NATIONAL QUALITY FORUM

Measure Applications Partnership

Coordinating Committee In-Person Meeting

January 24-25, 2016

Welcome

Disclosures of Interest

MAP Coordinating Committee Members

- **Charles Kahn III, MPH (Co-Chair)**
- **Harold Pincus, MD (Co-Chair)**
- Academy of Managed Care Pharmacy
  - *Marissa Schlaifer, RPh, MS*
- AdvaMed
  - *Steven Brotman, MD, JD*
- AFL-CIO
  - *Shaun O Brien, JD*
- America's Health Insurance Plans
  - *Aparna Higgins, MA*
- American Board of Medical Specialties
  - *R. Barrett Noone, MD, FACS*
- American Academy of Family Physicians
  - *Amy Mullins, MD, FAAFP*
- American College of Physicians
  - *Amir Qaseem, MD, PhD, MHA*
- American College of Surgeons
  - *Bruce Hall, MD, PhD, MBA, FACS*
- American HealthCare Association
  - *David Gifford, MD, MPH*
- American Hospital Association
  - *Rhonda Anderson, RN, DNSc, FAAN*
- American Medical Association
  - *Carl Sirio, MD*
- American Nurses Association
  - *Mary Beth Bresch White*
- AMGA
  - *Samuel Lin, MD, PhD, MBA, MPA, MS*
- Blue Cross and Blue Shield Association
  - *Carole Flamm, MD, MPH*
- Consumers Union
  - *John Bott, MSSW, MBA*
- Healthcare Financial Management Association
  - *Richard Gundling, FHFMA, CMA*
- Maine Health Management Coalition
  - *Brandon Hotham, MPH*
- The Joint Commission
  - *David Baker, MD, MPH, FACP*
- The Leapfrog Group
  - *Leah Binder, MA, MGA*
- National Alliance for Caregiving
  - *Gail Hunt*
- National Association of Medicaid Directors
  - *Foster Gesten, MD, FACP*
- National Business Group on Health
  - *Steven Wojcik, MA*
- National Committee for Quality Assurance
  - *Mary Barton, MD*

MAP Coordinating Committee Members

Organizational Members Cont.

- The Joint Commission
  - *David Baker, MD, MPH, FACP*
- The Leapfrog Group
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  - *Steven Wojcik, MA*
- National Committee for Quality Assurance
  - *Mary Barton, MD*
- National Partnership for Women & Families
  - *Carol Sakala, PhD, MSPH*
- Network for Regional Healthcare Improvement
  - *Chris Queram, MS*
- Pacific Business Group on Health
  - *William Kramer, MBA*
- Pharmaceutical Research and Manufacturers of America (PhRMA)
  - *Jennifer Bryant, MBA*
- Providence Health and Services
  - *Ari Robicsek, MD*

Subject Matter Experts (Voting)

- Richard Antonelli, MD, MS
- Doris Lotz, MD,MPH

Federal Government Liaisons (Non-Voting)

- Agency for Healthcare Research and Quality (AHRQ)
  - *Nancy Wilson, MD, MPH*
- Centers for Disease Control and Prevention (CDC)
  - *Chesley Richards, MD, MH, FACP*
- Centers for Medicare & Medicaid Services (CMS)
  - *Patrick Conway, MD, MSc*
- Office of the National Coordinator for Health Information Technology (ONC)
  - *David Hunt, MD, FACS*

Meeting Objectives and Agenda

Meeting Objectives

- Finalize recommendations to HHS on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings;
- Consider strategic issues that span across all of the MAP Workgroups; and
- Update the process used by the Medicaid Taskforces

Day 1 Agenda

- Review pre-rulemaking process
- Finalize pre-rulemaking recommendations
  - *Hospital programs*
  - *PAC/LTC programs*
  - *Clinician programs*

Day 2 Agenda

- Discuss pre-rulemaking cross-cutting issues:
  - *Attribution*
  - *Risk adjustment for sociodemographic factors*
- Review refinements to the Medicaid Taskforce processes
- Discuss potential improvements to the pre-rulemaking process

Review MAP Pre-Rulemaking Approach

Approach

The approach to analyzing and selecting measures has four steps:

1. Provide program overview
2. Review current measures
3. Evaluate MUCs for what they would add to the program measure set
4. Provide feedback on current program measure sets

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 Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
  - *Decision categories are standardized for consistency*
  - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*

- The decision categories were updated for the 2016-2017 pre-rulemaking process
  - *MAP will no longer evaluate measures under development using different decision categories*

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

MAP Decision Categories

Decision Category	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.

Finalize Pre-Rulemaking Recommendations – *Process at a Glance*

- Workgroup (WG) Chairs / NQF Staff present measures and the programs evaluated
- WG Chairs / NQF Staff outline strategic issues and relevant input from MAP Duals
- Coordinating Committee (CC) Chairs ask CC members if measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

Voting Step 1. Staff and Workgroup Co-Chairs will review the Workgroup Consent Calendar

- Staff and Workgroup Co-Chairs will present each group of measures as a consent calendar reflecting the consensus by the MAP workgroup

Voting Step 2. MUCs can be pulled from the Consent Calendar

- The Co-Chairs will ask Coordinating Committee members to identify any MUCs they would like to pull off the consent calendar for individual discussion.
  - *The MAP member requesting discussion must provide a rationale*
- After measures are removed for discussion, Co-Chairs will ask if there is any objection to accepting the MAP Workgroup recommendations of the MUCs remaining on the consent calendar.
- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken).

Voting Step 3. Voting on Individual Measures

- Coordinating Committee member(s) who identified measures for discussion will provide their rationale for pulling the measure for discussion. They will describe how their perspective differs from the Workgroup's recommendation.
- Other Coordinating Committee members should participate in the discussion, but refrain from repeating others' points.
- After discussion, the Coordinating Committee will vote on the measure with four options:
  - *Support for rulemaking*
  - *Conditional support for rulemaking*
    - » Conditions must be stated before the vote
  - *Refine and resubmit prior to rulemaking*
    - » Refinements must be stated before the vote
  - *Do not support for rulemaking*

Voting Step 4: Tallying the Votes

DO NOT SUPPORT	REFINE AND RESUBMIT	CONDITIONAL SUPPORT	SUPPORT
> 60% consensus of do not support	≥ 60% consensus of refine and resubmit	≥ 60% consensus of conditional support	≥60% consensus of support
< 60% consensus for the combined total of refine and resubmit, conditional support and support	≥ 60% consensus of refine and resubmit, conditional support and support	≥ 60% consensus of both conditional support and support	N/A

Provide Feedback on Current Measure Sets

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

Potential Criteria for Removal

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

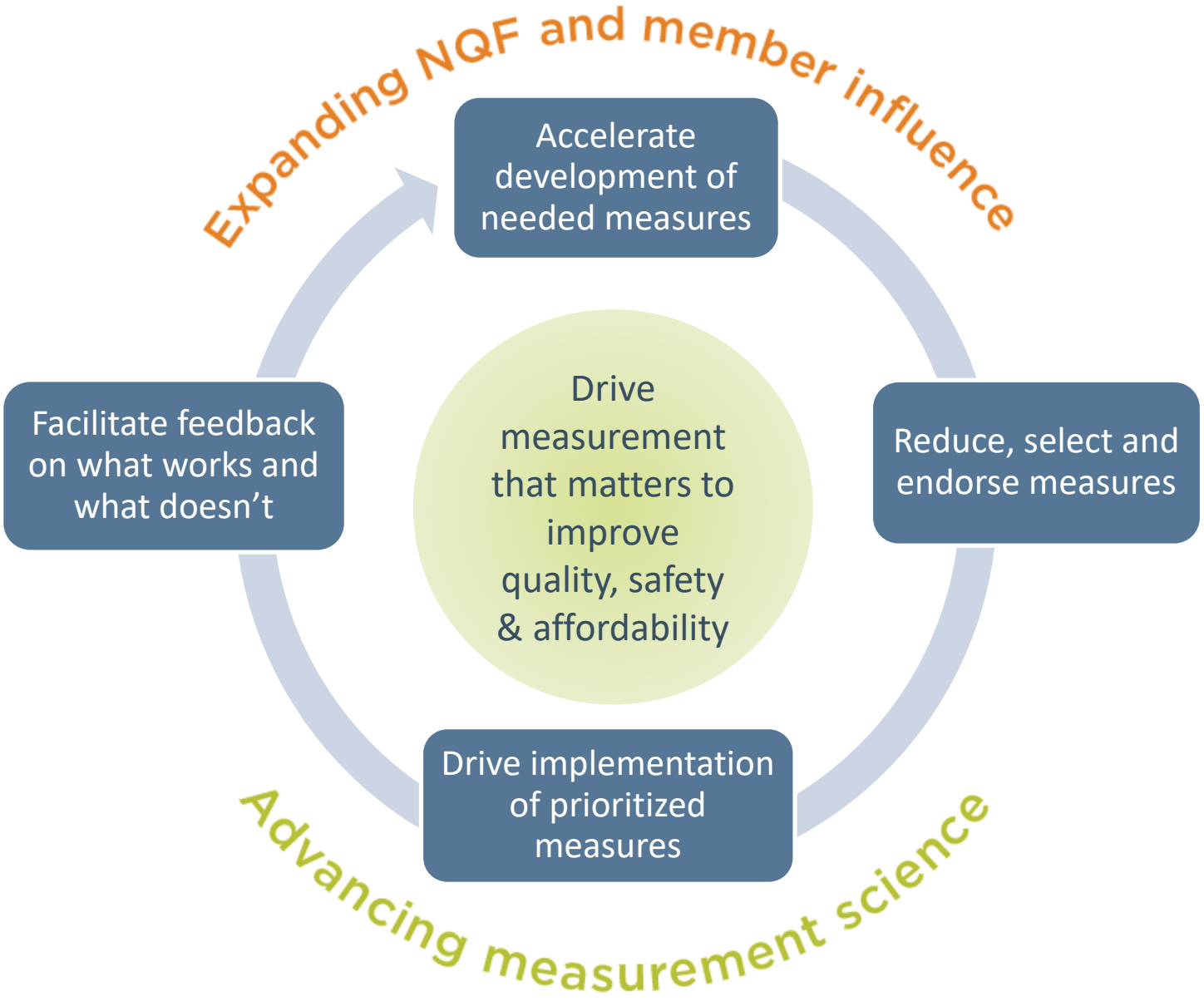
Commenting Guidelines

- Public comments have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion to finalize the pre-rulemaking recommendations for each setting.
  - *Commenters are asked to limit their comments to that setting and limit comments to **two minutes.***
  - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time.*

Q&A

NQF Strategic Plan

NQF: Lead. Prioritize. Collaborate.



Finalize Pre-Rulemaking Recommendations

Opportunity for Public Comment on Hospital Programs

Commenters are asked to:

- Limit their comments to the Hospital programs recommendations
- Limit comments to **two minutes**
- Make any comments on MUCs or opportunities to improve the current hospital measure set at this time

Finalize Pre-Rulemaking Recommendations for Hospital Programs

Presented by:
Cristie Travis, Workgroup Co-Chair
Ron Walters, Workgroup Co-Chair
Kate McQueston, Project Manager, NQF

Finalize Pre-Rulemaking Recommendations – *Process at a Glance*

- Workgroup (WG) Chairs / NQF Staff present measures and the programs evaluated
- WG Chairs / NQF Staff outline strategic issues and relevant input from MAP Duals
- Coordinating Committee (CC) Chairs ask CC members if measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Hospital Programs

The MAP Hospital Workgroup reviewed 33 measures under consideration for seven setting-specific federal programs:

Program	# of Measures
End Stage Renal Disease Quality Incentive Payment	3
PPS-Exempt Cancer Hospital Quality Reporting	5
Ambulatory Surgical Center Quality Reporting	3
Inpatient Psychiatric Facility Quality Reporting	3
Hospital Outpatient Quality Reporting	3
Hospital Inpatient Quality Reporting (IQR)/ Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	15
Hospital Value-Based Purchasing	1
Hospital Readmissions Reduction Program	0
Hospital Acquired Condition Reduction Program	0

Hospital Workgroup Meeting Themes

Move to High-Value Measures

Future measure development is needed including appropriate use, care transitions, and patient-reported outcomes.

- Need for measures across programs that evaluate the appropriate use of health interventions and testing
- Appropriate prescribing practices
- Measures assessing care transitions
- Measures based on patient reported outcomes (PRO-PMs)

Hospital Workgroup Meeting Themes

Balance Measurement Burden with Opportunity for Improvement

Measure sets should balance the effort required for data collection and reporting and potential to improve quality of care and patient outcomes

Need for measures that:

- *Are parsimonious*
- *Drive improvement and address unwarranted variation among providers*
- *Don't require undue reporting effort by patients*

Suggested removal of measures that:

- *Are topped out*
- *Have unintended consequences*
- *Have lost NQF endorsement*
- *Are no longer aligned with the current evidence or the program's goals*

Considerations for Specific Programs

- End-Stage Renal Disease Quality Incentive Program
  - *Stressed the importance of managing anemia and avoiding unnecessary blood transfusions in patients with ESRD and encouraged better care coordination between dialysis facilities and hospitals.*
    - » Supported two measures intended to replace the current vascular access measures.
    - » Recommended that MUC16-305 be revised and resubmitted due that patients may receive the transfusion in other care settings, limiting the ability of Dialysis Facilities to control the their performance on this measure.
  - *Need for a comprehensive measure set that looks at both treatment and outcomes that would drive quality and safety for those with ESRD and gap areas including pediatrics and gaps relating to management of comorbid conditions, such as congestive heart failure, diabetes and hypertension.*
  - *Commenters agreed with the MAP recommendations overall, though commenters did have suggestions for improvements for specific measures, such as improving the precision of the specifications.*

Considerations for Specific Programs

- PPS-Exempt Cancer Hospital Quality Reporting
  - *Increased alignment between the IQR and PCHQR programs*
  - *Need for measures of global harm in inpatient settings and informed consent.*
    - Supported four measures related to end-of-life care.
    - Did not support one measure, PRO Utilization in Non-Metastatic Prostate Cancer Patients (MUC16-393) because it is a structural measure related to the measurement of PRO utilization rather than a patient reported outcome measure.
  - *Public comments differed regarding MUC16-393, as many commenters noted the increasing importance of patient-reported outcomes to CMS and to value-based care. Commenters generally agreed with MAP recommendations regarding the end-of-life measures.*
- Ambulatory Surgical Center Quality Reporting Program
  - *Need for measures should address surgical quality: infections and complications, patient and family engagement, efficiency, and appropriate pre-operative testing.*
  - *New and existing measures should undergo testing and undergo NQF endorsement.*
  - *Public comments supported many of the recommendations, but commenters did note that NQF endorsement is not required by the Social Security Act for measures adopted for the ASCQR Program*

Considerations for Specific Programs

- Inpatient Psychiatric Facility Quality Reporting
  - *Increase alignment with IQR; measures needed to address medical comorbidities, emergency department patients not admitted to the hospital, discharge planning, and readmissions.*
  - *High number of alcohol and tobacco measures*
    - While such measures are important, they should not be the highest priority indicators for quality treatment in psychiatric hospitals.
  - *Recommended MUCs be revised and resubmitted due to incomplete testing and need for NQF review and endorsement.*
  - *The majority of commenters supported MAP's conclusions. Commenters noted concern that measures (such as MUC16-428) may lead to over testing. There were general comments regarding the MAP identified gap area of access—where commenters were concerned that hospitals have limited control over this domain.*

Considerations for Specific Programs

- Hospital Outpatient Quality Reporting
  - *Need measures with greater emphasis on communication and care coordination*
  - *Notable Measure Discussions:*
    - Median Time from ED Arrival to ED Departure for Discharged ED Patients (MUC16-055)
      - *The Workgroup conditionally supported this measure contingent that 1) the testing data demonstrate this eMeasure more accurately determines patient arrival and discharge times compared to the chart abstracted version of the measure (NQF #0496) currently in the HOQR and HIQR programs and 2) this eMeasure is submitted to NQF for review and endorsement*
    - Safe Use of Opioids – Concurrent Prescribing (MUC16-167)
      - *Not supported since there are times when concurrent prescriptions of opioids and benzodiazepines are appropriate. The Workgroup was also concerned that patients may unintentionally suffer withdrawal symptoms if previously prescribed opioids and/or benzodiazepines are reduced and/or stopped prior to discharge.*
  - *Public comments varied regarding the discussion of MUC16-167, both supporting the MAP hospital recommendation and suggesting that the measure be refined and resubmitted prior to rulemaking. Regarding MUC16-055, public commenters noted that making it an e-measure would not fix the inherent problems with the measure.*

Considerations for Specific Programs

- Inpatient Quality Reporting Program/Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use)
  - *Reviewed 15 measures for rulemaking*
  - *Need for alignment among hospital programs (for example: alignment of readmissions measures used both IQR and HRRP).*
  - *Remove measures that are no longer driving improvements in patient care and add PROs*
  - ***New information regarding malnutrition measures available.***
    - The Workgroup engaged in a lengthy discussion about the concerns identified by the Health and Well-Being Standing Committee which just recently concluded in reviewing the measures.
  - *NQF received over 50 comments regarding IQR measures. The majority of commenters agreed with MAP recommendations. Commenters that disagreed with MAP decisions primarily commented on the malnutrition measures as well as MUC16-262 (Measure of Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures)*

Considerations for Specific Programs

- Hospital Value-Based Purchasing
  - *Did not support Communication about Pain During the Hospital Stay (MUC16-263) (HP1, HP2 and HP3) for rulemaking because it did not meet the program requirements for the HVBP program.*
  - *Need to develop the next generation of patient safety measures and develop ways to mitigate the effect of the VBP program on safety net hospitals.*
  - *Commenters agreed with the MAP recommendation and agreed that there was need for further debate and revision of this measure.*
- Hospital Readmissions Reduction Program (HRRP)
  - *No new measures under consideration*
  - *CMS consider ASPE's recommendations to mitigate the impact of the HRRP on safety net hospitals.*
- Hospital Acquired Condition Reduction Program (HACRP)
  - *No new measures under consideration*
  - *Recommends that CMS develop measures that could replace PSI-90 in the HACRP.*

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on Hospital Recommendations
  - *For PRO-PMs, encourage*
    - » Testing in appropriate sub-populations (e.g., individuals with cognitive impairments, physical or intellectual disabilities)
    - » Assessing the patient/person's perspective on whether the measure is meaningful, understandable, and achievable
  - *Clarity is needed around how PRO-PMs are or should be incorporated into patient care & accountability programs*
  - *Encourage the inclusion of measures providing quality information related to population health and the functioning of the system as a whole*

Ambulatory Surgical Center Quality Reporting Program Workgroup Recommendations

- Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure (Workgroup Recommendation: Conditional Support for Rulemaking; Public comments received:3; MUC ID: MUC16-155)
- Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-152)
- Hospital Visits after Urology Ambulatory Surgical Center Procedures (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:2; MUC ID: MUC16-153)

End-Stage Renal Disease Quality Incentive Program Workgroup Recommendations

- Hemodialysis Vascular Access: Long-term Catheter Rate (Workgroup Recommendation: Support for Rulemaking; Public comments received:1; MUC ID: MUC16-309)
- Hemodialysis Vascular Access: Standardized Fistula Rate (Workgroup Recommendation: Support for Rulemaking; Public comments received:1; MUC ID: MUC16-308)
- Standardized Transfusion Ratio for Dialysis Facilities (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-305)

End-Stage Renal Disease Quality Incentive Program Workgroup Recommendations

- Hemodialysis Vascular Access: Long-term Catheter Rate (Workgroup Recommendation: Support for Rulemaking; Public comments received:1; MUC ID: MUC16-309)
- Hemodialysis Vascular Access: Standardized Fistula Rate (Workgroup Recommendation: Support for Rulemaking; Public comments received:1; MUC ID: MUC16-308)
- Standardized Transfusion Ratio for Dialysis Facilities (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-305)

Hospital Inpatient Quality Reporting and EHR Incentive Program Workgroup Recommendations

- Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol & Other Drug Use Disorder Treatment at Discharge (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:2; MUC ID: MUC16-180)
- Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:2; MUC ID: MUC16-178)
- Alcohol Use Screening (Workgroup Recommendation: Support for Rulemaking; Public comments received:1; MUC ID: MUC16-179)

- Appropriate Documentation of a Malnutrition Diagnosis (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:1; MUC ID: MUC16-344)
- Communication about Pain During the Hospital Stay (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:7; MUC ID: MUC16-263)
- Completion of a Malnutrition Screening within 24 Hours of Admission (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-294)
- Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 Hours of a Malnutrition Screening (Workgroup Recommendation: Conditional Support for Rulemaking; Public comments received:10; MUC ID: MUC16-296)

- Follow-Up After Hospitalization for Mental Illness (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-165)
- Measure of Quality of Informed Consent Documents for Hospital-Performed, Elective Procedures (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:6; MUC ID: MUC16-262)
- Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking ; Public comments received:8; MUC ID: MUC16-372)
- Patient Panel Smoking Prevalence IQR (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:1; MUC ID: MUC16-068)

- Safe Use of Opioids – Concurrent Prescribing (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:7; MUC ID: MUC16-167)
- Influenza Immunization (IMM-2) (Workgroup Recommendation: Conditional Support for Rulemaking; Public comments received:3; MUC ID: MUC16-053)
- Tobacco Use Screening (TOB-1) (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:1; MUC ID: MUC16-050)
- Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:2; MUC ID: MUC16-041)

Hospital Outpatient Quality Reporting Program Workgroup Recommendations

- Median Time from ED Arrival to ED Departure for Discharged ED Patients (Workgroup Recommendation: Conditional Support for Rulemaking; Public comments received:3; MUC ID: MUC16-055)
- Median Time to Pain Management for Long Bone Fracture (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:4; MUC ID: MUC16-056)
- Safe Use of Opioids – Concurrent Prescribing (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:6; MUC ID: MUC16-167)

Hospital Value-Based Purchasing Program Workgroup Recommendations

- Communication about Pain During the Hospital Stay (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:6; MUC ID: MUC16-263)

Inpatient Psychiatric Facility Quality Reporting Program Workgroup Recommendations

- Identification of Opioid Use Disorder (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:3; MUC ID: MUC16-428)
- Medication Continuation following Inpatient Psychiatric Discharge (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:4; MUC ID: MUC16-048)
- Medication Reconciliation at Admission (Workgroup Recommendation: Refine and Resubmit Prior to Rulemaking; Public comments received:4; MUC ID: MUC16-049)

Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Workgroup Recommendations

- PRO utilization in in non-metastatic prostate cancer patients (Workgroup Recommendation: Do Not Support for Rulemaking; Public comments received:6; MUC ID: MUC16-393)
- Proportion of patients who died from cancer admitted to hospice for less than 3 days (Workgroup Recommendation: Support for Rulemaking; Public comments received:7; MUC ID: MUC16-274)
- Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life (Workgroup Recommendation: Support for Rulemaking; Public comments received:8; MUC ID: MUC16-273)

Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Workgroup Recommendations

- Proportion of patients who died from cancer not admitted to hospice (Workgroup Recommendation: Support for Rulemaking; Public comments received:6; MUC ID: MUC16-275)
- Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life (Workgroup Recommendation: Support for Rulemaking; Public comments received:5; MUC ID: MUC16-271)

Measure Ratification by MAP Coordinating Committee

- MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

Committee Discussion

Lunch

Opportunity for Public Comment on PAC/LTC Programs

Commenters are asked to:

- Limit their comments to the PAC/LTC programs recommendations
- Limit comments to **two minutes**
- Make any comments on MUCs or opportunities to improve the current PAC/LTC measure set at this time

Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

Presented by:
Deb Saliba, Workgroup Co-Chair
Jean-Luc Tilly, Project Manager, NQF

Finalize Pre-Rulemaking Recommendations – *Process at a Glance*

- Workgroup (WG) Chairs / NQF Staff present measures and the programs evaluated
- WG Chairs / NQF Staff outline strategic issues and relevant input from MAP Duals
- Coordinating Committee (CC) Chairs ask CC members if measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

- The MAP PAC/LTC Workgroup reviewed 22 measures under consideration for six setting specific federal programs addressing post-acute care and long-term care:
  - *Inpatient Rehabilitation Facility Quality Reporting Program (3 measures)*
  - *Long Term Care Quality Reporting Program (3 measures)*
  - *Skilled Nursing Facility Quality Reporting Program (3 measures)*
  - *Skilled Nursing Facility Value Based Purchasing Program (0 measures)*
  - *Home Health Quality Reporting Program (5 measures)*
  - *Hospice Quality Reporting Program (8 measures)*

IMPACT Act

- MAP encouraged alignment of measurement across settings using standardized patient assessment data and acknowledged the importance of preventing duplicate efforts, maintaining data integrity, and reducing burden.
- MAP and public commenters recognized the challenging timelines required to meet IMPACT Act legislation, but also expressed some discomfort supporting measures with specifications that have not been fully defined, delineated, or tested.
- Overall, the MUCs introduced represent significant progress toward promoting quality in PAC settings.

Continued Opportunities to Address Quality

- Patient-reported outcome measures:
  - *Key to understanding quality*
  - *Increase patient and family engagement*
  - *New tools, such as PROMIS, have potential to spur groundbreaking measurement*

- Other measures important to patients:
  - *Nutrition*
  - *Care preferences beyond end-of-life*
  - *Medication management*

Shared Accountability Across the Continuum

- Partnerships between hospitals and PAC/LTC providers are critical to successful transitions and improved discharge planning.
- Health information technology and interoperability-focused efforts offer an opportunity for improvement
- Settings share accountability to treat the 'whole' person, including care preferences

Considerations for Specific Programs

Inpatient Rehabilitation Facility Quality Reporting Program

New opportunities for measurement:

- CAHPS or other experience of care assessment specific to the IRF setting

Measures under consideration:

- New or Worsened Pressure Ulcers - Conditional Support for Rulemaking:
  - Evaluate the impact of revised specifications on observed rates for IRF patients
  - Public comments were mixed; some supported MAP's recommendation, and others recommended the measure be re-evaluated for endorsement and further tested.
  - CMS submitted a memorandum detailing the rationale for changes to the measure, findings from their testing, and a specific examination of the IRF setting

Considerations for Specific Programs

Inpatient Rehabilitation Facility Quality Reporting Program (continued)

Measures under consideration:

- Transfer of Information at Admission – Refine and Resubmit:
  - Include transfers between attending clinicians as well as between settings
  - Complete testing and submit to NQF for endorsement
  - Public comments were generally supportive of MAP's recommendation, and noted existing regulations may make this measure duplicative, that the standard to meet the measure should be higher, and that obtaining information 'upstream' may not be within a provider's control

Considerations for Specific Programs

Skilled Nursing Facility Quality Reporting Program

New opportunities for measurement:

- CAHPS or other experience of care assessment specific to the SNF setting
- Measures to address the presence of advance directives
- Measures of nutrition

Measures under consideration:

- New or Worsened Pressure Ulcers - Support for Rulemaking
- Transfer of Information at Admission – Refine and Resubmit:
  - Include transfers between attending clinicians as well as between settings
  - Complete testing and submit to NQF for endorsement
  - Public comments were generally supportive of MAP's recommendation, and noted existing regulations may make this measure duplicative, that the standard to meet the measure should be higher, and that obtaining information 'upstream' may not be within a provider's control

Considerations for Specific Programs

Long-Term Care Hospital Quality Reporting Program

New opportunities for measurement:

- CAHPS or other experience of care assessment specific to the LTCH setting
- Measures of nutrition

Refine existing measures:

- Replace infection-specific measures with general facility-acquired infections measure
- Reconsider Ventilator-Associated Event measure

Considerations for Specific Programs

Long-Term Care Hospital Quality Reporting Program (continued)

Measures under consideration:

- New or Worsened Pressure Ulcers - Support for Rulemaking
- Transfer of Information at Admission – Refine and Resubmit:
  - Include transfers between attending clinicians as well as between settings
  - Complete testing and submit to NQF for endorsement
  - Public comments were generally supportive of MAP's recommendation, and noted existing regulations may make this measure duplicative, that the standard to meet the measure should be higher, and that obtaining information 'upstream' may not be within a provider's control

Considerations for Specific Programs

Home Health Quality Reporting Program

New opportunities for measurement:

- CAHPS or other experience of care assessment specific to the SNF setting
- Measures to address the presence of advance directives
- Measures of nutrition

Measures under consideration:

- New or Worsened Pressure Ulcers – Support for Rulemaking
- Transfer of Information at Admission – Refine and Resubmit:
  - Include transfers between attending clinicians as well as between settings
  - Complete testing and submit to NQF for endorsement
  - Public comments were generally supportive of MAP's recommendation, and noted existing regulations may make this measure duplicative, that the standard to meet the measure should be higher, and that obtaining information 'upstream' may not be within a provider's control

Considerations for Specific Programs

Home Health Quality Reporting Program (continued)

Measures under consideration:

- Functional Assessment at Admission and Discharge, Care Plan – Conditional Support:
  - Resubmit to NQF for endorsement in new setting
  - Public comments concurred with the MAP recommendation, and recommended ensuring patients and families were involved in developing the care plan
- Falls with Major Injury– Conditional Support:
  - Resubmit to NQF for endorsement in new setting
  - Public comments concurred with the MAP recommendation – some suggested expanding the measure to include all falls, others cautioned the home health setting presents unique challenges to mitigating falls

Considerations for Specific Programs

Hospice Quality Reporting Program

New opportunities for measurement:

- Medication management at end of life
- Providing bereavement services
- Patient care preferences beyond end-of-life care (e.g. turning)
- Symptom management for dementia, other end-of-life conditions

Refine Existing Measures:

- Re-evaluate process measures to assess relationship to outcome measures/patient satisfaction

Considerations for Specific Programs

Hospice Quality Reporting Program (continued)

Measures Under Consideration:

- Eight measures derived from the CAHPS Hospice Survey:
  - Getting Emotional and Spiritual Support
  - Getting Help for Symptoms
  - Getting Hospice Care Training
  - Getting Timely Care
  - Hospice Team Communications
  - Rating of Hospice
  - Treating Family Members with Respect
  - Willingness to Recommend

- All received Support for Rulemaking
- Public comments were generally supportive, noting the measures recently received NQF endorsement.

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on PAC/LTC Recommendations:
  - *Support measures capturing the degree to which providers and the care they provide is integrated across settings*
  - *Encourage continued examination of the role that social risk factors play in care delivery and performance measurement*
  - *For PRO-PMs, consider*
    - » Cultural and language barriers
    - » Patient/Person's perspective on whether the measure is meaningful, understandable, and achievable
  - *Additional measure gaps to consider:*
    - » Population health
    - » Transitions from institutional settings to the community

Home Health Quality Reporting Program Workgroup Recommendations

- The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (Workgroup Recommendation: Conditional Support; Public comments received:6; MUC ID: MUC16-061)
- The Percent of Home Health Residents Experiencing One or More Falls with Major Injury (Workgroup Recommendation: Conditional Support; Public comments received:4; MUC ID: MUC16-063)
- The Percent of Residents or Home Health Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Workgroup Recommendation: Support; Public comments received:1; MUC ID: MUC16-145)

Home Health Quality Reporting Program Workgroup Recommendations

- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:2; MUC ID: MUC16-347)
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:2; MUC ID: MUC16-357)

Hospice Quality Reporting Program Workgroup Recommendations

- CAHPS Hospice Survey: Getting Emotional and Spiritual Support (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-037)
- CAHPS Hospice Survey: Getting Help for Symptoms (Workgroup Recommendation: Support; Public comments received:5; MUC ID: MUC16-039)
- CAHPS Hospice Survey: Getting Hospice Care Training (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-035)
- CAHPS Hospice Survey: Getting Timely Care (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-036)

Hospice Quality Reporting Program Workgroup Recommendations

- CAHPS Hospice Survey: Hospice Team Communications (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-032)
- CAHPS Hospice Survey: Rating of Hospice (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-031)
- CAHPS Hospice Survey: Treating Family Member with Respect (Workgroup Recommendation: Support; Public comments received:4; MUC ID: MUC16-040)
- CAHPS Hospice Survey: Willingness to Recommend (Workgroup Recommendation: Support; Public comments received:5; MUC ID: MUC16-033)

Inpatient Rehabilitation Facility Quality Reporting Program Workgroup Recommendations

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Workgroup Recommendation: Conditional Support; Public comments received:5; MUC ID: MUC16-143)
- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:5; MUC ID: MUC16-319)
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:4; MUC ID: MUC16-325)

Long-Term Care Hospital Quality Reporting Program Workgroup Recommendations

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Workgroup Recommendation: Support; Public comments received:2; MUC ID: MUC16-144)
- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:2; MUC ID: MUC16-321)
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:3; MUC ID: MUC16-327)

Skilled Nursing Facility Quality Reporting Program Workgroup Recommendations

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Workgroup Recommendation: Support; Public comments received:2; MUC ID: MUC16-142)
- Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:2; MUC ID: MUC16-314)
- Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (Workgroup Recommendation: Refine and Resubmit; Public comments received:4; MUC ID: MUC16-323)

Measure Ratification by MAP Coordinating Committee

- MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

Committee Discussion

Break

Opportunity for Public Comment on Clinician Programs

Commenters are asked to:

- Limit their comments to the Clinician programs recommendations
- Limit comments to **two minutes**
- Make any comments on MUCs or opportunities to improve the current Clinician measure set at this time

Finalize Pre-Rulemaking Recommendations for Clinician Programs

Presented by:
Bruce Bagley, Workgroup Co-Chair
Eric Whitacre, Workgroup Co-Chair
John Bernot, Senior Director, NQF

Finalize Pre-Rulemaking Recommendations – *Process at a Glance*

Workgroup (WG) Chairs / NQF Staff present measures and the programs evaluated

WG Chairs / NQF Staff outline strategic issues and relevant input from MAP Duals

Coordinating Committee (CC) Chairs ask CC members if measures need to be pulled for discussion

CC member will identify which part of the WG recommendation they disagree with

All other measures will be considered ratified by the MAP CC

Program Overview: Merit-Based Incentive Payment System (MIPS)

- MIPS was established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which repealed the Medicare sustainable growth rate (SGR) and aimed to improve Medicare payment for physician services.
  - *Consolidates Medicare's existing incentive and quality reporting programs for clinicians.*
- MIPS is one of two tracks in the Quality Payment Program (QPP) policy designed to reform Medicare Part B payments.
  - *Individual clinicians self-select quality measures to submit to CMS.*
  - *A clinician who participates in an Advanced Alternate Payment Model (Advanced APM) is excluded from MIPS.*

Program Overview: Merit-Based Incentive Payment System (MIPS)

- MIPS makes positive and negative payment adjustments for Eligible Clinicians (ECs) based on performance in four categories:
  - *Quality: replaces the current Physician Quality Reporting System (PQRS) program*
  - *Cost: replaces the current Value-Based Payment Modifier (VBPM) program*
  - *Advancing Care Information: replaces the Meaningful Use program*
  - *Improvement Activities: new component*
- 18 measures were reviewed for the MIPS program

Program Overview: Medicare Shared Savings Program (MSSP)

- MSSP is designed to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce the rate of growth in health care costs.
- Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). If ACOs meet program requirements and the ACO quality performance standard, they are eligible to share in savings, if earned.
- One measure was reviewed for the MSSP program.

Clinician Workgroup Meeting Themes

Move to High-Value Measures

- Importance of development and inclusion of high-priority measures in the each of the programs
- Measures endorsed for the programs should clearly
  - *Address the NQS aims and priorities*
  - *Align with other initiatives*
  - *Focus on patient outcomes*
  - *Be sensitive to the burden of reporting the measures.*
- Move towards outcome or composite measures
- Development of more performance measures based on patient-reported outcomes
  - *PROMIS® Discussion- Workgroup members expressed support for the concept and were pleased with the tool's ability to crosswalk to existing survey tools*

Clinician Workgroup Meeting Themes

Attribution Considerations

- Clinician-level attribution can limit the use of many outcome measures that a clinician may perceive as measuring the results of efforts by a full medical team
- An individual clinician should feel capable of regulating the outcome of the quality metric in order to conclude that the result of the measure is reliable and valid.
- Timeliness of the attribution can be problematic to measurement
- Need to encourage shared accountability and improve cooperation and communication across the healthcare system
  - *However, a measure must attribute results to an entity that can influence the outcomes*

Considerations for Specific Programs

Merit-Based Incentive Payment System (MIPS)

- Desire for more high-value measures
- Need for more outcome measures
  - *Consider the measure development challenges at the clinician level, such as having an adequate sample size to ensure reliability, the attribution of the outcome, or the timeliness of the patient outcome*
  - *Continue partnerships between CMS, NQF, and specialty societies to drive further adoption of outcome measures*
- Pursue ways to improve process measures when they are necessary
  - *Consider use of composites measures*
  - *Select process measures more closely tied to outcomes that are most important to patients*

Considerations for Specific Programs

Merit-Based Incentive Payment System (MIPS)

- Address gap in measures of appropriate use
- Need for more cross-cutting measures
- Need to further measurement science around "topped out measures"
  - *Assess when to remove topped out measures*
  - *Balance the need to include measures that allow all ECs to participate in the program*
  - *Consider that measures are optional and current rates of performance could be disproportionately selected by already high performers*
  - *Take into account that performance could regress if measures are removed and that there is inadequate data in this area*

Considerations for Specific Programs

Medicare Shared Savings Plan (MSSP)

- Desire to see more outcome measures
- Need for measures that can help ensure care coordination within the ACO with a focus on communication and timeliness of care
  - *suggested adding measures of avoidable emergency department use in addition to avoidable hospitalizations to provide a more complete picture of a patient's need for acute care.*
- Desire to see more measures of person and family engagement
- Importance of cross-cutting measures given the high number of clinical areas not addressed by the current set
- Need to better link quality and appropriate use measures in the set

Notable Measure Discussions

- **MUC16-069 Adult Local Current Smoking Prevalence (MSSP & MIPS)**
  - *Need to engage clinicians in important public health initiatives such as smoking cessation*
  - *MAP encouraged continued refinement of this measure, citing concerns around attribution and the accuracy of the underlying data.*
- **MUC16-398 Appropriate Use Criteria – Electrophysiology (MIPS)**
  - *Workgroup members noted support for the concept of this measure, and asked the measure developer to further specify the attributable population.*
  - *Additionally, the Workgroup commented on the need to ensure that new appropriate use measures align with practice guidelines*

Notable Measure Discussions (cont.)

- **MUC16-074 Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and Left Ventricular Ejection Fraction (LVEF) <40% on ACEI or ARB and Beta-blocker Therapy (MIPS)**
  - *eMeasure that has been approved for trial use*
  - *Workgroup noted that this measure could address both effective clinical care and potential disparities in heart failure as it would track use of a therapy that can reduce morbidity and mortality in patients who self-identify as African American*
  - *Workgroup raised concerns that this measure is based on the use of a fixed-dose regimen, and American College of Cardiology/American Heart Association guidelines suggest that individual components of the combination therapy could be substituted.*

Dual Eligible Beneficiaries Workgroup Input to the Coordinating Committee

- Perspective on Clinician Recommendations
  - *Models of care and the incorporation of performance measurement into those models must consider the unique needs and preferences of various sub-populations*
  - *Consumers want to provide feedback or data on a regular basis*
    - » Effort/burden could be minimized through data collection processes that are familiar and understandable to the population of interest
  - *For PRO-PMs, consider*
    - » Cultural and language barriers
    - » Patient/Person's perspective on whether the measure is meaningful, understandable, and achievable

Merit-Based Incentive Payment System Workgroup Recommendations

- Adult Local Current Smoking Prevalence (Workgroup Recommendation: Refine and resubmit; Public comments received:2; MUC ID: MUC16-069)
- Appropriate Use Criteria - Cardiac Electrophysiology (Workgroup Recommendation: Refine and resubmit; Public comments received:2; MUC ID: MUC16-398)
- Average change in back pain following lumbar discectomy and/or laminotomy (Workgroup Recommendation: Conditional support ; Public comments received:3; MUC ID: MUC16-087)
- Average change in back pain following lumbar fusion. (Workgroup Recommendation: Conditional support ; Public comments received:2; MUC ID: MUC16-088)

MIPS Workgroup Recommendations

- Average change in leg pain following lumbar discectomy and/or laminotomy (Workgroup Recommendation: Conditional support; Public comments received:2; MUC ID: MUC16-089)
- Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (Workgroup Recommendation: Refine and resubmit; Public comments received: 0; MUC ID: MUC16-287)
- Febrile Neutropenia Risk Assessment Prior to Chemotherapy (Workgroup Recommendation: Conditional Support; Public comments received:2; MUC ID: MUC16-151)

MIPS Workgroup Recommendations

- Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and Left Ventricular Ejection Fraction (LVEF) <40% on ACEI or ARB and Beta-blocker Therapy (Workgroup Recommendation: Refine and resubmit; Public comments received:8; MUC ID: MUC16-074)
- HIV Medical Visit Frequency (Workgroup Recommendation: Refine and resubmit; Public comments received:1; MUC ID: MUC16-073)
- HIV Viral Suppression (Workgroup Recommendation: Conditional support; Public comments received:1; MUC ID: MUC16-075)

MIPS Workgroup Recommendations

- Intravesical Bacillus Calmette-Guerin for NonMuscle Invasive Bladder Cancer (Workgroup Recommendation: Refine and resubmit; Public comments received: 0; MUC ID: MUC16-310)
- Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use (Workgroup Recommendation: Support; Public comments received:2; MUC ID: MUC16-269)
- Otitis Media with Effusion: Systemic Corticosteroids - Avoidance of Inappropriate Use (Workgroup Recommendation: Do Not Support; Public comments received: 0; MUC ID: MUC16-268)

MIPS Workgroup Recommendations

- Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) ® Surgical Care Survey (S-CAHPS) (Workgroup Recommendation: Support; Public comments received:1; MUC ID: MUC16-291)
- Prescription of HIV Antiretroviral Therapy (Workgroup Recommendation: Refine and resubmit; Public comments received: 0; MUC ID: MUC16-072)
- Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics) (Workgroup Recommendation: Conditional Support; Public comments received:2; MUC ID: MUC16-312)

MIPS Workgroup Recommendations

- Safety Concern Screening and Follow-Up for Patients with Dementia (Workgroup Recommendation: Conditional Support; Public comments received:2; MUC ID: MUC16-317)
- Uterine artery embolization technique: Documentation of angiographic endpoints and interrogation of ovarian arteries (Workgroup Recommendation: Refine and Resubmit; Public comments received: 0; MUC ID: MUC16-343)

Medicare Shared Savings Program Workgroup Recommendations

- Adult Local Current Smoking Prevalence (Workgroup Recommendation: Refine and resubmit; Public comments received:2; MUC ID: MUC16-069)

Measure Ratification by MAP Coordinating Committee

- MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion
- CC member will identify which part of the WG recommendation they disagree with
- All other measures will be considered ratified by the MAP CC

Committee Discussion

Adjourn