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Measure Applications Partnership (MAP)

All MAP Orientation and Pre-Rulemaking Process Web Meeting

October 5, 2021

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Welcome

Agenda

- Welcome and Review of Meeting Objectives

- MAP Overview

- Measure Set Review Pilot – New to 2021

- MAP Implementation Results

- Creation of the Measures Under Consideration (MUC) List

- Review of the MAP Pre-Rulemaking Approach

- Opportunity for Public Comment

- Next Steps

- Adjourn

CMS Opening Remarks

MAP Overview

Measure Applications Partnership
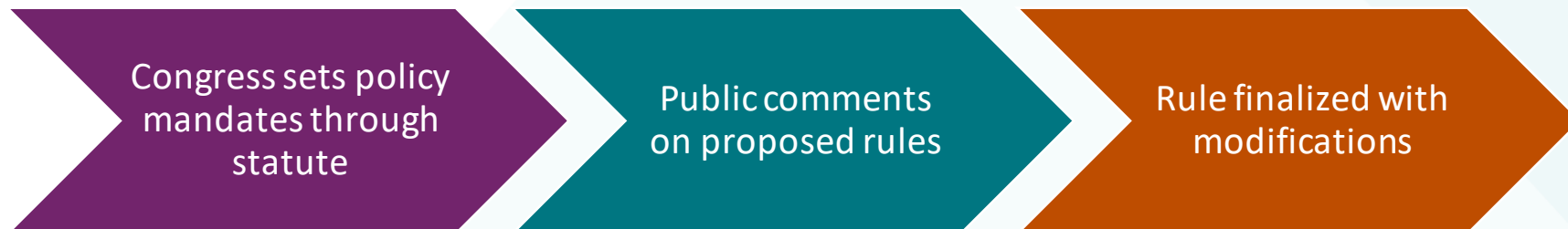
Statutory Authority

- The Affordable Care Act (ACA) requires HHS to contract with a consensus-based entity (i.e., NQF) to **"convene multi-stakeholder groups to provide input on the selection of quality measures" for public reporting, payment, and other programs"** (ACA Section 3014).

- The Social Security Act (SSA) establishes a pre-rulemaking process via a multi-stakeholder group input into selection of quality measures (SSA Section 1890A).

- This work is funded by the Centers for Medicare & Medicaid Services (CMS) under contract HHSM-500-T0003.
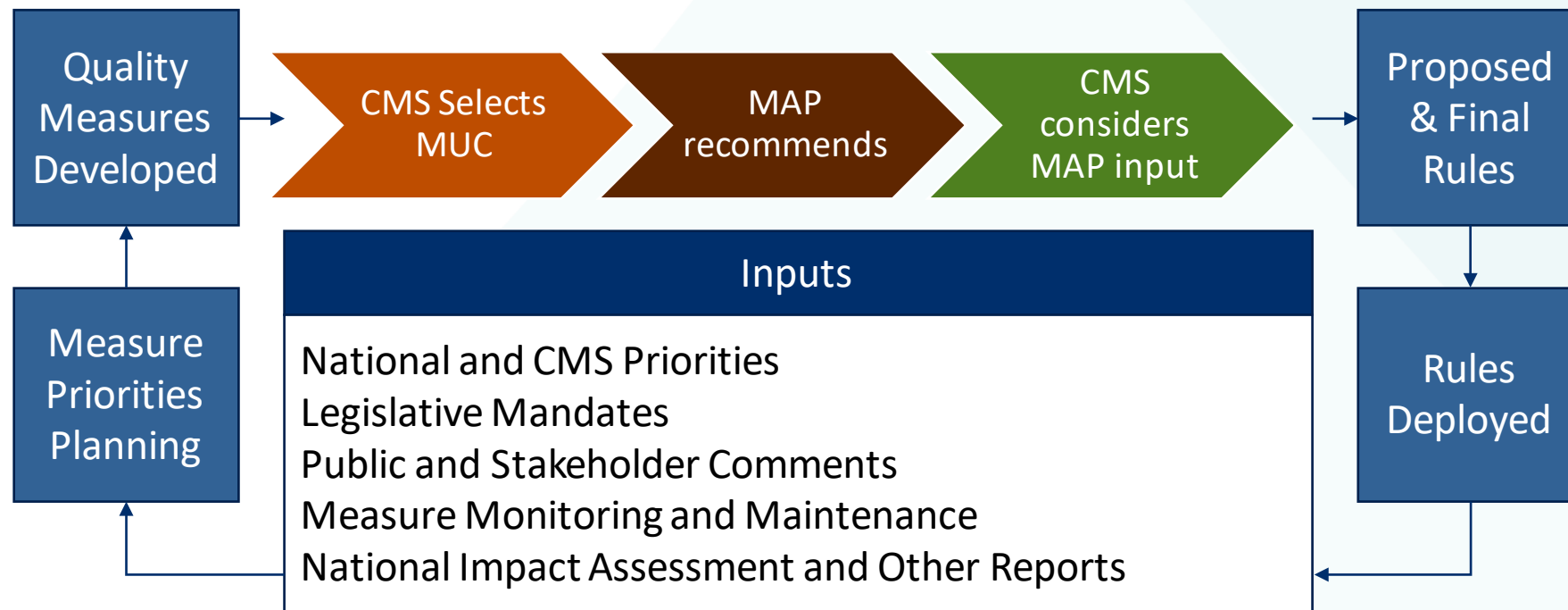
The Role of MAP

- Inform the selection of performance measures to achieve:
  - Improvement
  - Transparency
  - Value for all

- Provide input to HHS on the selection of measures for:
  - Public reporting
  - Performance-based payment
  - Other federal programs

- Identify measure gaps for development, testing, and endorsement

- Encourage measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - Promote coordination of care delivery
  - Reduce data collection burden

Rulemaking

Rulemaking refers to the process that government agencies—such as the Department of Health and Human Services (HHS)—use to create regulations.

| Congress sets policy mandates through statute | Public comments on proposed rules | Rule finalized with modifications |

Pre-Rulemaking

NATIONAL QUALITY FORUM

Quality Measures Developed → CMS Selects MUC → MAP recommends → CMS considers MAP input → Proposed & Final Rules

Measure Priorities Planning

Proposed & Final Rules → Rules Deployed

Inputs

National and CMS Priorities
Legislative Mandates
Public and Stakeholder Comments
Measure Monitoring and Maintenance
National Impact Assessment and Other Reports

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Pre-Rulemaking-MUC.html
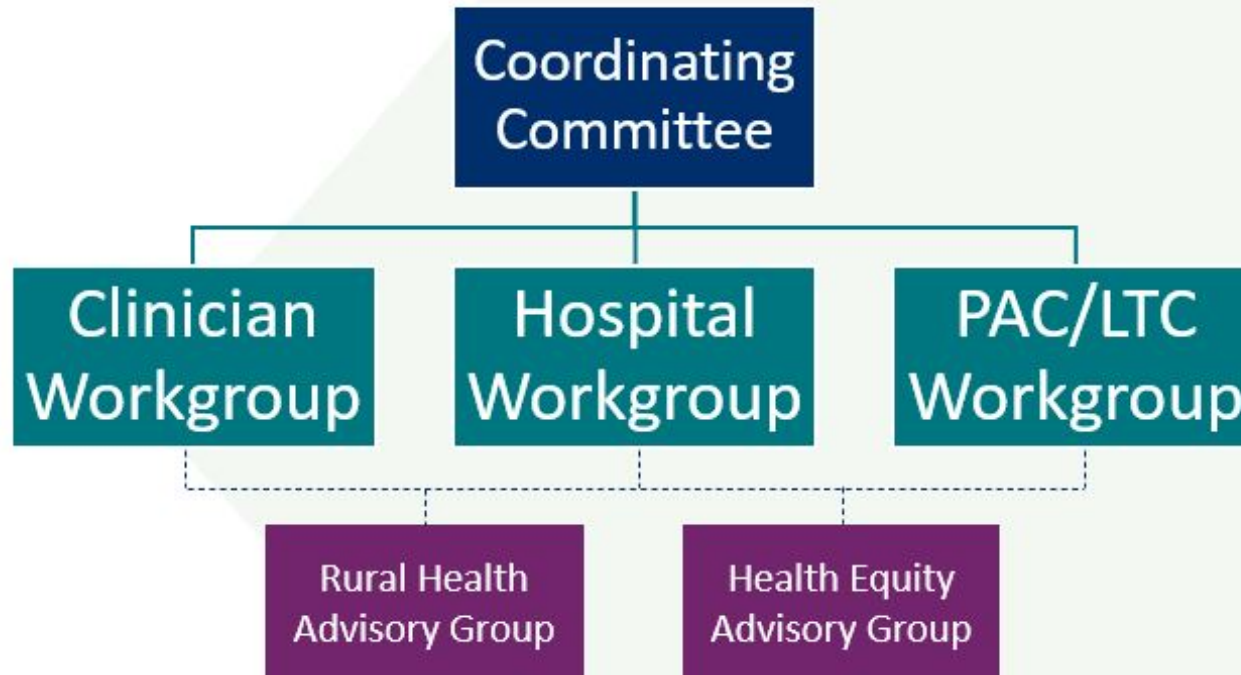
Value of Pre-Rulemaking Input

- Facilitates multistakeholder dialogue that includes HHS representatives

- Allows for a consensus-building process among stakeholders in a transparent and open forum

- Proposed laws are "closer to the mark" because the main provisions related to performance measurement have already been vetted by the affected stakeholders

- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules
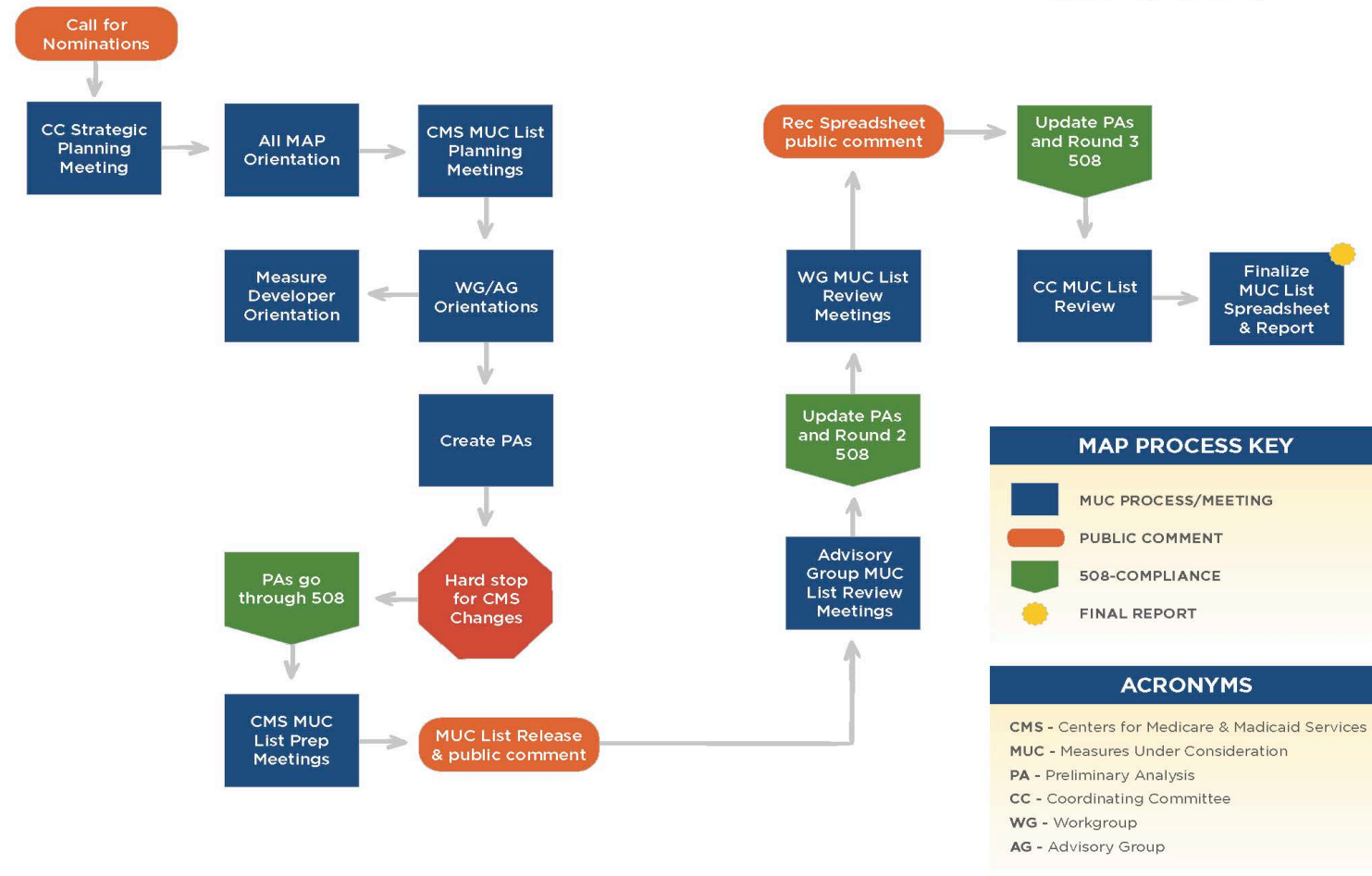
Measure Set Review Pilot – New to 2021

- In partnership with CMS, NQF will develop a pilot process and measure review criteria (MRC) for federal quality programs covering the Clinician, Hospital and Post-Acute Care/Long-Term Care (PAC/LTC) settings.

- For the 2021-2022 cycle, the MAP Coordinating Committee will review the pilot MSR and MRC.

- Final report on measures will be submitted to CMS in October.

- For the 2022-2023 cycle, MAP will fully implement the MSR to include input from all workgroups and advisory groups.

MAP Structure

2021-2022 MAP Cycle

2021-2022 Measure Applications Partnership (MAP) Cycle

Call for Nominations → **CC Strategic Planning Meeting** → **All MAP Orientation** → **CMS MUC List Planning Meetings** → **WG/AG Orientations** → **Measure Developer Orientation**

WG/AG Orientations → **Create PAs** → **Hard stop for CMS Changes** → **PAs go through 508** → **CMS MUC List Prep Meetings** → **MUC List Release & public comment** → **Advisory Group MUC List Review Meetings** → **Update PAs and Round 2 508** → **WG MUC List Review Meetings** → **Rec Spreadsheet public comment** → **Update PAs and Round 3 508** → **CC MUC List Review** → **Finalize MUC List Spreadsheet & Report**

MAP PROCESS KEY

- ■ MUC PROCESS/MEETING
- ■ PUBLIC COMMENT
- ■ 508-COMPLIANCE
- ● FINAL REPORT

ACRONYMS

CMS - Centers for Medicare & Madicaid Services
MUC - Measures Under Consideration
PA - Preliminary Analysis
CC - Coordinating Committee
WG - Workgroup
AG - Advisory Group

MAP Members

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

- **Subject Matter Experts**
  - Serve as individual representatives bringing topic-specific knowledge to MAP deliberations
  - Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts

- **Federal Government Liaisons**
  - Serve as ex-officio, nonvoting members representing a federal agency

MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies and measure set review across public sector programs, across settings of care, and across public and private payers

- Set the strategic direction for the MAP

- Give direction to and ensure alignment among the MAP setting-specific and advisory workgroups
  - Hospital Workgroup
  - Post Acute Care-Long Term Care (PAC-LTC) Workgroup
  - Clinician Workgroup
  - Rural Health Advisory Group
  - Health Equity Advisory Group

MAP Coordinating Committee Project Team

- **Tricia Elliott**, Senior Managing Director

- **Katie Berryman,** Senior Project Manager

- **Udara Perera,** Senior Manager

- **Susanne Young,** Manager

- **Rebecca Payne,** Senior Analyst

- **Victoria Freire,** Analyst

- **Joelencia LeFlore,** Coordinator

- **Taroon Amin,** Consultant

Project Email: MAPCoordinatingCommittee@qualityforum.org

MAP Hospital Workgroup Charge

MAP Hospital Workgroup reviews measures considered for:

- Hospital Inpatient Quality Reporting (IQR)
- Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Conditions Payment Reduction (HACRP)
- Hospital Outpatient Quality Reporting (HOQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- End-Stage Renal Disease Quality Improvement Program (ESRD QIP)

MAP Hospital Workgroup Project Team

- **Matt Pickering**, Senior Director

- **Ashlan Ruth,** Project Manager

- **Ivory Harding,** Manager

- **Rebecca Payne,** Senior Analyst

- **Joelencia LeFlore,** Coordinator

- **Taroon Amin,** Consultant

Project Email: MAPHospital@qualityforum.org

MAP Clinician Workgroup Charge

MAP Clinician Workgroup reviews measures considered for:

- Merit-based Incentive Payment System (MIPS)

- Medicare Shared Savings Program (SSP)

- Medicare Parts C & D Star Ratings

MAP Clinician Workgroup Project Team

- **Tricia Elliott,** Senior Managing Director

- **Ashlan Ruth,** Project Manager

- **Ivory Harding,** Manager

- **Victoria Freire,** Analyst

- **Joelencia LeFlore,** Coordinator

- **Gus Zimmerman,** Coordinator

- **Taroon Amin,** Consultant

Project Email: MAPClinician@qualityforum.org

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

MAP PAC/LTC Workgroup reviews measures considered for:

- Home Health Quality Reporting Program (HHQRP)

- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

- Hospice Quality Reporting Program (HQRP)

- Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

PAC/LTC Workgroup Project Team

- **Matt Pickering**, Senior Director

- **Ashlan Ruth,** Project Manager

- **Susanne Young,** Manager

- **Rebecca Payne,** Senior Analyst

- **Gus Zimmerman,** Coordinator

- **Taroon Amin,** Consultant

Project Email: MAPPAC-LTC@qualityforum.org

MAP Rural Health Advisory Group Charge

- To provide timely input on measurement issues to other MAP workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP

- To provide input to help address priority rural health issues, including the challenge of low case-volume

MAP Rural Health Advisory Group Project Team

- **Chelsea Lynch,** Director

- **Katie Berryman,** Senior Project Manager

- **Susanne Young,** Manager

- **Amy Guo,** Senior Analyst

- **Victoria Freire,** Analyst

- **Gus Zimmerman,** Coordinator

Project Email: MAPRural@qualityforum.org

MAP Health Equity Advisory Group Charge

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals

- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

MAP Health Equity Advisory Project Team

- **Chelsea Lynch,** Director

- **Katie Berryman,** Senior Project Manager

- **Ivory Harding,** Manager

- **Amy Guo,** Senior Analyst

- **Victoria Freire,** Analyst

- **Joelencia LeFlore,** Coordinator

Project Email: MAPHealthEquity@qualityforum.org

MAP Coordinating Committee MSR Group Charge

- Offer a holistic review of quality measures with input from diverse multistakeholder groups

- Focus on developing and piloting a process for review and creating criteria for evaluating measures within federal programs

- Ease burden associated with the increased number of performance measures

- Continue to inform and educate all those who are invested and committed to advancing measurement science

MAP MSR Pilot Project Team

- **Tricia Elliott,** Senior Managing Director

- **Katie Berryman,** Senior Project Manager

- **Udara Perera,** Senior Manager

- **Ivory Harding,** Manager

- **Rebecca Payne,** Senior Analyst

- **Victoria Freire,** Analyst

- **Joelencia LeFlore,** Coordinator

Project Email: MAPCoordinatingCommittee@qualityforum.org

MAP Implementation Results

2017-2018 MAP Recommendations

Support for Rulemaking (6 Measures)	
Measures supported by MAP (NQF endorsed)	6 Measures
Finalized for Rulemaking	3 Measures
Not Finalized for Rulemaking	3 Measures
Conditional Support for Rulemaking (25 Measures)	
Already NQF endorsed prior to MAP review (None proposed or Finalized for Rulemaking)	4 Measures
Recommended for NQF endorsement prior to rulemaking	21 Measures
Finalized Into Rulemaking	**6 Measures**
Received NQF Endorsement	1 Measure
Not Submitted to NQF	3 Measures
Not recommended for endorsement by NQF Standing Committees	2 Measures
Not Finalized Into Rulemaking	**15 Measures**
Received NQF Endorsement	5 Measures
Submitted but did not pass NQF SMP / NQF Standing Committee	5 Measures
Not submitted to NQF	5 Measures

2017-2018 MAP Recommendations (continued)

Refine and Resubmit Prior to Rulemaking (3 Measures)	
Recommended for retesting for reliability and validity at individual clinician and group/practice clinician levels. Was submitted for Fall 2019 – endorsement not finalized. Finalized for rulemaking and slated for October 2020.	1 Measure
Not sent for NQF endorsement review nor finalized/proposed for rulemaking	2 Measures

Do Not Support for Rulemaking (1 Measure)
Already implemented into rulemaking in 2014. Revisions caused HHS to bring to MAP for consideration. Not removed from federal rules. New specifications implemented following MAP review.

2018-2019 MAP Recommendations

Support for Rulemaking **(Not Applicable)**	
Conditional Support for Rulemaking **(31 Measures)**	
Already NQF endorsed prior to MAP review (None proposed or Finalized for Rulemaking)	3 Measures
Recommended for NQF endorsement prior to rulemaking	28 Measures
Finalized Into Rulemaking	**6 Measures**
Received NQF Endorsement	1 Measure
Not Submitted to NQF	5 Measures
Proposed for Rulemaking (1 submitted for NQF review / 3 not submitted)	4 Measures
Not Finalized Into Rulemaking	**18 Measures**
Submitted for NQF Endorsement	2 Measures
Not Submitted for NQF Endorsement	16 Measures

2018-2019 MAP Recommendations (continued)

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)	
Finalized for rulemaking (Did not pass SMP review and has not been resubmitted)	1 Measure
Proposed for Rulemaking but since rescinded (Currently under NQF Standing Committee review)	1 Measure
Not reviewed by NQF nor proposed / finalized for rulemaking	4 Measures

Do Not Support for Rulemaking (2 Measures)
Neither proposed nor finalized within federal rules

2020-2021 MAP Recommendations

Support for Rulemaking (5 Measures)	
Finalized for Rulemaking (All Already NQF endorsed prior to MAP review)	1 Measure
Not Finalized Into Rulemaking (All Not Submitted to NQF)	4 Measures

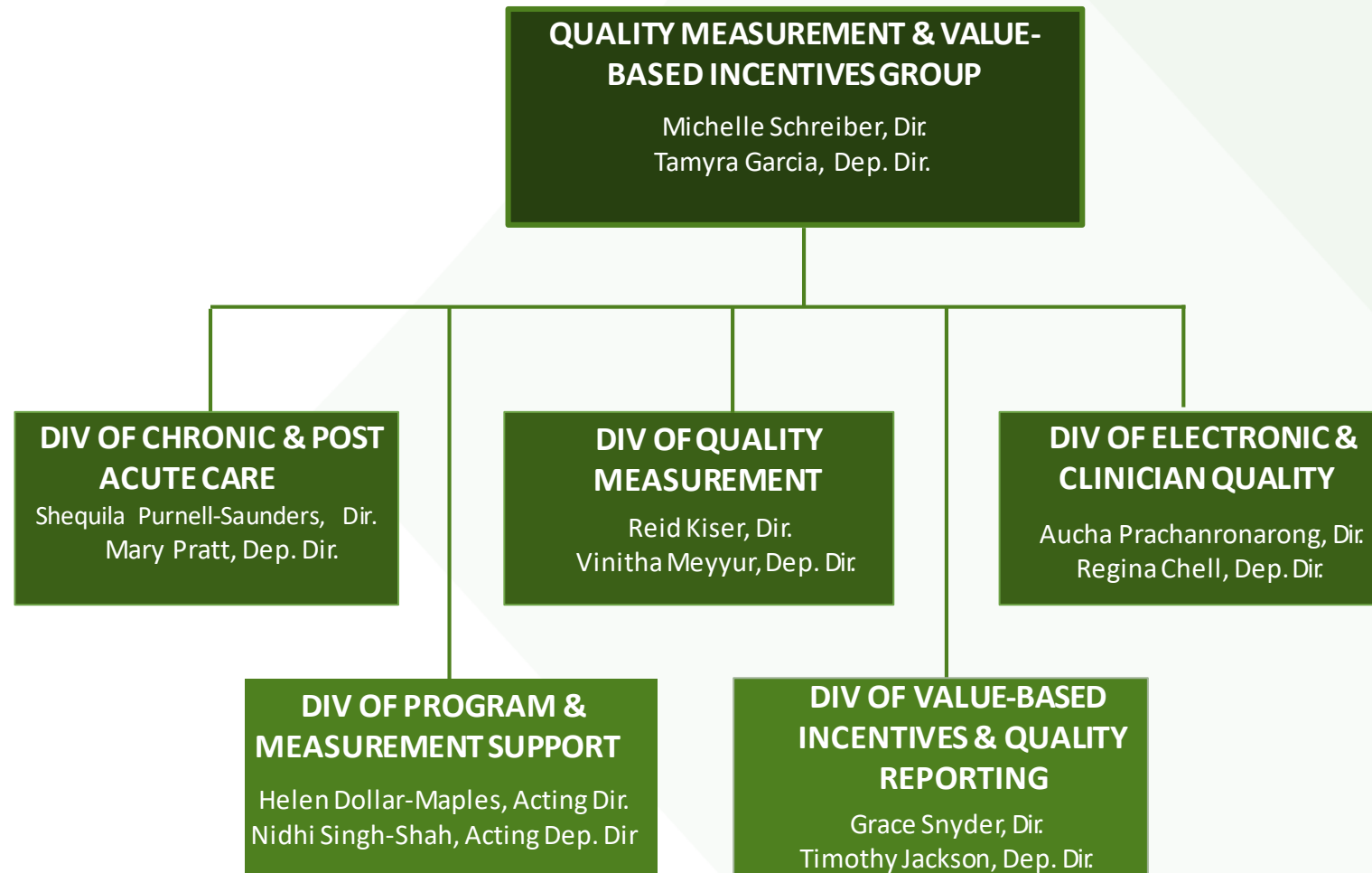| Conditional Support for Rulemaking (11 Measures)	
Already NQF endorsed prior to MAP review	1 Measure
Recommended for NQF endorsement after rulemaking	1 Measure
Not recommended for endorsement by NQF Standing Committees prior to MAP review	1 Measure
Not recommended for endorsement by NQF Standing Committees after MAP review	1 Measure
Currently under NQF consideration for endorsement	1 Measure
Not Submitted to NQF	6 Measures
Finalized Into Rulemaking	**5 Measures**
Recommended for NQF endorsement after rulemaking	1 Measure
Not recommended for endorsement by NQF Standing Committees prior to MAP review	1 Measure
Not Submitted to NQF	2 Measure
Currently under NQF consideration for endorsement	1 Measure
Not Finalized Into Rulemaking	**6 Measures**
Already NQF endorsed prior to MAP review	1 Measure
Not recommended for endorsement by NQF Standing Committees after MAP review	1 Measure
Not submitted to NQF	4 Measures

2020-2021 MAP Recommendations (continued)

Do Not Support for Rulemaking with Potential for Mitigation (1 Measure)	
Not submitted to NQF and proposed for rulemaking in 2021	1 Measure

Do Not Support for Rulemaking (1 Measure)	
Not submitted to NQF nor finalized for rulemaking	1 Measure

Removed from Consideration (2 Measures)	
Not submitted to NQF nor finalized for rulemaking	2 Measures

Questions?

Creation of MUC List

CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process

QUALITY MEASUREMENT & VALUE-BASED INCENTIVES GROUP

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Tamyra Garcia, Dep. Dir.

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DIV OF PROGRAM & MEASUREMENT SUPPORT

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Nidhi Singh-Shah, Acting Dep. Dir

DIV OF VALUE-BASED INCENTIVES & QUALITY REPORTING

Grace Snyder, Dir.
Timothy Jackson, Dep. Dir.

Statutory Authority: Pre-Rulemaking Process

- Under section 1890A of the Act and ACA 3014, HHS is required to establish a pre-rulemaking process under which a consensus-based entity (CBE) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain CMS programs.

- The list of quality and efficiency measures HHS is considering for selection is to be publicly published **no later than December 1** of each year. No later than **February 1** of each year, the CBE is to report the input of the multi-stakeholder groups, which will be considered by HHS in the selection of quality and efficiency measures.

Considerations for Selection of 2022 MUC List Measures

- **Alignment with Meaningful Measures/Gap Areas**
  - Measures should be a high-priority quality issue or meet a statutory requirement

- **Measure Type**
  - Outcome measures are preferred
  - Patient Reported Outcomes (PRO)/Patient Reported Outcome Measures (PROM)/Patient Reported Outcome-Based Performance Measures (PRO-PM)

- **Burden**
  - Consider amount of burden associated with the measure

Considerations for Selection of 2022 MUC List Measures (continued)

- **Measures With Complete Specifications**
  - Ideally, measures should be endorsed; however, endorsement is not absolutely necessary

- **Feasibility**
  - Digital quality measures (dQMs) and administrative claim measures help to determine burden and feasibility

- **Alignment**
  - Consider alignment of similar measures across CMS programs and with private payers while minimizing duplication of measures and measure concepts

2022 Pre-Rulemaking Timeline

January	• Candidate measure submission period open
March-April	• MUC stakeholder education and outreach
May	• Candidate measure submission period closes
July-August	• CMS programs review proposed MUC List
December	• MUC List release • MAP Workgroup and Advisory Group meetings
January	• MAP Coordinating Committee meeting • MAP recommendations published

Pre-Rulemaking Approach

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

- Evaluate MUCs for what they would add to the program measure set

- Identify and prioritize gaps for programs and settings

Questions?

Measure Selection Criteria

MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs

- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements

- Focus should be on the selection of high-quality measures that address the National Quality Strategy's (NQS) three aims, fill measurement gaps, and increase alignment

- Reference for:
  - evaluating the relative strengths and weaknesses of a program measure set
  - how the addition of an individual measure would contribute to the set

- MAP uses the MSC to guide its recommendations; MSC are the basis of the preliminary analysis algorithm

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. Measures are based on scientific evidence and meet requirements for validity, feasibility, reliability and use.

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 uses impactful measures which significantly advance healthcare outcomes for high priority areas in which there is a demonstrated performance gap or variation.

Demonstrated by a program measure set that promotes improvement in key national healthcare priorities such as CMS's Meaningful Measures Framework, emerging public health concerns and ensuring that 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, including all statutory 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.

- **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.

For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period

MAP Measure Selection Criterion 4:

Program measure set may include a mix of measure types; however, highest priority is given to measures which are digital, or patient centered/patient reported outcomes, and/or support equity. Process measures must have a direct and proven relationship to improved outcomes in a high impact area where there are no outcome/intermediate outcome measures.

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.

NATIONAL QUALITY FORUM

MAP Measure Selection Criterion 5:

Program measure set enables measurement of person- and family-centered care and services AND are meaningful to patients and useful in making best care choices.

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 supports healthcare equity, helps identify gaps and disparities in care, and promotes access, culturally sensitive, and unbiased care for all.

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 is aligned across programs and settings as appropriate and possible.

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 promote alignment and can be used across multiple programs or applications.

MAP Measure Selection Criterion 8:

(NEW) Program measure sets reflect a balance of accountability, yet efficiency, which minimizes burden to providers/facilities while maintaining accountability for the achievement of excellence.

Questions?

Preliminary Analysis Algorithm

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.

- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure considering MAP's previous guidance.

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's discussions, NQF staff will conduct 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 approved by the MAP Coordinating Committee to evaluate each measure.

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set.

2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.

3. The measure addresses a quality challenge.

4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.

5. The measure can be feasibly reported.

6. The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).

7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

MAP Preliminary Analysis Algorithm

Assessment 1: The measure addresses a critical quality objective not adequately addressed by the measures in the program set.

- **Definition:**
  - The measure addresses key healthcare improvement priorities; or
  - the measure is responsive to specific program goals and statutory or regulatory requirements; or
  - the measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.

- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a Do Not Support.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 2: The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.

- **Definition:**
  - For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).
  - For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.

- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a Do Not Support.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 3: The measure addresses a quality challenge.

- **Definition:**
  - The measure addresses a serious reportable event (i.e., a safety event that should never happen); or
  - the measure addresses unwarranted or significant variation or a gap in care that is evidence of a quality challenge.

- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a Do Not Support.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 4: The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.

- **Definition:**
  - The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or
  - the measure captures a broad population; or
  - the measure contributes to alignment between measures in a particular program set (e.g., the measure could be used across programs) or
  - the value to patients/consumers outweighs any burden of implementation.
- **Result:**
  - Yes: The review can continue.
  - No: The highest rating can be Do Not Support with potential for mitigation.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 5: The measure can be feasibly reported.

- **Definition:**
  - The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care).

- **Result:**
  - Yes: The review can continue.
  - No: The highest rating can be do not support with potential for mitigation.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 6: The measures is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).

- **Definition:**
  - The measure is NQF-endorsed; or
  - the measure is fully developed and full specifications are provided; and
  - measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.

- **Result:**
  - Yes: The measure could be supported or conditionally supported.
  - No: The highest rating can be Conditional support.
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 7: If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

- **Definition:**
  - Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or
  - feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and
  - feedback is supported by empirical evidence.

- **Outcome:**
  - If no implementation issues have been identified: Measure can be supported or conditionally supported.
  - If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Decision Categories

MAP Decisions Categories

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

Decision Categories for 2021-2022

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 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.

Questions

Review of Voting Process

Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Committee present virtually for live voting to take place.

    - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.

- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.

- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.

    - Abstentions do not count in the denominator.

- Every measure under consideration will receive a decision.

Key Voting Principles (continued)

- 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 co-chairs to give context to each programmatic discussion, voting will begin.

- The Review Meeting agenda will organize content as follows:
  - Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting.

- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - MAP participants will receive a copy of the detailed preliminary analysis and staff decisions (i.e., support, do not support, or conditional support) and rationale to support how that conclusion was reached.

Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each measure under consideration (MUC) using the MAP selection criteria and programmatic objectives.

- **Step 2.** The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
  - Measure developers will respond to the clarifying questions on the specifications of the measure.
  - NQF staff will respond to clarifying questions on the preliminary analysis.

Voting Procedure (continued)

- **Step 3.** Voting on acceptance of the preliminary analysis decision
  - After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a "yes" or "no" vote to accept the result.
  - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

Voting Procedure (continued)

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

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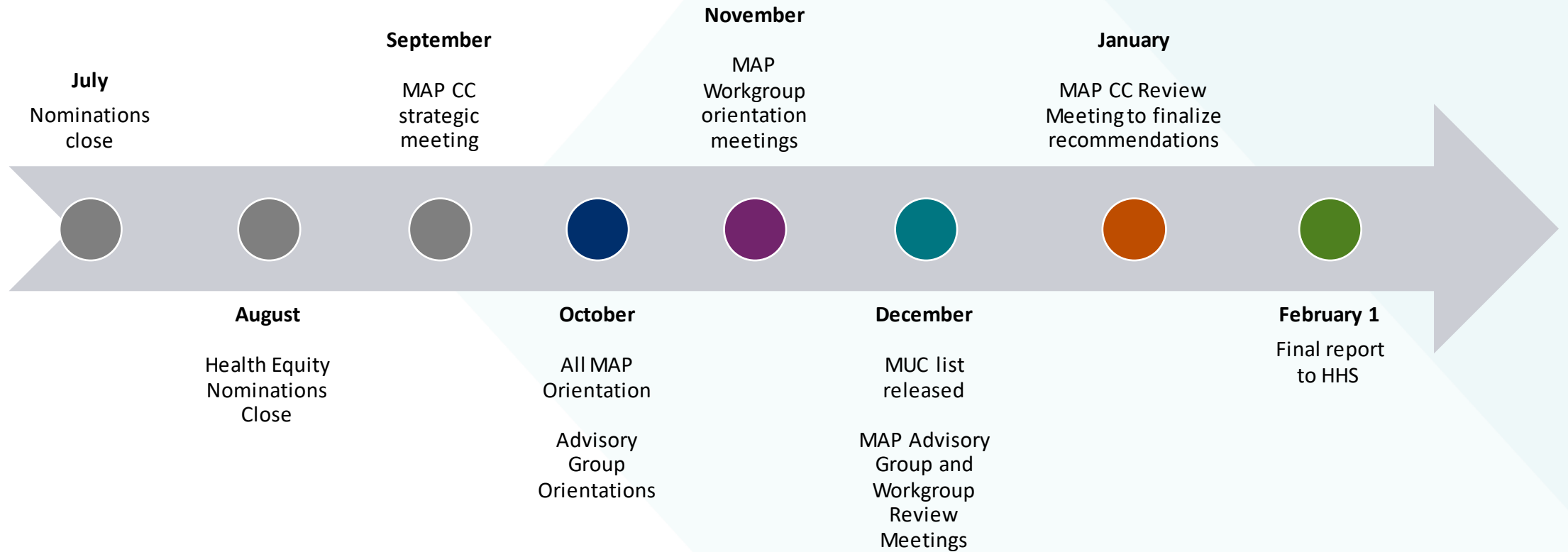
- **Step 5:** Tallying the Votes
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the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

Questions

Opportunity for Public Comment

Next Steps

Timeline of MAP Activities

July

Nominations close

August

Health Equity Nominations Close

September

MAP CC strategic meeting

October

All MAP Orientation

Advisory Group Orientations

November

MAP Workgroup orientation meetings

December

MUC list released

MAP Advisory Group and Workgroup Review Meetings

January

MAP CC Review Meeting to finalize recommendations

February 1

Final report to HHS

Timeline of Upcoming Activities

- **Release of the MUC List** – by December 1

- **Public Comment Period 1** – Timing based on MUC List release

- **Advisory Group Review Meetings**
  - Rural Health Advisory Group: **December 8**
  - Health Equity Advisory Group: **December 9**

- **Workgroup Review Meetings**
  - Clinician Workgroup – **December 14**
  - Hospital Workgroup – **December 15**
  - Post-Acute/Long-Term Care (PAC/LTC) Workgroup – **December 16**
  - Coordinating Committee – **January 19, 2022**

- **Public Comment Period 2** – December 30, 2021 – January 13, 2022

Resources

- **CMS' Measurement Needs and Priorities Document:**
  - 2021 Needs and Priorities (PDF)

- **CMS' Pre-Rulemaking Overview:**
  - Pre-Rulemaking Webpage

- **MAP Member Guidebook:**
  - All MAP members will receive a copy of the 2021 MAP Member Guidebook via email

THANK YOU.

NATIONAL QUALITY FORUM

http://www.qualityforum.org