NATIONAL QUALITY FORUM
Driving measurable health improvements together

Measure Applications Partnership (MAP)

Clinician Workgroup In-Person Meeting

December 5, 2019

Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks and Meaningful Measures Update
- IHI Presentation Placeholder
- Overview of Pre-Rulemaking Approach
- Merit-Based Incentive Payment System (MIPS) Program Measures
- Medicare Shared Savings Program (SSP) Program Measures
- Medicare Parts C and D Star Ratings Program Measures
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Clinician Workgroup Membership

Workgroup Co-chairs: Bruce Bagley, MD; Robert Fields, MD (acting)

Organizational Members (voting)	
American Academy of Family Physicians	Council of Medical Specialty Societies
American Academy of Pediatrics	Genentech
American Association of Nurse Practitioners	HealthPartners, Inc.
American College of Cardiology	Kaiser Permanente
American College of Radiology	Louise Batz Patient Safety Foundation
American Occupational Therapy Association	Magellan Health, Inc.
America's Physician Groups	Pacific Business Group on Health
Anthem	Patient-Centered Primary Care Collaborative
Atrium Health	Patient Safety Action Network
Consumers' Checkbook/Center for the Study of Services	St. Louis Area Business Health Coalition

Clinician Workgroup Membership

Individual Subject Matter Experts (Voting)
Nishant “Shaun” Anand, MD, FACEP
William Fleischman, MD, MHS
Stephanie Fry, MS

Federal Government Liaisons (Nonvoting)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Health Resources and Services Administration (HRSA)

Workgroup Staff

- Samuel Stolpe, PharmD, MPH, Senior Director
- Kate Buchanan, MPH, Senior Project Manager
- Jordan Hirsch, MHA, Project Analyst

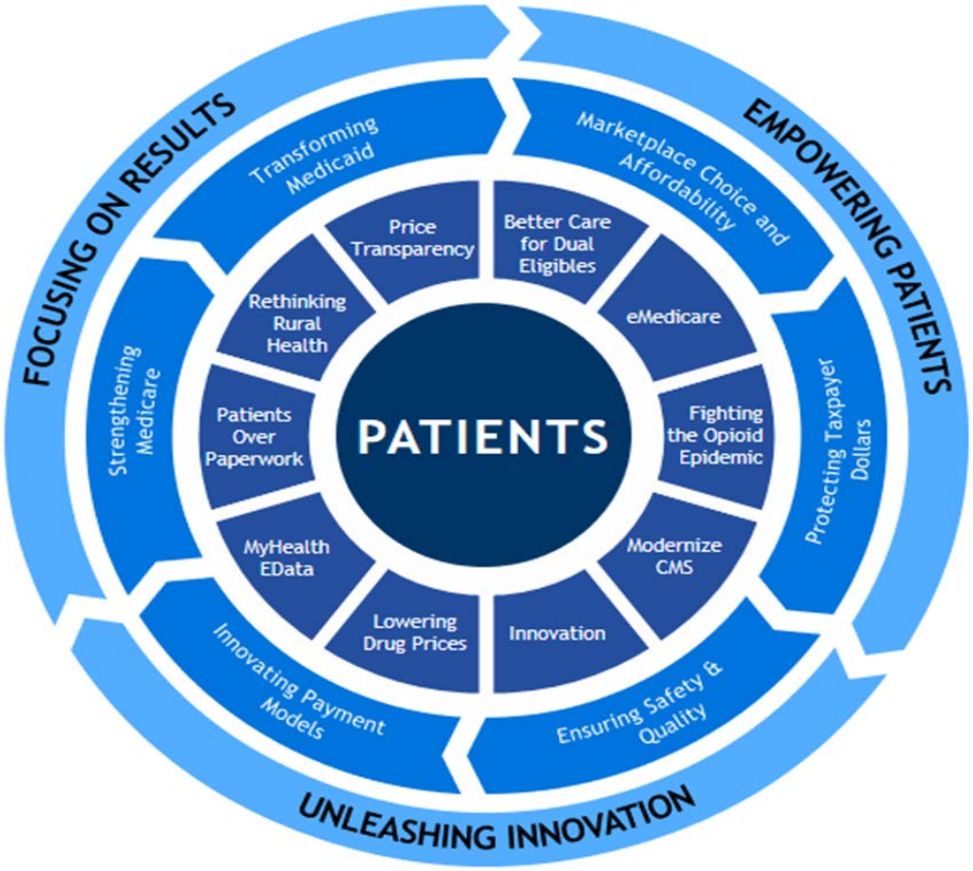
CMS Opening Remarks and Meaningful Measures Update

INTRODUCTION TO THE MEANINGFUL MEASURES INITIATIVE

Patients Over Paperwork

- **CMS's Primary Goal**: Remove obstacles that get in the way of the time clinicians spend with their patients
- **Patients Over Paperwork**
  - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
  - Includes several major tasks aimed at reducing burden for clinicians
  - Motivates CMS to evaluate its regulations to see what could be improved

CMS Strategic Priorities



A New Approach to Meaningful Outcomes

What is the Meaningful Measures Initiative?

- Launched in 2017, the purpose of the Meaningful Measures initiative is to:
  - Improve outcomes for patients
  - Reduce data reporting burden and costs on clinicians and other health care providers
  - Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

Address high-impact measure areas that safeguard public health

Are patient-centered and meaningful to patients, clinicians and providers

Are outcome-based where possible

Fulfill requirements in programs' statutes

Minimize level of burden for providers

Identify significant opportunity for improvement

Address measure needs for population based payment through alternative payment models

Align across programs and/or with other payers

Meaningful Measures Framework

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measures Areas:

Preventive Care

Measures

Influenza Immunization Received for Current Flu Season - HH QRP

Timeliness of Prenatal Care (PPC) - Medicaid & CHIP

Well-Child Visits in the First 15 Months of Life (6 or More Visits) - Medicaid & CHIP

Management of Chronic Conditions

Measures

Osteoporosis Management in Women Who Had a Fracture - QPP

Hemoglobin A1c Test for Pediatric Patients (eCQM) - Medicaid & CHIP

Prevention, Treatment, & Management of Mental Health

Measures

Follow-up after Hospitalization for Mental Illness - IPFQR

Prevention & Treatment of Opioid & Substance Use Disorders

Measures

Alcohol Use Screening - IPFQR

Use of Opioids at High Dosage - Medicaid & CHIP

Risk Adjusted Mortality

Measures

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization - HVBP

FUTURE OF THE MEANINGFUL MEASURES INITIATIVE AND NEXT STEPS

Meaningful Measure Development Priorities

- Patient-reported outcome measures
- Electronic clinical quality measures (eCQMs)
- Appropriate use of opioids and avoidance of harm
- Nursing home infections and safety measures
- Maternal mortality
- Sepsis

Considerations for Future Meaningful Measures

- Developing more APIs for quality measure data submission
- Prototype the use of the FHIR standard for quality measurement
- Interoperable electronic registries – incentivizing use
- Harmonizing measures across registries
- Timely and actionable feedback to providers
- Working across CMS on the use of artificial intelligence to predict outcomes

DISCUSSION

Appendix: Meaningful Measure Areas

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

IHI Presentation

Break

Overview of Pre-Rulemaking Approach

Preliminary Analyses

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure in light of MAP's previous guidance.
  - *This algorithm was approved by the MAP Coordinating Committee.*

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	• The measure addresses the key healthcare improvement priorities; or • The measure is responsive to specific program goals and statutory or regulatory requirements; or • The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.	Yes: Review can continue. No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	• For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s). • For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.	Yes: Review can continue No: Measure will receive a Do Not Support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
3) The measure addresses a quality challenge.	• The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e., a safety event that should never happen); or • The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.	Yes: Review can continue No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	• The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or • The measure captures a broad population; or • The measure contributes to alignment between measures in a particular program set (e.g. the measure could be used across programs or is included in a MAP "family of measures") or • The value to patients/consumers outweighs any burden of implementation.	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation *Old language: Highest rating can be refine and resubmit* MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
5) The measure can be feasibly reported.	• The measure can be operationalized (e.g. the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation *Old language: Highest rating can be refine and resubmit* MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
6) **The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s)**	• The measure is NQF-endorsed; or • The measure is fully developed and full specifications are provided; and • Measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.	Yes: Measure could be supported or conditionally supported. No: Highest rating can be Conditional support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.	• Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or • Feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and • Feedback is supported by empirical evidence.	If no implementation issues have been identified: Measure can be supported or conditionally supported. If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Voting Decision Categories

Decision Categories for 2019-2020

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation). Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potentials support in the future. Such a modification would considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

MAP Voting Process

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the Committee present in person or by phone for the meeting to commence.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of 1) taking roll call and 2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
  - If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - *Abstentions do not count in the denominator.*
- Every measure under consideration will receive a decision.

Key Voting Principles (cont.)

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
  - Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.

Workgroup Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings. The rural liaison will then present information from the Rural Health Workgroup's review of each MUC.
- **Step 2.** The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
  - Measure developers will respond to the clarifying questions on the specifications of the measure.
  - NQF staff will respond to clarifying questions on the Workgroup decision.
  - Lead Discussants will respond to questions on their analysis.
- **Step 3.** Voting on acceptance of the preliminary analysis decision.
  - After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a yes or no vote to accept the result.
  - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

Workgroup Voting Procedure

- **Step 4.** Discussion and Voting on the MUC
  - The co-chair will open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
  - After the discussion, the co-chair will open the MUC for a vote.
    - » NQF staff will summarize the major themes of the Workgroup's discussion.
    - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

Workgroup Voting Procedure

- **Step 5:** Tallying the Votes:
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

MAP Rural Health Workgroup Charge

MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP Workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume

- Rural liaison for Clinician Workgroup: Kimberly Rask, Alliant Health

Rural Health Workgroup Review of MUCs

- The Rural Health Workgroup will review the MUCs and provide the following feedback to the setting-specific Workgroups:
  - *Relative priority/utility of MUC measures in terms of access, cost, or quality issues encountered by rural residents*
  - *Data collection and/or reporting challenges for rural providers*
  - *Methodological problems of calculating performance measures for small rural facilities*
  - *Potential unintended consequences of inclusion in specific programs*
  - *Gap areas in measurement relevant to rural residents/providers for specific programs*

Rural Health Workgroup Review (cont.)

- Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - *Measure discussion guide*
    - » A qualitative summary of Rural Health Workgroup's discussion of the MUCs
    - » Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUCs for various programs
  - *In-person attendance of a Rural Health Workgroup liaison at all three pre-rulemaking meetings in December*

Merit-Based Incentive Payment System (MIPS) Program Measures

Public Comment: MIPS Measures Under Consideration

MIPS MUC2019-37

- **MUC2019-27:** Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate

MIPS MUC2019-28

- **MUC2019-28:** Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

MIPS MUC2019-66

- **MUC2019-66:** Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate

MIPS MUC2019-37

- **MUC2019-37:** Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

MIPS Discussion

- Are there still gaps in the measure set?

Lunch

Medicare Shared Savings Program (SSP) Program Measures

Public Comment: SSP Measures Under Consideration

SSP MUC2019-37

- **MUC2019-37:** Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

SSP Discussion

- Are there still gaps in the measure set?

Break

Medicare Parts C and D Star Ratings Program Measures

Public Comment: Parts C & D Star Rating Measures Under Consideration

Parts C & D Star Rating MUC2019-14

- **MUC2019-14:** Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions

Parts C & D Star Rating MUC2019-57

- **MUC2019-57:** Use of Opioids at High Dosage in Persons without Cancer (OHD)

Parts C & D Star Rating MUC2019-60

- **MUC2019-60:** Use of Opioids from Multiple Providers in Persons without Cancer (OMP)

Parts C & D Star Rating MUC2019-61

- **MUC2019-61:** Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)

Parts C & D Star Rating MUC2019-61

- **MUC2019-21:** Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge

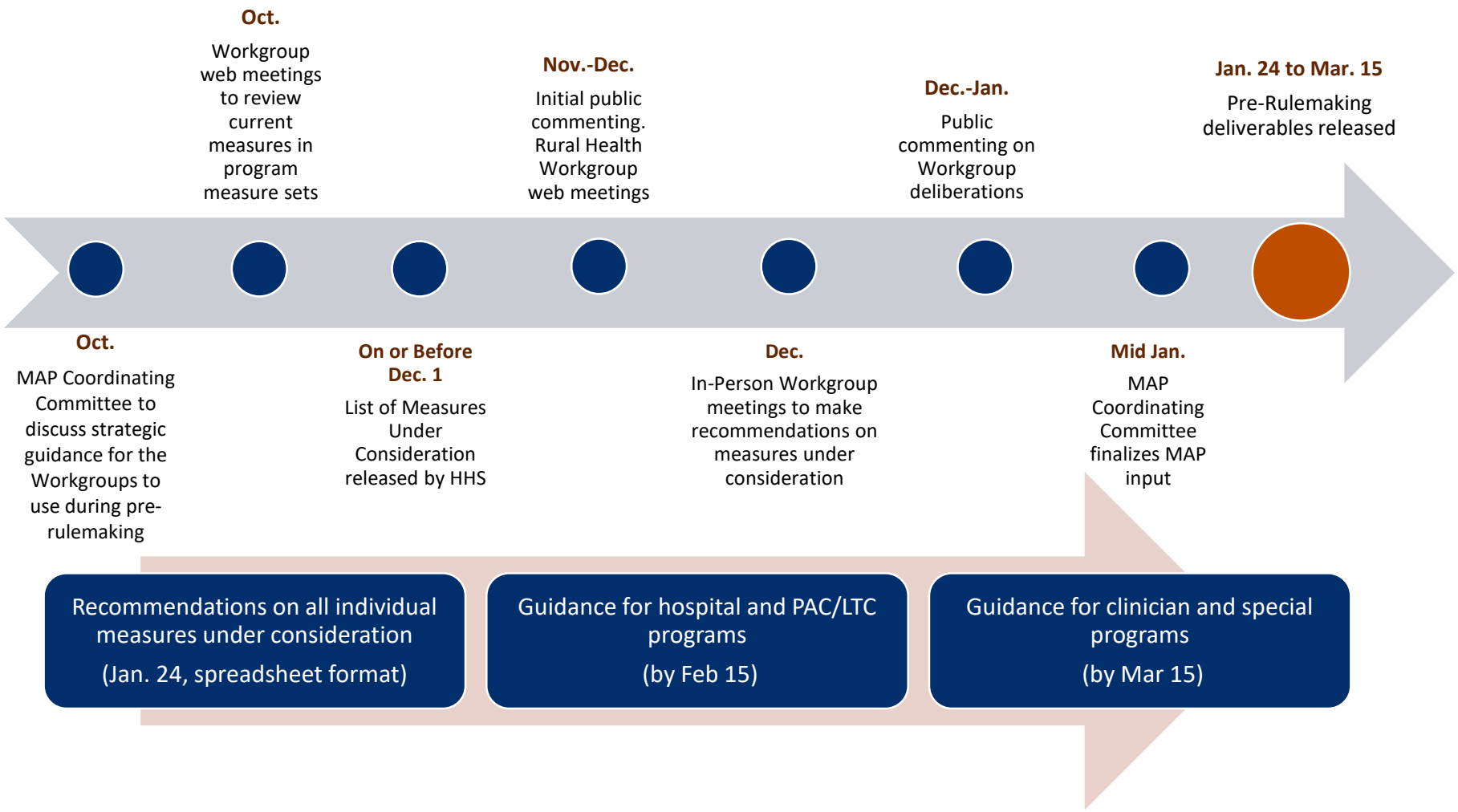
C&D Star Ratings Discussion

- Are there still gaps in the measure set?

Opportunity for Public Comment

Summary of Day and Next Steps

MAP Pre-Rulemaking Approach



Timeline of Upcoming Activities

- Public commenting period on Workgroup recommendations: December 18, 2019 – January 8, 2020
- Coordinating Committee In-Person Meeting: January 15, 2020
- Final recommendations to CMS: January 24, 2020
- PAC/LTC and Hospital Report: February 15, 2020
- Clinician Report: March 15, 2020

Contact Information

- Project page
  - *http://www.qualityforum.org/MAP_Clinician_Workgroup.aspx*
- Workgroup SharePoint site
  - *http://share.qualityforum.org/Projects/MAP%20Clinician%20Workgroup/SitePages/Home.aspx*
- Email: MAP Clinician Project Team
  - *MAPClinician@qualityforum.org*

Adjourn