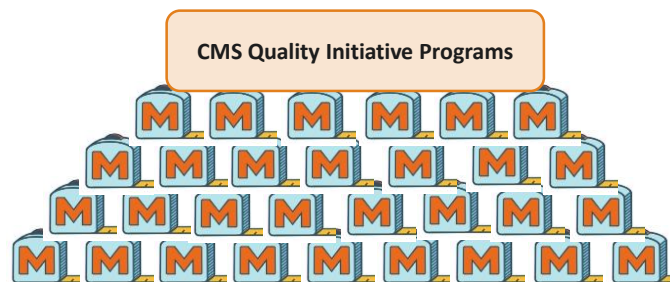


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*Source: [The ABC's of Measurement](#) ¹³

The Role of Measures

CMS quality initiative programs are built on the use of quality measures for **public reporting** and **payment** purposes.



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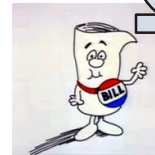
*Source: [The ABC's of Measurement](#) ¹⁴

What is rulemaking?



Rulemaking is the process that government agencies, such as HHS or CMS, use to create regulations (aka rules that implement laws passed by Congress).

- Every year, CMS issues rules about which measures are added or removed from Medicare programs.



Once I'm passed, I need rules to implement me

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So what is MAP pre-rulemaking?



Pre-rulemaking is an annual process where stakeholders provide input to CMS about which measures to include in Medicare. This input happens before the rulemaking stage to allow time for CMS to incorporate this input into their decisions.



There are thousands of measures, but which ones should go into Medicare programs?

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So what is MAP *pre*-rulemaking?

- Every year, before CMS issues new rules, MAP answers these questions by recommending (or not recommending) measures for use in Medicare programs.
- This process was created by the Affordable Care Act; MAP was established for the sole purpose of providing this multi-stakeholder input.



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What is the value of pre-rulemaking input?



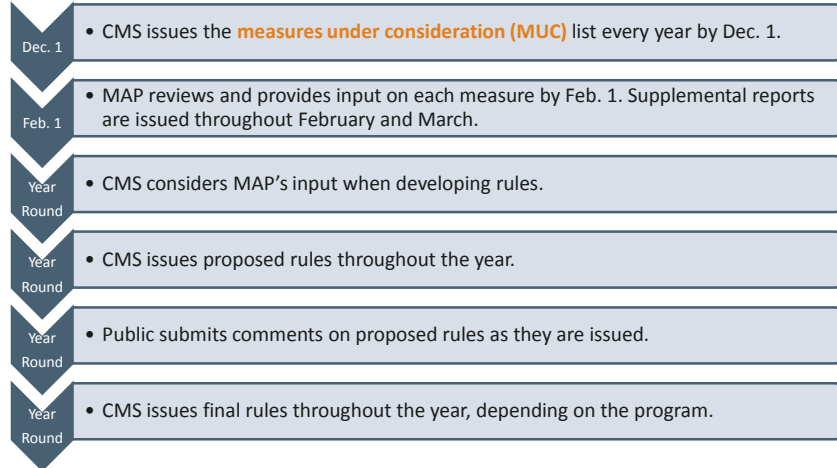
- Consensus-building among stakeholders
- Proposed laws (rules) are “closer to the mark”
- Reduces the effort required by individual stakeholder groups

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<http://en.wikipedia.org/wiki/Rulemaking>

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The Annual Pre-Rulemaking Process



What Does MAP Do in Addition to Pre-Rulemaking?

Current Work (2016)



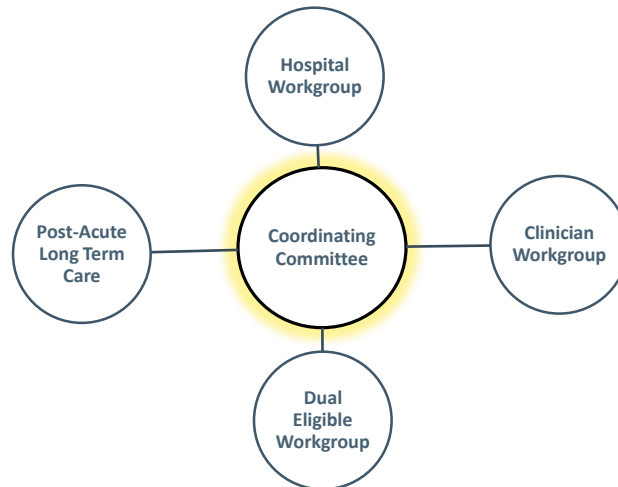
- Demonstrations to integrate care for dual eligible beneficiaries
- Medicaid Adult **Core Set**
- Medicaid/CHIP Child Core Set

Past Work (2010-2014)

- Families of Measures
- Health Insurance Exchange Quality Rating System



How is MAP Structured?



MAP Coordinating Committee

- Sets the strategic direction for the Measure Applications Partnership;
- Gives direction to and ensure alignment among the MAP advisory workgroups; and
- Advises CMS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers.



MAP Hospital Workgroup

Recommends measures for Medicare programs in hospital settings:

- Hospital Inpatient Quality Reporting (IQR)
- Hospital Value-Based Purchasing (VBP)
- Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)
- Hospital Outpatient Quality Reporting (OQR)
- Ambulatory Surgical Center Quality Reporting (ASCQ)
- Inpatient Psychiatric Hospital Quality Reporting
- PPS-Exempt Cancer Hospital Quality Reporting
- Hospital-Acquired Conditions Payment Reduction (HAC)
- End Stage Renal Disease (ESRD)

Example of impact:

Recommending the inclusion of maternity care measures for the IQR and VBP Programs.



MAP Clinician Workgroup

Recommends measures for Medicare programs by clinicians:

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (Accountable Care Organizations)

Example of impact:

Include high-value measures that are meaningful and usable



MAP Post Acute Long-Term Care Workgroup (PAC LTC)

Recommends measures for Medicare programs in long-term care settings:

- Nursing Home Quality Initiative
- Home Health Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting

Example of impact:

Increased alignment across settings



MAP Duals Workgroup

Provides input across workgroups, where measures affect people who are eligible for both Medicaid and Medicare services (i.e. “dual eligibles” or “dual beneficiaries.”)

Example of impact:

Uptake of dual eligible beneficiaries measures into the programs



NQF Members' Role

- Provide comments and feedback throughout the process
- Nominate to serve on a committee or workgroup
- Tell NQF how we can improve the process

**NQF Members:
We Need YOU!**



MAP Committee Members

Three types of committee members:



Organizational Representatives

- Constitutes the majority of MAP members
- Include those that are interested in or affected by the use of measures
- Organizations designate their own representatives



Subject Matter Experts

- Serve as individual representatives bringing topic specific knowledge to MAP deliberations
- Chairs and co-chairs of MAP's Coordinating Committee and workgroups are considered subject matter experts



Federal Government Liaisons

- Serve as ex-officio, non-voting members representing a Federal agency

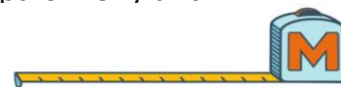
MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements



MAP Measure Selection Criteria

4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment



Improvements for 2016-2017

1. Updated preliminary analysis algorithm
2. Revised decision categories
3. Implemented holistic review of current measure sets

Updated MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set.
2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.

MAP Preliminary Analysis Algorithm

5. The measure can be feasibly reported.
6. The measure is reliable and valid for the level of analysis, program, and/or setting(s) for which it is being considered
7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

Updated MAP Decision Categories

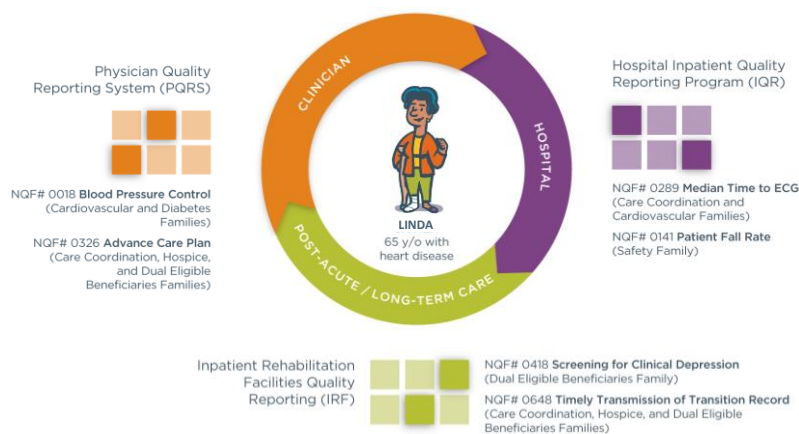
MAP Decision Categories: Fully Developed Measures	
Decision	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. However, the measure should meet a condition (e.g., NQF endorsement) specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted to MAP.
Refine and Resubmit Prior to Rulemaking	The measure addresses a critical program objective but needs modifications before implementation. The measure meets assessments 1-3; however, it is not fully developed and tested OR there are opportunities for improvement under evaluation. MAP will provide a rationale to explain the suggested modifications.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of the assessments.



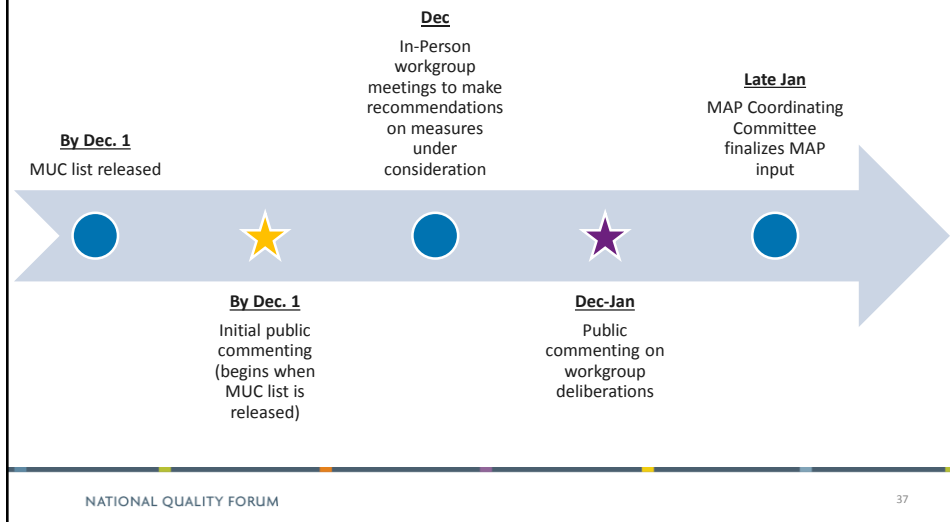
Holistic Review of Measure Sets

- MAP has expressed a need to better understand the program measure sets in their totality:
 - How MUCs would interact with current measures;
 - Endorsement status of current measures;
 - Experience with current measures
- For the 2016-2017 pre-rulemaking cycle, MAP will offer guidance on measures finalized for use:
 - MAP will offer input on ways to strengthen the current measure set including recommendations for future removal of measures.
 - This guidance will be built into the final MAP report but will not be reflected in the “Spreadsheet of MAP Final Recommendations.”

MAP: Improving Care for Patients



When can NQF members provide input?



Next Steps: Upcoming Activities

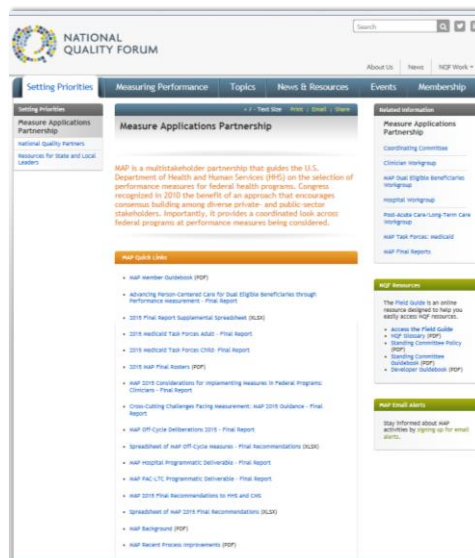
- **Release of the MUC List- by December 1**
- **Public Comment Period #1- Following release of the MUC list**
- **In-Person Meetings**
 - Hospital Workgroup - **December 8-9**
 - Clinician Workgroup - **December 12-13**
 - PAC/LTC Workgroup - **December 14-15**
 - Dual Eligible Beneficiaries Workgroup - **January 10, 12-2pm ET**
 - Coordinating Committee- **January 24-25**
- **Public Comment Period #2- December 22- January 12**

Tracking MAP: Member Exclusive Communications



- NQF Weekly for Members (every Friday) includes upcoming comment periods, nominations, and meetings
- [Sign up for MAP project alerts](#) to receive emails about MAP activities
- [Join](#) the Renal Member Network or Cancer Member Network to follow these issues through MAP and other projects

MAP Homepage: www.qualityforum.org/map



Your Feedback

Comments? Questions?



Please type into the chat box anytime or
call 877-468-8808 (no passcode)

Audience Quiz

True or False: MAP determines which measures are on the MUC (Measures Under Consideration) List.

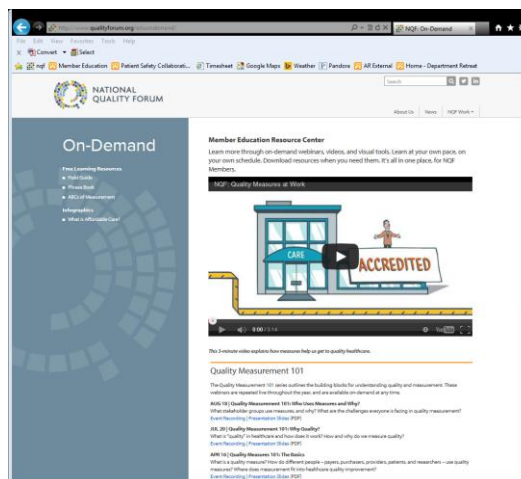
- a. True
- b. False
- c. Unsure

Audience Quiz

Is HHS required to accept MAP recommendations?

- a. Yes
- b. Yes, but they can make small changes
- c. No
- d. Unsure

New Member Education



Access learning tools on-demand, such as webinar recordings, videos, and infographics.

www.qualityforum.org/membership/eduondemand

Save the date!
NQF Annual Conference
April 4-5, 2017
Metro DC area

Event Evaluation

We value your feedback



Please take a moment to fill out our event evaluation here:

<https://www.surveymonkey.com/r/WJQVRFR>

THANK YOU