Measure Applications Partnership

Coordinating Committee In-Person Meeting

January 22-23, 2019

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

MAP Coordinating Committee Members

Committee Chairs: Bruce Hall, MD, PhD, MBA, FACS; Charles Kahn, III, MPH

Organizational Members (voting)	
Academy of Managed Care Pharmacy	The Joint Commission
America's Health Insurance Plans	The Leapfrog Group
American Academy of Family Physicians	Medicare Rights Center
American Board of Medical Specialties	National Alliance for Caregiving
American College of Physicians	National Association of Medicaid Directors
American HealthCare Association	National Business Group on Health
American Hospital Association	National Committee for Quality Assurance
American Medical Association	Network for Regional Healthcare Improvement
American Nurses Association	Pacific Business Group on Health
AMGA	Patient & Family Centered Care Partners
Health Care Service Corporation	Pharmaceutical Research and Manufacturers of America (PhRMA)

MAP Coordinating Committee Members (cont.)

Individual Subject Matter Experts (Voting)
Harold Pincus, MD
Jeff Schiff, MD, MBA

Federal Government Liaisons (Nonvoting)
Agency for Healthcare Research and Quality (AHRQ)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare & Medicaid Services (CMS)
Office of the National Coordinator for Health Information Technology (ONC)

MAP Coordinating Committee Staff

- Erin O'Rourke, Senior Director
- Kate Buchanan, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- Taroon Amin, Consultant

- Project email:
  MAPCoordinatingCommittee@qualityforum.org

Meeting Objectives

- Finalize recommendations to the Department of Health and Human Services (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 all of the MAP Workgroups

- Discuss potential improvements to the pre-rulemaking process

Day 1 Agenda

- Review pre-rulemaking approach

- Finalize pre-rulemaking recommendations
  - *Hospital programs*
  - *Clinician programs*

Day 2 Agenda

- Finalize pre-rulemaking recommendations
    - *PAC/LTC programs*
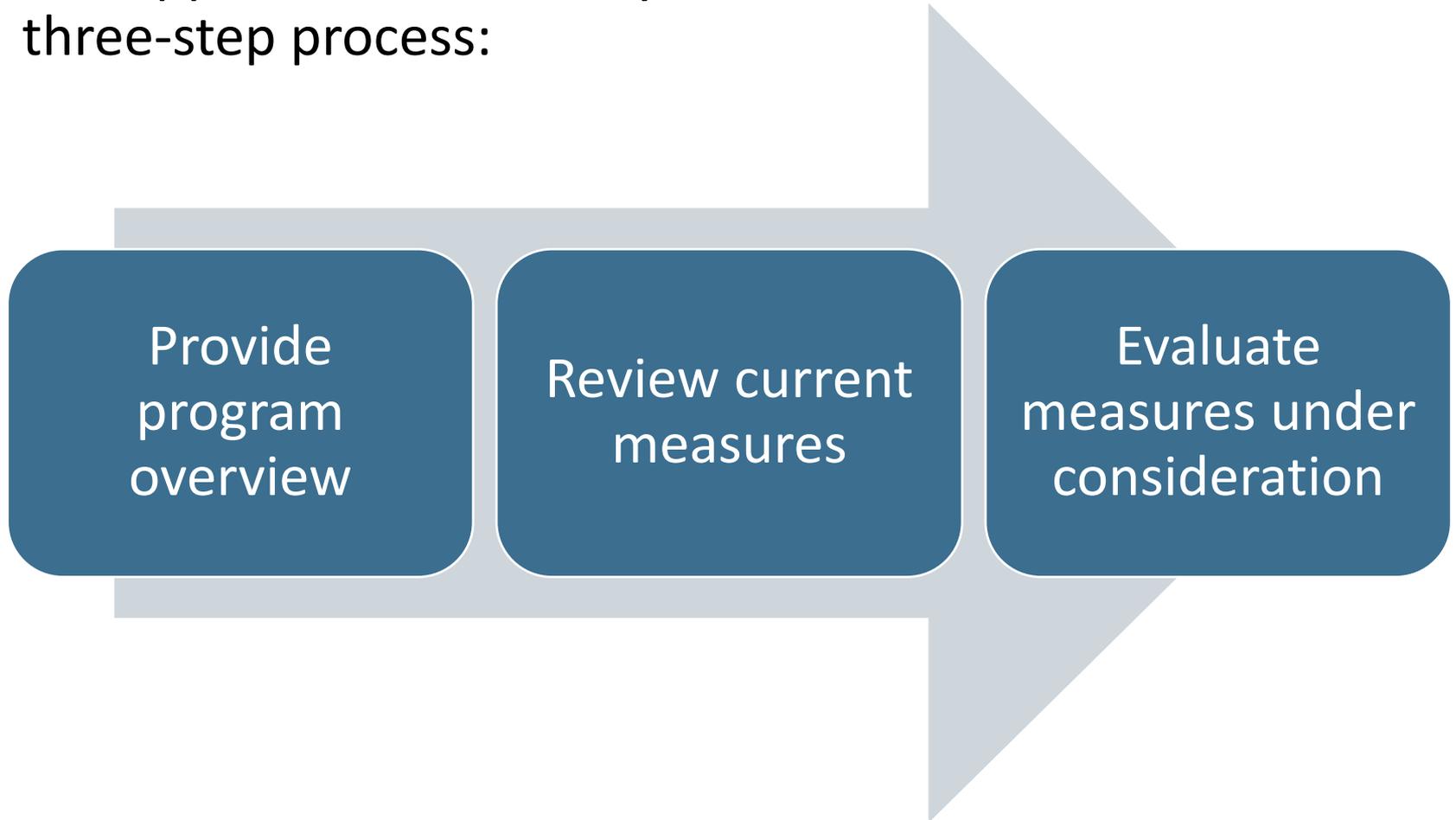
- Potential Improvements to the Pre-Rulemaking Process

CMS Opening Remarks

MAP Pre-Rulemaking Approach

Kate Buchanan, Senior Project Manager, NQF

Approach

The approach to the analysis and selection of measures is a three-step process:

Provide program overview

Review current measures

Evaluate measures under consideration

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 explain why each decision was reached*

MAP Measure Selection Criterion #1: NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

- Subcriterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need

- Subcriterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs

- Subcriterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

MAP Measure Selection Criterion #2: Program measure set actively promotes key healthcare improvement priorities, such as those highlighted in CMS' "Meaningful Measures" Framework

Demonstrated by a program measure set that promotes improvement in key national healthcare priorities such as CMS' Meaningful Measures Framework. Other potential considerations include addressing emerging public health concerns and ensuring the set addresses key improvement priorities for all providers.

MAP Measure Selection Criterion #3: Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

- Subcriterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s)

- Subcriterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers

- Subcriterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)

- Subcriterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program

- Subcriterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

MAP Measure Selection Criterion #4: Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program

- Subcriterion 4.1 In general, preference should be given to measure types that address specific program needs
- Subcriterion 4.2 Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes
- Subcriterion 4.3 Payment program measure sets should include outcome measures and cost measures to capture value

MAP Measure Selection Criterion #5: Program measure set enables measurement of person- and family-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

- Subcriterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Subcriterion 5.2 Measure set addresses shared decision making, such as for care and service planning and establishing advance directives
- Subcriterion 5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

MAP Measure Selection Criterion #6: Program measure set includes considerations for healthcare disparities and cultural competency

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

- Subcriterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

- Subcriterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

MAP Measure Selection Criterion #7: Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

- Subcriterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

- Subcriterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or settings

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's voting process, NQF staff has conducted a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure

- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

Decision Categories for 2018-2019

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 potential support in the future. Such a modification would be 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 Instructions

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 2) Determining if a quorum is present 3) proceeding with a vote. 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.

- 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.*

Coordinating Committee Voting Procedure

- Step 1. Staff will review the Workgroup decision for each MUC, and Lead Discussants will review and present their findings.

- Step 2. The co-chairs will ask for clarifying questions from the Coordinating Committee. The co-chairs will compile all Committee 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 Workgroup decision.

  - *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the Workgroup decision. This vote will be framed as a yes or no vote to accept the result.*

  - *If greater than or equal to 60% of the Coordinating Committee members vote to accept the Workgroup decision, then the Workgroup decision will become the MAP recommendation. If less than 60% of the Coordinating Committee votes to accept the Workgroup decision, discussion will open on the measure.*
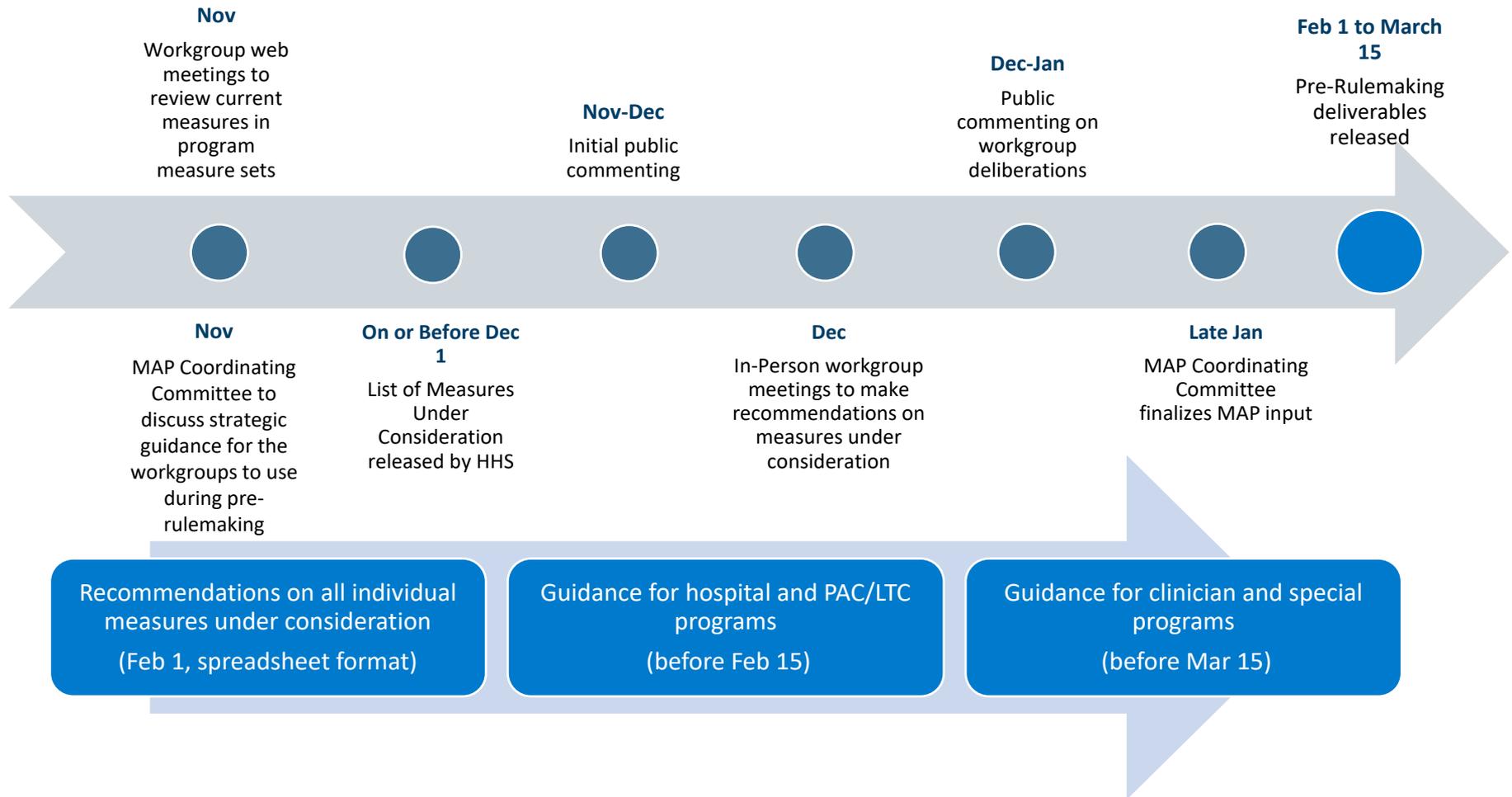
Coordinating Committee Voting Procedure

- Step 4. Discussion and Voting on the MUC
  - *The co-chair will then open for discussion among the Coordinating Committee. Committee 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 Committee'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 Committee 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.

Coordinating Committee 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 a no decision category achieves greater than 60% to overturn the Workgroup decision, the Workgroup decision will stand.*

MAP Approach to Pre-Rulemaking: A look at what to expect

Nov

Workgroup web meetings to review current measures in program measure sets

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Nov

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration

(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs

(before Feb 15)

Guidance for clinician and special programs

(before Mar 15)

Poll Everywhere Overview/Testing

Break

Opportunity for Public Comment on Hospital Programs

Finalize Pre-Rulemaking Recommendations for Hospital Programs

Presented by:

Cristie Travis and Ron Walters, Workgroup Co-Chairs

Melissa Mariñelarena, Senior Director, NQF

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

The MAP Hospital Workgroup reviewed four measures under consideration for two setting-specific federal programs:

CMS Program	Number of Measures Under Consideration
Ambulatory Surgical Center Quality Reporting Program	0
End-Stage Renal Disease Quality Incentive Program	0
Hospital-Acquired Condition Reduction Program	0
Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)	3
Hospital Outpatient Quality Reporting Program	0
Hospital Readmissions Reduction Program	0
Hospital Value-Based Purchasing Program	0
Inpatient Psychiatric Facility Quality Reporting Program	0
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program	1

Hospital Workgroup Meeting Themes

- **Informed Consumers and their Care**
  - *MAP recognized that patients and their families might face challenges in distinguishing between inpatient and outpatient services while making informed choices about their care.*
  - *Aligning the measures for similar surgeries and procedures in the different settings could help patients and their families make informed choices about their care.*
  - *MAP reiterated that increasing the alignment of the measures used across programs could reduce burden on providers, as they are required to report to public- and private-sector payers.*

- **Patient- and Family-Focused Care**
  - *MAP supports CMS in its continued focus on reducing administrative burden on clinicians and providers.*
  - *MAP restated the importance of including patient and family preferences when considering the plan of care.*
  - *MAP recommended that future high-priority measures include patient- and family-focused care that aligns with the patient's overall condition, goals of care, and preferences.*

Input on Addressing Pain Management through Quality Measurement

- CMS asked MAP for input on alternative questions to address areas of pain control to consider for HCAHPS.
- MAP recommended several adjustments and areas of consideration:
    - *Focus on measuring expectations and appropriate care*
    - *Additional populations to consider*
    - *Realign incentives and intended effects*
    - *System level approach*

Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

Hospital IQR Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and CAHs

- MAP reviewed three measures under consideration:
  - » MUC18-52 Cesarean Birth (CB)
  - » MUC18-107 Hospital Harm – Pressure Injury
  - » MUC18-109 Hospital Harm – Hypoglycemia

Hospital IQR Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and CAHs

- MAP did not support MUC18-52 Cesarean Birth (CB) for rulemaking with potential for mitigation

  - *MAP recognized that eliminating early deliveries and maternal mortality leads to improved maternal health outcomes but questioned if measuring CB rates was directly related to improved maternal health outcomes.*

  - *MAP suggests several modifications to MUC18-52 before supporting it for future rulemaking.*

  - *MAP suggests the measure be re-submitted to NQF for evaluation and endorsement.*

  - *MAP received 18 public comments on this recommendation.*

Coordinating Committee Discussion and Vote: HIQR And Promoting Interoperability MUCs

- **MUC18-52: Cesarean Birth**
  - *Workgroup Recommendation: Do Not Support with Potential for Mitigation*
  - *Public comments received: 18*

Hospital IQR Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and CAHs

- MAP conditionally supported two hospital harm measures for rulemaking, MUC18-107 Hospital Harm – Pressure Injury and MUC18-109 Hospital Harm – Hypoglycemia pending NQF review and endorsement once the measure is fully tested

    - *For MUC18-107 Hospital Harm – Pressure Injury, MAP expressed its broad support for the measure and agreed this measure can reduce patient harm due to pressure injury. MAP raised a number of concerns about the measure that should be considered as testing is completed and the measure is vetted through the endorsement process.*

    - *For MUC18-109 Hospital Harm Hypoglcemia, MAP agreed severe hypoglycemia events are largely avoidable by careful use of antihyperglycemic medication and blood glucose monitoring. MAP raised a number of concerns the measure developer should consider as testing is completed and the measure is vetted through the re-endorsement process*

- MAP received 33 public comments on these recommendations.

Coordinating Committee Discussion and Vote: HIQR And Promoting Interoperability MUCs

- MUC18-107 Hospital Harm – Pressure Injury
  - *Workgroup Recommendation: Conditional Support for Rulemaking;*
  - *Public comments received: 17*
- MUC18-109 Hospital Harm – Hypoglycemia
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 16*

PPS-Exempt Cancer Hospital Quality Reporting

- MAP reviewed one measure under consideration for the PCHQR program

  - *MAP did not support MUC18-150 Surgical Treatment Complications for Localized Prostate Cancer for rulemaking with potential for mitigation.*

    » MAP does not support the implementation of MUC18-150 Surgical Treatment Complications for Localized Prostate Cancer in PCHQR due to several concerns with the measure as specified. MAP agrees with the NQF Scientific Methods Panel's recommendations and suggests the measure be re-submitted to NQF for evaluation and endorsement before supporting it for future rulemaking.

Coordinating Committee Discussion and Vote: PCHQR

- MUC18-150 Surgical Treatment Complications for Localized Prostate Cancer
  - *Workgroup Recommendation: Do Not Support with Potential for Mitigation;*
  - *Public comments received: 3*

Lunch

Opportunity for Public Comment on Clinician Programs

Finalize Pre-Rulemaking Recommendations for Clinician Programs

Presented by:

Bruce Bagley and Amy Moyer, Workgroup Co-Chairs

Erin O'Rourke, Senior Director, Quality Measurement

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

- The MAP Clinician Workgroup reviewed measures under consideration for two federal programs:

Program	# of Measures
Merit-Based Incentive Payment System (MIPS)	21
Medicare Shared Savings Program	5

Clinician Workgroup Meeting Themes

- **Emphasizing Appropriate Attribution and Level of Analysis for Incorporated Measures**
    - *Appropriate attribution is critical for accurate performance assessment and provider engagement in accountability programs.*

Clinician Workgroup Meeting Themes

- **Aligning Cost Measurements with Quality Improvement Efforts**

  - Implementation of cost measurement is a critical aspect of high-value care.

  - Cost measures should be aligned with balancing measures (e.g., quality, efficiency, access, and appropriate use) to prevent unintended consequences associated with cost reduction.

  - MAP recommended CMS disseminate testing information and collect continuous feedback to analyze measure performance after implementation.

Merit-Based Incentive Payment System

Considerations for Specific Programs: Merit-Based Incentive Payment System (MIPS)

CMS Priorities and Needs for MIPS:

- Outcome measures

- Measures relevant for specialty providers

- High-priority domains for future measure consideration:
  - *Person- and caregiver-centered Experience and Outcomes (Specific focus on PROMs)*
  - *Communication and Care Coordination*
  - *Efficiency/Cost Reduction*
  - *Patient Safety*
  - *Appropriate Use*

- MACRA requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in MIPS.

Considerations for Specific Programs: Merit-Based Incentive Payment System (MIPS)

CMS Priorities and Needs for MIPS:

- Available for public reporting on Physician Compare

- Measures are fully developed and tested and ready for implementation

- Not duplicative of measures in set

- Identify opportunities for improvement – avoid "topped out" measures

Considerations for Specific Programs: Merit-Based Incentive Payment System (MIPS)

MAP Clinician Workgroup Input:

- Healthcare costs must be reduced while ensuring a strong link between clinician behavior and cost

- Measures should be adequately specified to avoid unintended consequences affecting quality of care

- CMS should conduct continuous evaluation of attribution and risk-adjustment models

- Balancing measures are critically important for the MIPS program

- CMS should prioritize transparency around measure testing and promote clinician education

Coordinating Committee Discussion and Vote: MIPS Quality Measures

- **MUC18-031 Time to surgery for elderly hip fracture patients**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement;*

  - *Public comments received: 2*

- **MUC18-032 Discouraging the routine use of occupational and/or physical therapy after carpal tunnel release**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement;*

  - *Public comments received: 2*

- **MUC18-038 International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) change 6-12 months after diagnosis of Benign Prostatic Hyperplasia**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement;*

  - *Public comments received: 3*

Coordinating Committee Discussion and Vote: MIPS Quality Measures

- **MUC18-047 Multimodal Pain Management**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement;*
  - *Public comments received: 14*

- **MUC18-048 Potential Opioid Overdose**
  - *Workgroup Recommendation: Do not support for rulemaking with the potential for mitigation. Mitigation would include harmonization with MUC18-077 and MUC18-078;*
  - *Public comments received: 15*

- **MUC18-057 Annual Wellness Assessment: Preventive Care**
  - *Workgroup Recommendation: Conditional support for rulemaking with the condition for NQF endorsement and harmonization of this measure with the existing subcomponent measures already in the MIPS program;*
  - *Public comments received: 14*

Coordinating Committee Discussion and Vote: MIPS Quality Measures

- **MUC18-062 Adult Immunization Status**
  - *Workgroup Recommendation: Do not support for rulemaking with the potential for mitigation. Mitigation would include specifying the measure at the clinician level*
  - *Public comments received: 14*
- **MUC18-063 Functional Status Change for Patients with Neck Impairments**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 1*

Coordinating Committee Discussion and Vote: MIPS Cost and Resource Use Measures

- **MUC18-115 Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 5*

- **MUC18-116 Femoral or Inguinal Hernia Repair**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 5*

- **MUC18-117 Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 6*

Coordinating Committee Discussion and Vote: MIPS Cost and Resource Use Measures

- **MUC18-119 Psychoses/Related Conditions**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 7*

- **MUC18-120 Lumpectomy, Partial Mastectomy, Simple Mastectomy**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 5*

- **MUC18-121 Acute Kidney Injury Requiring New Inpatient Dialysis**
  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*
  - *Public comments received: 7*

Coordinating Committee Discussion and Vote: MIPS Cost and Resource Use Measures

- **MUC18-122 Lower Gastrointestinal Hemorrhage**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

  - *Public comments received: 6*

- **MUC18-123 Renal or Ureteral Stone Surgical Treatment**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

  - *Public comments received: 5*

- **MUC18-126 Hemodialysis Access Creation**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

  - *Public comments received: 6*

- **MUC18-137 Elective Primary Hip Arthroplasty**

  - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

  - *Public comments received: 5*

Coordinating Committee Discussion and Vote: MIPS Cost and Resource Use Measures

- **MUC18-140 Non-Emergent Coronary Artery Bypass Graft (CABG)**

    - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

    - *Public comments received: 4*

- **MUC18-148 Medicare Spending Per Beneficiary (MSPB) clinician measure**

    - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

    - *Public comments received: 14*

- **MUC18-149 Total Per Capita Cost**

    - *Workgroup Recommendation: Conditional support with the condition of NQF endorsement*

    - *Public comments received: 19*

Break

Medicare Shared Savings Program

Considerations for Specific Programs: Medicare Shared Savings Plan (SSP)

CMS Priorities and Needs for SSP:

- Outcome measures that address conditions that are high-cost and affect a high volume of Medicare patients.

- Measures that are targeted to the needs and gaps in care of Medicare fee-for-service patients and their caregivers.

- Measures that align with CMS quality reporting initiatives, such as MIPS.

- Measures that support improved individual and population health.

- Measures that align with recommendations from the Core Quality Measures Collaborative.

Considerations for Specific Programs: Medicare Shared Savings Plan (SSP)

MAP Clinician Workgroup Input:

- Importance of measures that align with other programs including MIPS
- Importance of ensuring that Medicare Part D data are readily available to ACOs
- Measures should be specified at the ACO level of analysis

Coordinating Committee Discussion and Vote: Medicare Shared Savings Program

- **MUC18-062 Adult Immunization Status**
  - *Workgroup Recommendation: Conditional support for rulemaking with the condition of NQF endorsement*
  - *Public comments received: 14*
- **MUC18-077 Use of Opioids from Multiple Providers in Persons Without Cancer**
  - *Workgroup Recommendation: Conditional support for rulemaking with the condition of NQF endorsement*
  - *Public comments received: 14*
- **MUC18-078 Use of Opioids at High Dosage in Persons Without Cancer**
  - *Workgroup Recommendation: Conditional support for rulemaking with the condition of NQF endorsement*
  - *Public comments received: 14*

Medicare Shared Savings Program Workgroup Recommendations

- **MUC18-079 Use of Opioids from Multiple Providers and at High Dosage in Persons Without Cancer**
  - *Workgroup Recommendation: Do not support for rulemaking*
  - *Public comments received: 13*
- **MUC18-106 Initial opioid prescription compliant with CDC recommendations**
  - *Workgroup Recommendation: Do not support for rulemaking with the potential for mitigation. Mitigation would include specifying the measure at the ACO level*
  - *Public comments received: 11*

Opportunity for Public Comment

Adjourn for the Day

Measure Applications Partnership Coordinating Committee Meeting

Day 2

January 23, 2019

Day 2 Agenda

- Finalize pre-rulemaking recommendations
    - *PAC/LTC programs*

- Potential improvements to the pre-rulemaking process

Recap of Day 1

Opportunity for Public Comment on PAC/LTC Programs

Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

Presented by:
Gerri Lamb and Paul Mulhausen, Workgroup Co-Chairs
Erin O'Rourke, Senior Director, Quality Measurement

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

The MAP PAC/LTC Workgroup reviewed measures under consideration for five federal programs:

Program	# of Measures
Home Health Quality Reporting Program (HH QRP)	2
Hospice Quality Reporting Program (HQRP)	1
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	2
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	2
Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)	2

PAC/LTC Workgroup Meeting Themes

Improving Care Coordination and Care Transitions

- Transfer of health information measures are important assessments of interoperability
- Enhancing use of technology through greater standardization could improve transitions and exchange of information
- Measures should ensure a timely transfer of information so that patients/providers can have the medications/equipment needed for a safe and effective transition of care
- Several potential future directions for measurement to improve care transitions including
  - *Bidirectional measures between discharging and receiving care settings*
  - *Care providers to share information across the care continuum*
  - *Assess the transfer of information from the hospital to PAC to PCP*

PAC/LTC Workgroup Meeting Themes

Ensuring Meaningful Information for All Stakeholders

- Need for person-centered measures that address aspects of care that are most meaningful to patients and families

- Engage patients and families into quality improvement efforts

- Measures should produce information at the appropriate level of care to ensure that clinicians and providers can improve quality

- Greater consideration of how measures are implemented in the larger measurement system
  - *The way measures are scored as part of a program can create unintended consequences*

IMPACT Act Programs

IMPACT Act Programs

- MAP reviewed two measures under consideration for programs affected by the IMPACT Act:
  - *Skilled Nursing Facility Quality Reporting Program*
  - *Long-Term Care Hospital (LTCH) Quality Reporting Program*
  - *Inpatient Rehabilitation Facility Quality Reporting Program*
  - *Home Health Quality Reporting program*
- These measures are:
  - *Transfer of Health Information to Provider—Post-Acute Care*
  - *Transfer of Health Information to Patient—Post-Acute Care*

Skilled Nursing Facility Quality Reporting Program

- Conditionally supported the two MUCs that addressed transfer of health information both to the patient and to the provider

    - *Transfer of information about a patient's medication is an important aspect of care transitions and better care transitions could improve patient outcomes*

    - *Measures address PAC/LTC core concepts not currently included in the program measure set, and promote alignment across programs*

- Identified gaps in the SNF QRP measure set

    - *Measures that improve care transitions and assess the safety of the transition*

        » Bidirectional transfer of information

        » Patient and family engagement and empowerment

        » Improvement of interoperability

        » Improved communication about advance directives.

Coordinating Committee Discussion and Vote: SNF QRP

- **MUC18-136 Transfer of Health Information to Provider—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 9*

- **MUC18-138 Transfer of Health Information to Patient—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 9*

Long-Term Care Hospital Quality Reporting Program

- Conditionally supported the two MUCs that addressed transfer of health information both to the patient and to the provider
  - *Measures address an IMPACT Act requirement*
  - *Measure help promote the transfer of important medication information*

- Identified gap in LTCH QRP measurement set
  - *Palliative care services*

Coordinating Committee Discussion and Vote: LTCH QRP

- **MUC18-133 Transfer of Health Information to Provider—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 8*

- **MUC18-141 Transfer of Health Information to Patient—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 8*

Inpatient Rehabilitation Facility Quality Reporting Program

- Conditionally supported two MUCs that addressed transfer of health information both to the patient and to the provider
  - *For MUC2018-132 Transfer of Health Information to Provider—Post-Acute, MAP noted that IRFs may see more acute patients than other PAC/LTC settings and suggested congruence with the definition of medication lists for acute care hospitals*
  - *Suggested that CMS consider*
    - How to address patients who leave against medical advice
    - Clarify how the measure calculates patients who are transferred to the ED.

- Identified gap in IRF QRP measurement set
  - *Appropriate prescribing and use of opioids*

Coordinating Committee Discussion and Vote: IRF QRP

- **MUC18-132 Transfer of Health Information to Provider—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 12*

- **MUC18-139 Transfer of Health Information to Patient—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 11*

Home Health Quality Reporting Program

- Conditionally supported two MUCs that addressed transfer of health information both to the patient and to the provider
  - *Measures address an IMPACT Act requirement and improved care transitions*
  - *Suggested that CMS should consider how MUC2018-131 Transfer of Health Information to Provider—Post-Acute Care addresses patients who choose to discontinue home healthcare*

- Identified gaps in HH QRP measurement set
  - *Bidirectional measures*
  - *Measures could be adapted to address specific concerns around opioids*
  - Measures on stabilization and/or improvement in activities of daily living not currently in the program
  - Instrumental activities of daily living addressing outcomes that are closer to the time of treatment
  - PRO measure addressing functional status or quality of life
  - Measure that offers a more holistic view of wound care

Coordinating Committee Discussion and Vote: HH QRP

- **MUC18-131 Transfer of Health Information to Provider—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 11*

- **MUC18-135 Transfer of Health Information to Patient—Post-Acute Care**
  - *Workgroup Recommendation: Conditional Support for Rulemaking*
  - *Public comments received: 10*

Break

Other PAC/LTC Programs

Hospice Quality Reporting Program

- MAP did not support MUC 18-101 Transitions from Hospice Care, Followed by Death or Acute Care with the potential for mitigation
    - *MAP recognized the need to address a potentially serious quality problem for patients if they are inappropriately discharged from hospice but had concerns with the measure as currently specified.*
    - *MAP suggested a number of ways concerns with the measure could be mitigated.*
        - » Reconsider the exclusion criteria for the measure, specifically, the exclusion for Medicare Advantage patients as this may be excluding too many patients. Additionally, consider adding an exclusion to allow for patient choice.
        - » Examine the use of a predicted-to-expected ratio to score this measure
        - » Provide guidance on how the measure will address hospices with a small volume of patients.
        - » Separate out the concepts addressed in the measure as the measure may be trying to address different concepts by including both death within 30 days and admission to an acute care use within seven days.
        - » Consider shortening the timeframe for the measure.
    - *MAP also suggested that CMS consider a dry run of the measure before publicly reporting results and explore the need for a survey of patients with a live discharge from hospice to better understand their reason for discharge and the potential scope of the problem.*
- Identified gaps in HQRP measurement set
    - *Care delivered in line with patient's goals*

Coordinating Committee Discussion and Vote: HQRP

- **MUC18-101 Transitions from Hospice Care, Followed by Death or Acute Care**
  - *Workgroup Recommendation: Do Not Support with Potential for Mitigation*
  - *Public comments received: 12*

Lunch

Future Directions for MAP

MAP Future Directions

- MAP's current scope of work focuses on reviewing measures under consideration for addition to federal programs
- MAP members have noted the need to align with other initiatives such as the Core Quality Measures Collaborative
- The Coordinating Committee has previously discussed potential future work for MAP:
  - *Expanding scope to provide input on measures currently in the program*
  - *Developing a new strategic plan for MAP*
    - » 2012-2015 plan focused on communication strategies, developing a feedback loop, and creating the families of measures

Coordinating Committee Discussion

- What would the Coordinating Committee like to see addressed in a new strategic plan for MAP?

- What type of cross-cutting discussion is valuable to MAP members?

- What other sort of guidance should MAP provide beyond it's review of MUCs?

- How can MAP better align with other efforts such as the CQMC?

Potential Improvements to the Pre-Rulemaking Process

Coordinating Committee Discussion

- Do Committee members have input on the new process for this year?

- What could be changed to improve the process for next year?

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Opportunity for Public Comment

Closing Remarks and Next Steps

Adjourn