NATIONAL QUALITY FORUM

Measure Applications Partnership

All MAP Orientation and Pre-Rulemaking Process Web Meeting

November 6, 2017

Welcome

Agenda

- Overview and Review of Statutory Authority
- Creation of the Measures Under Consideration (MUC) List
- Review of the MAP Pre-Rulemaking Approach
- Preliminary Analysis Algorithm
- Voting Process
- Discussion Guide
- Public Comment
- Next Steps

Statutory Authority in Pre-Rulemaking

Measure Applications Partnership

Statutory Authority

The Affordable Care Act (ACA) requires HHS to contract with the 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 Role of MAP

- Inform the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provide input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identify gaps for measure 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*

What is Rulemaking?

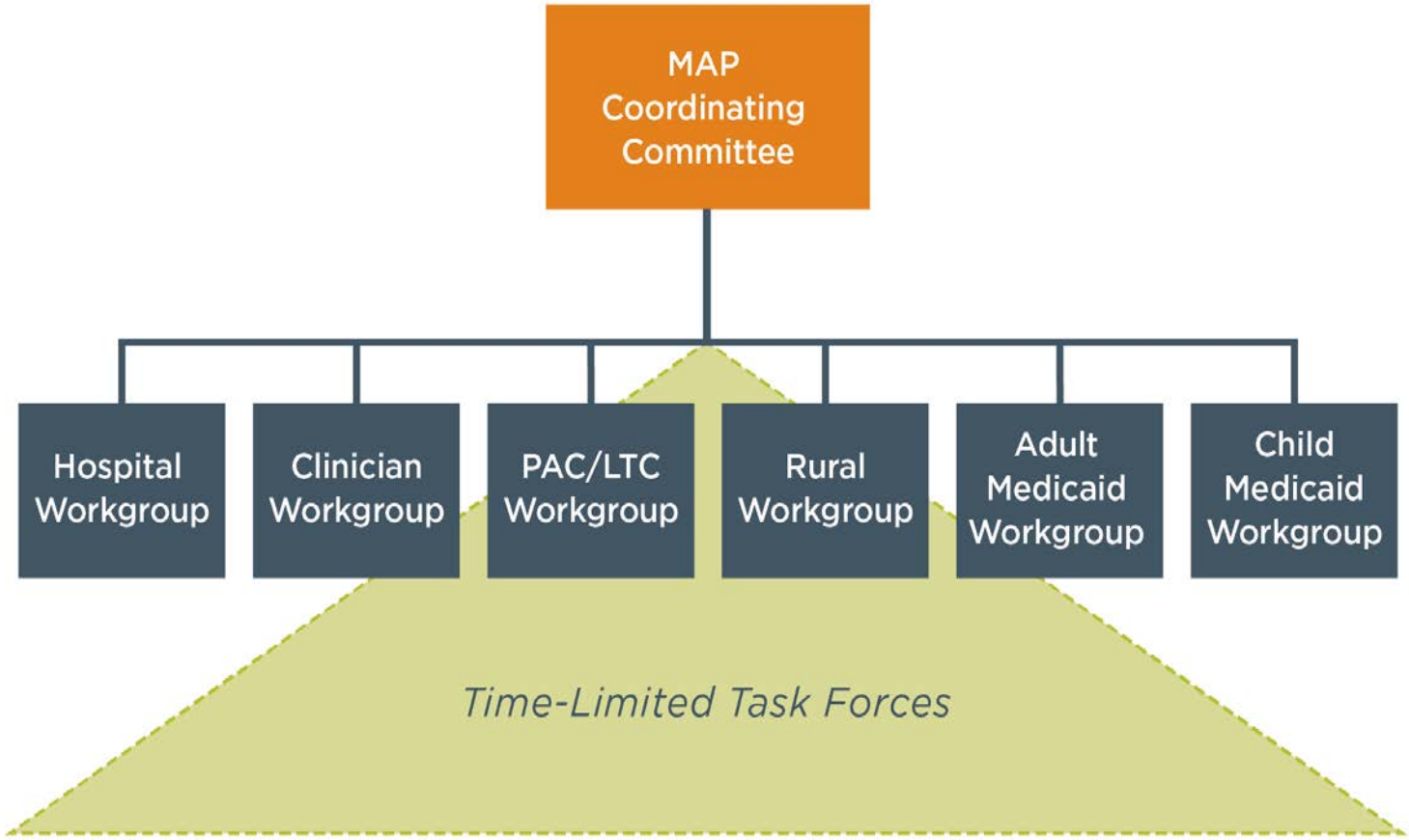
- Rulemaking refers to the process that government agencies (such as the Department of Health and Human Services (HHS)) use to create regulations.

What is the value of pre-rulemaking input?

- Facilitates multi-stakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent 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

MAP Overview

MAP Structure



MAP Members

Three types of members:

- **Organizational Representatives**
  - *Constitutes the majority of MAP members*
  - *Include those that are interested in or affected by the use of measures*
  - *Organizations designate their own representatives*
- **Subject Matter Experts**
  - *Serve as individual representatives bringing topic specific knowledge to MAP deliberations*
  - *Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts*
- **Federal Government Liaisons**
  - *Serve as ex-officio, non-voting members representing a Federal agency*

MAP Coordinating Committee Charge

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

MAP Coordinating Committee
NQF Staff Support Team

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

- **Project Email: MAPCoordinatingCommittee@qualityforum.org**

MAP Hospital Workgroup Charge

MAP Hospital Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

- Hospital Inpatient Quality Reporting (IQR)/Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Conditions Payment Reduction (HACRP)
- Hospital Outpatient Quality Reporting (OQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- End-Stage Renal Disease (ESRD) QIP

MAP Hospital Workgroup
NQF Staff Support Team

- Melissa Mariñelarena: Senior Director
- Kate McQueston: Project Manager
- Desmirra Quinnonez: Project Analyst

- **Project Email: MAPHospital@qualityforum.org**

MAP Clinician Workgroup Charge

MAP Clinician Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

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

MAP Clinician Workgroup
NQF Staff Support Team

- John Bernot: Senior Director
- Hiral Dudhwala: Project Manager
- Madison Jung: Project Analyst

- **Project Email: MAPClinician@qualityforum.org**

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

MAP PAC/LTC Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

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

MAP PAC/LTC Workgroup
NQF Staff Support Team

- Erin O'Rourke: Senior Director
- Jean-Luc Tilly: Senior Data Analytics Manager
- Miranda Kuwahara: Project Analyst

- **Project Email: MAPPAC-LTC@qualityforum.org**

MAP Also Provides Guidance beyond Pre-Rulemaking

- Current
  - *Demonstrations to integrate care for dual eligible beneficiaries*
  - *Medicaid Adult Core Set*
  - *Medicaid & CHIP Child Core Set*
  - *Rural Health*
- Past
  - *Health Insurance Exchange Quality Rating System*

MAP Rural Workgroup Charge

This year, NQF will convene a new Rural Health Workgroup that will:

- develop a set of criteria for selecting measures and measure concepts;
- identify a set of the best available core set of measures to address the needs of the rural population;
- identify rural-relevant gaps in measurement;
- provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private); and
- address a measurement topic relevant to vulnerable individuals in rural areas.

MAP Rural Workgroup
NQF Staff Support Team

- Karen Johnson: Senior Director
- Suzanne Theberge: Senior Project Manager
- Kate Buchanan: Project Manager
- Madison Jung: Project Analyst

- **Project Email: MAPRural@qualityforum.org**

Charge of the Medicaid Adult and Child Workgroup

- Each year, the Medicaid Workgroups provide input to the MAP Coordinating Committee on recommendations to HHS for strengthening the Adult and Child Core Sets of measures by:
  - *Reviewing states' experiences voluntarily reporting measures*
  - *Refining previously identified measure gap areas*
  - *Recommending potential measures for addition or removal from the sets, with a focus on addressing high-priority measure gap areas*

Medicaid Adult Core Set and Medicaid/CHIP Child Core Set

The Child and Adult Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to Medicaid and CHIP beneficiaries.

- Initial Child Core Set of measures was published in 2010
- Initial Adult Core Set of measures was published in 2012
- States voluntarily report measures for both Core Sets
- The Core Sets are updated annually

Medicaid Adult and Child Workgroups NQF Staff Support Team

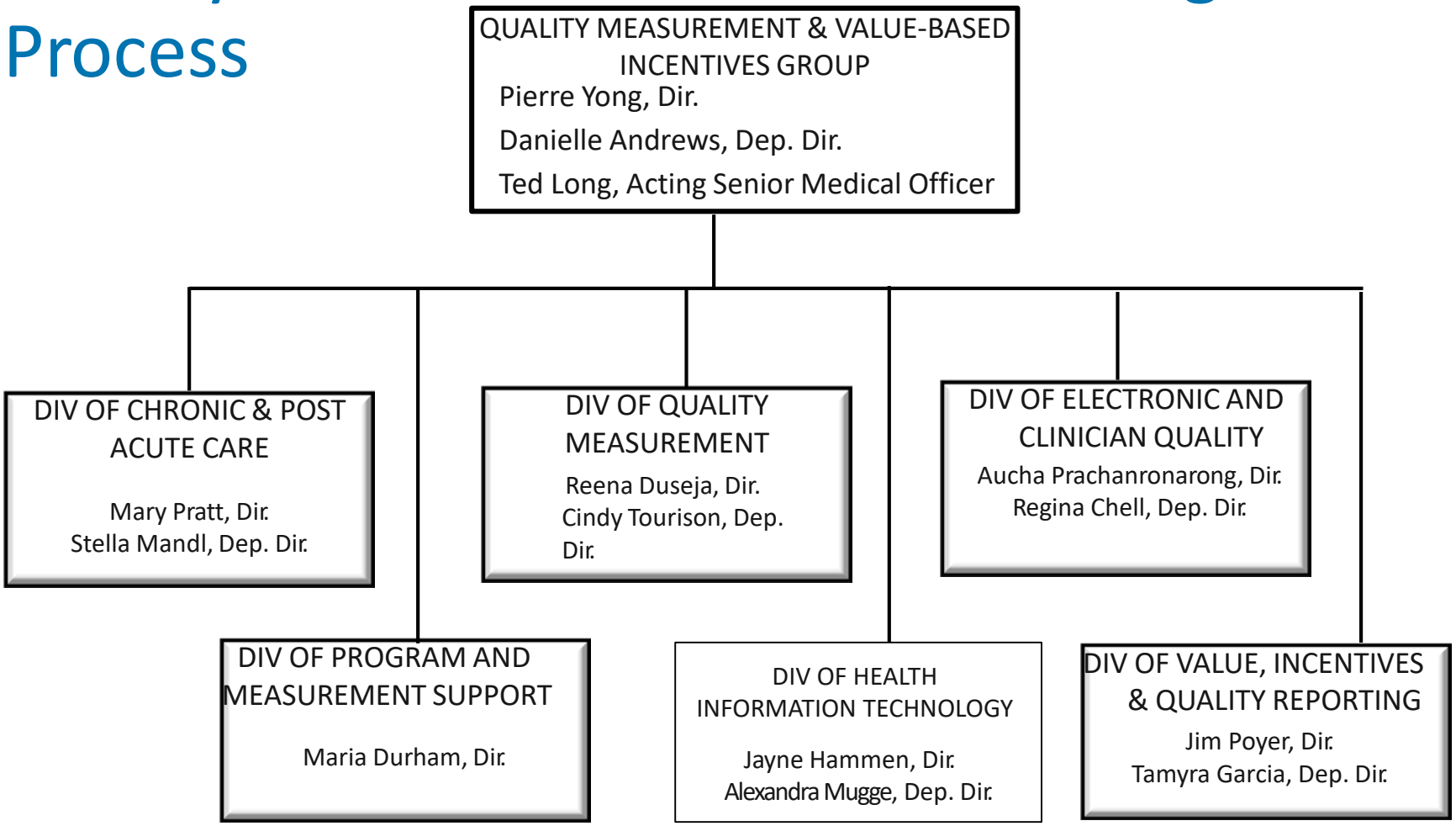
- Debjani Mukherjee: Senior Director
- Shaconna Gorham: Senior Project Manager
- May Nacion: Project Manager
- Miranda Kuwahara: Project Analyst

- **Project Email: MAPMedicaidAdult@qualityforum.org**

- **Project Email: MAPMedicaidChild@qualityforum.org**

Creation of the MUC List

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



Statutory Authority: Pre-Rulemaking Process

- ***Under section 1890A of the Act and ACA 3014, DHHS is required to establish a pre-rulemaking process under which a consensus-based entity (currently NQF) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain federal programs. The list of quality and efficiency measures DHHS 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, NQF is to report the input of the multi-stakeholder groups, which will be considered by DHHS in the selection of quality and efficiency measures.***

Considerations For Selection Of Measures For 2017 MUC List

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

Considerations For Selection Of Measures For 2017 MUC List (cont'd)

- **Measures With Complete Specifications**
  - *Measures should ideally have NQF endorsement, however, NQF endorsement is not absolutely necessary.*

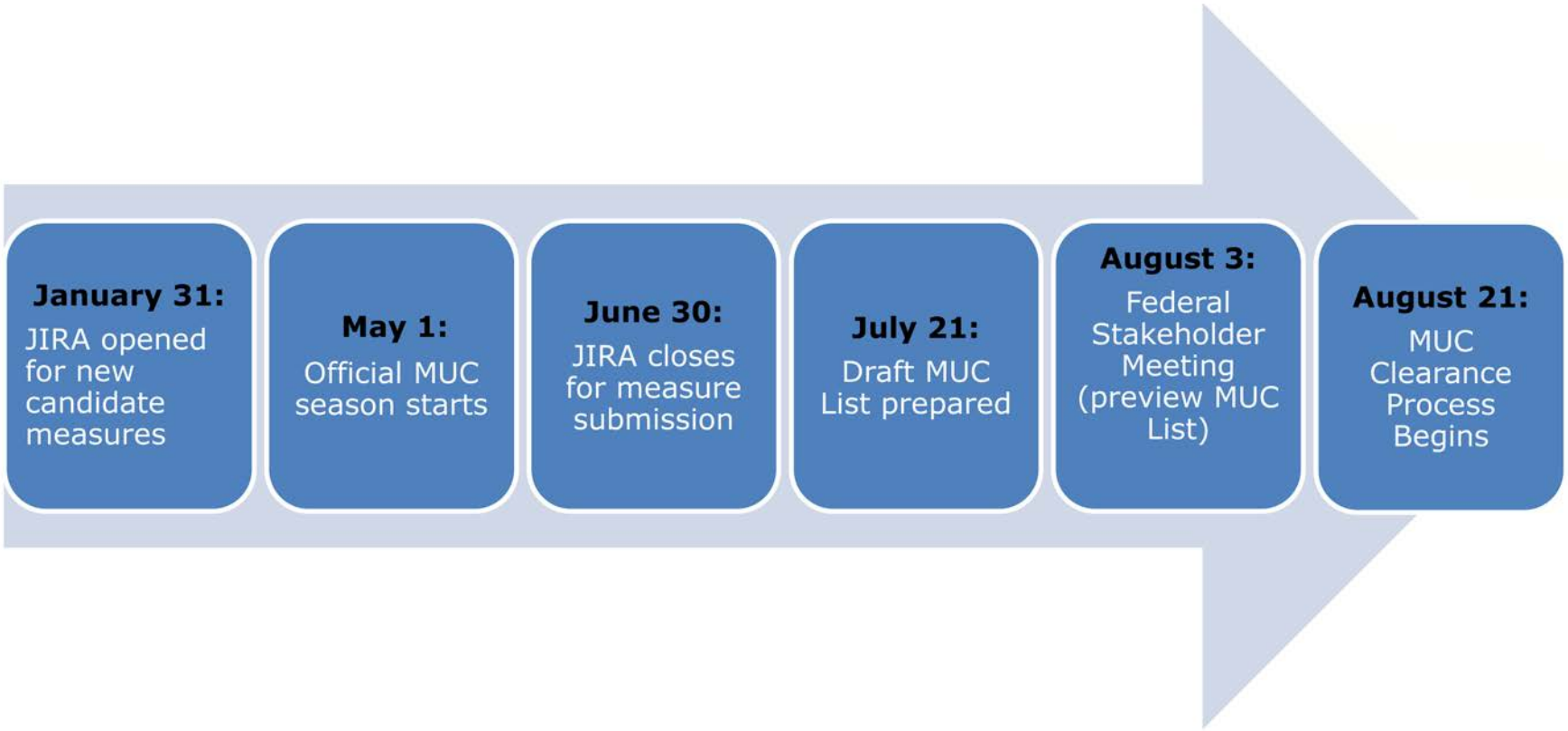
- **Feasibility**
  - *Measure should be able to be feasibly implemented by CMS.*

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

Medicare Programs

Ambulatory Surgical Center Quality Reporting Program
End-Stage Renal Disease Quality Incentive Program
Home Health Quality Reporting Program
Hospice Quality Reporting Program
Hospital-Acquired Condition Reduction Program
Hospital Inpatient Quality Reporting Program
Hospital Outpatient Quality Reporting Program
Hospital Readmissions Reduction Program
Hospital Value-Based Purchasing Program
Inpatient Psychiatric Facility Quality Reporting Program
Inpatient Rehabilitation Facility Quality Reporting Program
Long-Term Care Hospital Quality Reporting Program
Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals
Medicare Shared Savings Program
Merit-based Incentive Payment System
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
Skilled Nursing Facility Quality Reporting Program
Skilled Nursing Facility Value-Based Purchasing Program

Measures Under Consideration List Publishing



Meaningful Measures Framework

A New Approach to Meaningful Outcomes

Empower patients and doctors to make decision about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

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

- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant for and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population based payment through alternative payment models*
- *Align across programs and/or with other payers (Medicaid, commercial payers)*

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

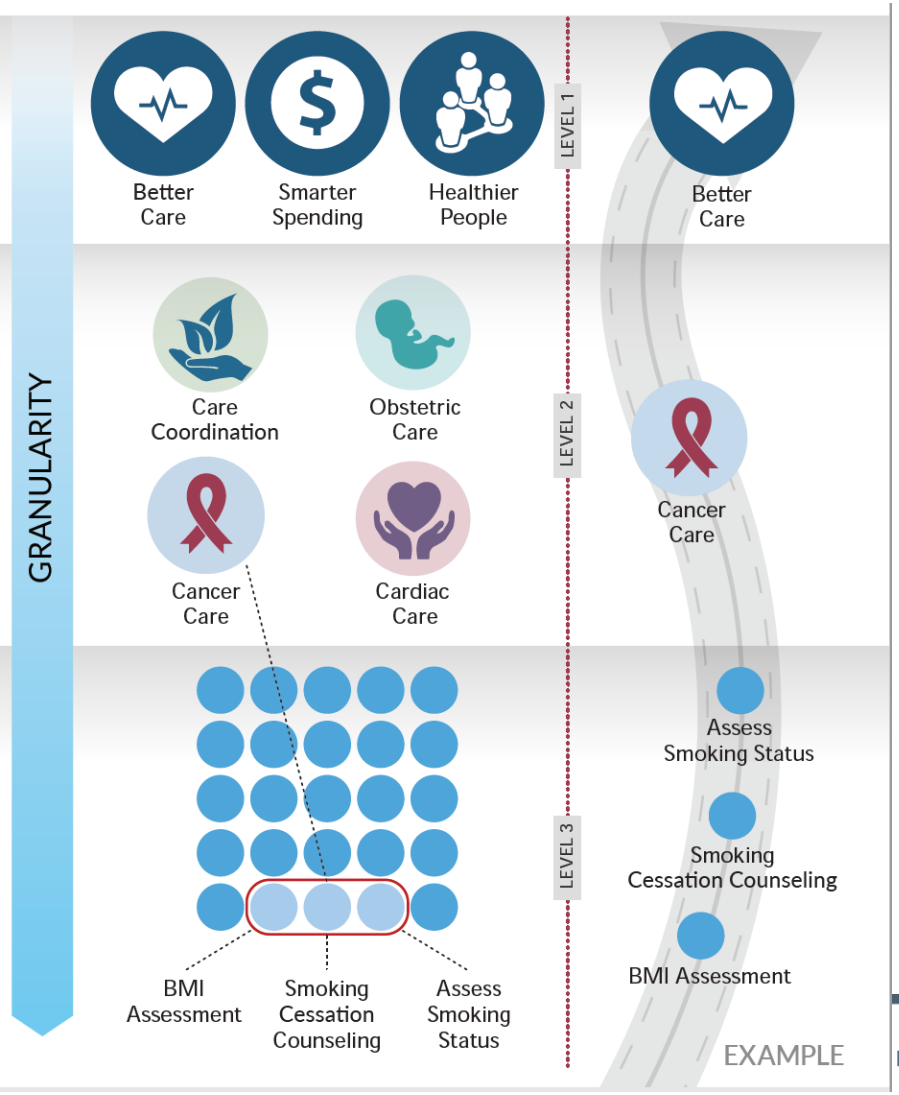
Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative,

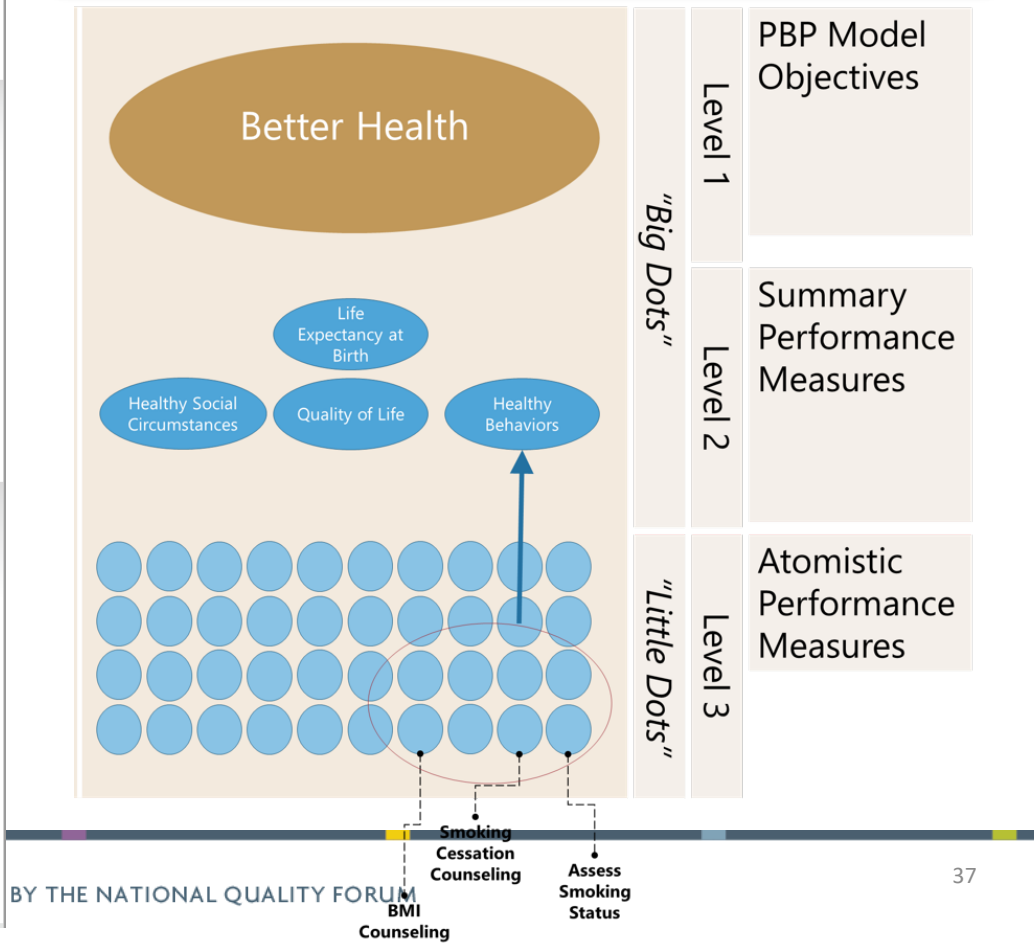
led by America's Health Insurance Plans and American Hospital Association

- Agency for Healthcare Research and Quality

Use Meaningful Measures to Achieve Goals, while Minimizing Burden



Drawing from the HCP LAN "Big Dot" Work



Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

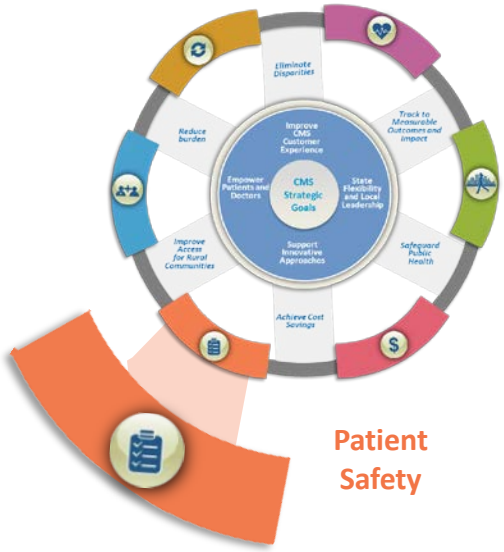
Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience and Functional Outcomes

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

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



Patient Safety

Meaningful Measure Areas

Healthcare-Associated Infections

Preventable Healthcare Harm

Measures

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

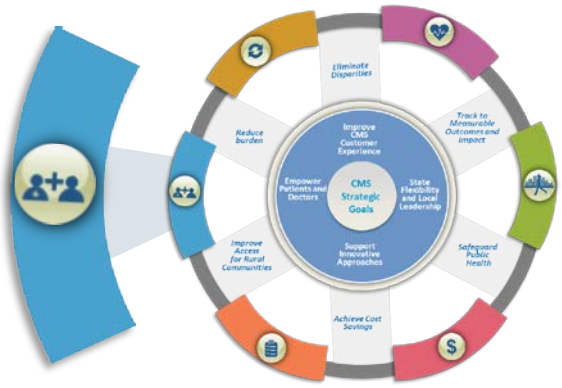
Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

Programs Using Illustrative Measures

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

Strengthen Person & Family Engagement as Partners in their Care



Person- and Family-Centered Care

Care is Personalized and Aligned with Patient's Goals

End of Life Care according to Preferences

Patient's Experience and Functional Outcomes

Meaningful Measure Areas

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function IRF QRP, LTCH QRP, SNF QRP, HH QRP

Care plan QPP

Hospice Visits while Death is Imminent HQRP

CAHPS In-Center Hemodialysis Survey ESRD QIP

Home and Community Based Services CAHPS Medicaid & CHIP

Functional Status Assessment for Total Hip Replacement QPP

Measures

Programs Using Illustrative Measures

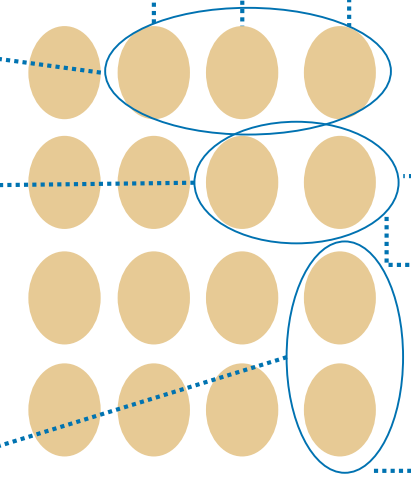
Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

Promote Effective Communication & Coordination of Care

Effective Communication and Care Coordination

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

Meaningful Measure Areas



- Use of High Risk Medications in the Elderly QPP
- Medication Reconciliation Post-Discharge MSSP
- Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP
- Standardized Readmission Ratio (SRR) ESRD QIP
- Plan All-Cause Readmissions Medicaid & CHIP
- Use of an Electronic Health Record IPFQR, QIO

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Medicare Shared Savings Program (MSSP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Home Health Quality Reporting Program (HH QRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Improvement Organization (QIO)

Promote Effective Prevention & Treatment of Chronic Disease

Prevention and Treatment of Leading Causes of Morbidity and Mortality

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

Meaningful Measure Areas

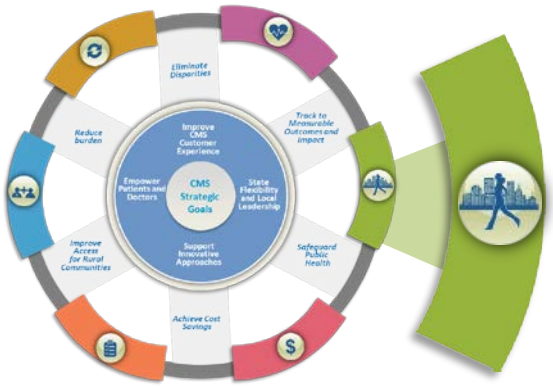
Measures

- Influenza Immunization Received for Current Flu Season HH QRP
- Timeliness of Prenatal Care (PPC) Medicaid
- Osteoporosis Management in Women who Had a Fracture QPP
- Follow-up after hospitalization for Mental Illness IPFQR
- Alcohol Use Screening IPFQR
- Use of Opioids at High Dosage Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Quality Payment Program (QPP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

Work with Communities to Promote Best Practices of Healthy Living

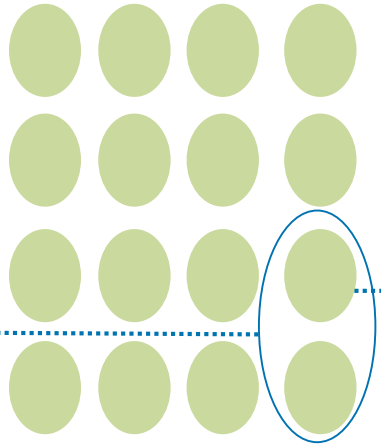


Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas



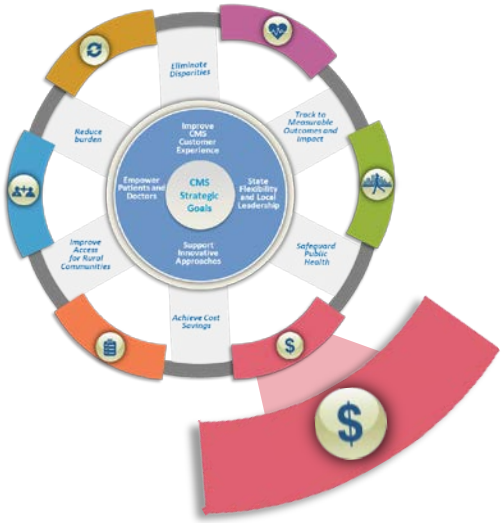
Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

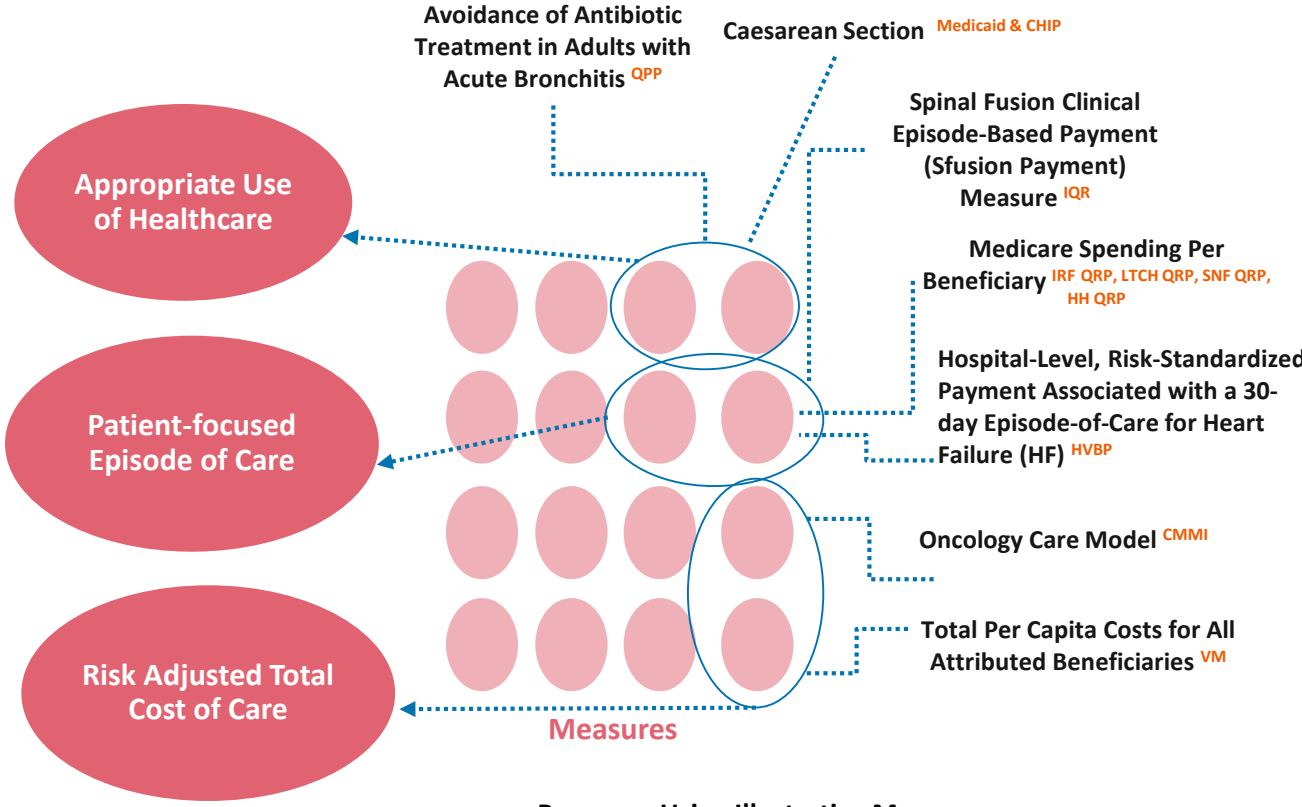
Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Make Care Affordable



Affordable Care



Meaningful Measure Areas

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (HVBP) Program
Center for Medicare and Medicaid Innovation (CMMI)
Value Modifier (VM) Program
Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Meaningful Measures Summary

Meaningful Measure Areas

Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve

Give us your feedback!

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Q&A

Review of MAP Pre-Rulemaking Approach

Approach

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

1. Develop program measure set framework
2. Evaluate MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings

Key Changes for 2017-2018

- The feedback loop will be implemented across the setting-specific Workgroups
- The fall web meetings will take place in November
- The Coordinating Committee will meet via web meeting in November
- The Workgroup in-person meetings will be one day
- The voting process has been updated based on feedback from the Coordinating Committee

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 NQS's 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. The 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

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.

- Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- Sub-criterion 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 adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

- Sub-criterion 2.1 Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment
- Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being
- Sub-criterion 2.3 Affordable care

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.

- Sub-criterion 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)
- Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers
- Sub-criterion 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)
- Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program
- Sub-criterion 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

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

- Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Sub-criterion 5.2 Measure set addresses shared decisionmaking, such as for care and service planning and establishing advance directives
- Sub-criterion 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).

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

- Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or settings

MAP Decision Categories and Preliminary Analysis Algorithm

MAP Decision 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*

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 of the MAP Preliminary Analysis Algorithm. 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. MAP will provide a rationale that outlines the conditions (e.g., NQF endorsement) based on assessments 4-7 (reference Table 2 below) that should be met. Ideally the conditions specified by MAP would be met before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified conditions without resubmitting the measure to MAP prior to rulemaking.
Refine and Resubmit for Rulemaking	The measure meets assessments 1-3, but needs 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 refinement (e.g., measure is not fully developed and tested 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 the MAP prior to rulemaking. CMS may informally, without deliberations and voting, review these refinements via the "feedback loop" with the MAP. These updates may occur during the web meetings of the MAP workgroups scheduled annually in the fall.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of assessments 1-3.

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, 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:

- 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

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

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 the broad aims and one or more of the six National Quality Strategy 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: Review can continue.*
  - *No: Measure will receive a Do Not Support.*
  - *MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.*

MAP Preliminary Analysis Algorithm

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

MAP Preliminary Analysis Algorithm

- **Assessment 3: The measure addresses a quality challenge.**
- Definition:
  - *The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e. a safety event that should never happen); or*
  - *The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.*
- Result:
  - *Yes: Review can continue*
  - *No: Measure will receive a Do Not Support.*
  - *MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.*

MAP Preliminary Analysis Algorithm

- **Assessment 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 is included in a MAP "family of measures") or*
  - *The value to patients/consumers outweighs any burden of implementation.*
- Result:
  - *Yes: Review can continue*
  - *No: Highest rating can be refine and resubmit.*
  - *MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.*

MAP Preliminary Analysis Algorithm

- **Assessment 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: Review can continue*
  - *No: Highest rating can be Refine and Resubmit.*
  - *MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.*

MAP Preliminary Analysis Algorithm

- **Assessment 6: The measure is reliable and valid for the level of analysis, program, and/or setting(s) for which it is being considered.**
- Definition:
  - *The measure is NQF-endorsed; or*
  - *The measure is fully developed and full specifications are provided; and*
  - *Measure testing has demonstrated reliability and validity for the level of analysis, program, and/or setting(s) for which it is being considered.*
- Result:
  - *Yes: Measure could be supported or conditionally supported.*
  - *No: Highest rating can be refine and resubmit.*
  - *MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.*

MAP Preliminary Analysis Algorithm

- **Assessment 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, or request it be revised and resubmitted. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support*

Q&A

Review of the Voting Process

Key Voting Principles

- MAP has established a consensus threshold of greater than 60 percent of participants.
  - *Multiple stakeholder groups would need to agree to reach this threshold.*
  - *Abstentions do not count in the denominator.*
- Every measure under consideration receive a decision, either individually or as part of a slate of measures.
- Workgroups and will be expected to reach a decision on every measure under consideration. There will not be a category of "split decisions" that would mean the Coordinating Committee decides on that measure. However, the Coordinating Committee may decide to continue discussion on a particularly important matter of program policy or strategy.

Key Voting Principles

- 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/Medicaid).*
- 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, refine and resubmit) and provide rationale to support how that conclusion was reached.*

Voting Procedure

Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives

Voting Procedure

Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion. Workgroup members are asked to identify any MUCs to be pulled off for individual discussion prior to the in-person meeting, if possible.
- Workgroup members should clarify if they are pulling a measure for discussion only or if they disagree with the preliminary analysis and would like to vote on a new motion.
- Measures pulled for discussion will focus on resolving clarifying questions.
  - *If during the course of discussion, a workgroup member determines the discussion has shown the need for a new vote a workgroup member can put forward a motion.*
- Measures pulled for a vote should meet one of the following criteria:
  - *Disagreement with the preliminary analysis*
  - *New information is available that would change the results of the algorithm*
- Once all measures that the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation 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 vote will occur at this time)

Voting Procedure

Step 3. Discussion and Voting on Measures Identified for a New Motion

- Workgroup member(s) who identified the need for discussion describe their perspective on the use of the measure and how it differs from the preliminary recommendation in the discussion guide.
  - *If a motion is for conditional support or refine and resubmit the member making the making should clarify and announce the conditions or suggested refinements.*
- Workgroup member(s) assigned as lead discussant(s) for the relevant group of measures will be asked to respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
- The co-chair will then open for discussion among the Workgroup. Other 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 Workgroup member who made the motion has the option to withdraw the motion. Otherwise, the Workgroup will be asked to vote on the motion.
  - *If the motion is for conditional support or refine and resubmit the chair can accept additional conditions or suggested refinement based on the Workgroup's discussion.*
  - *If the named conditions or refinements directly contradict each other, the chair should ask for a separate motion after the original motion has been subject to a vote.*

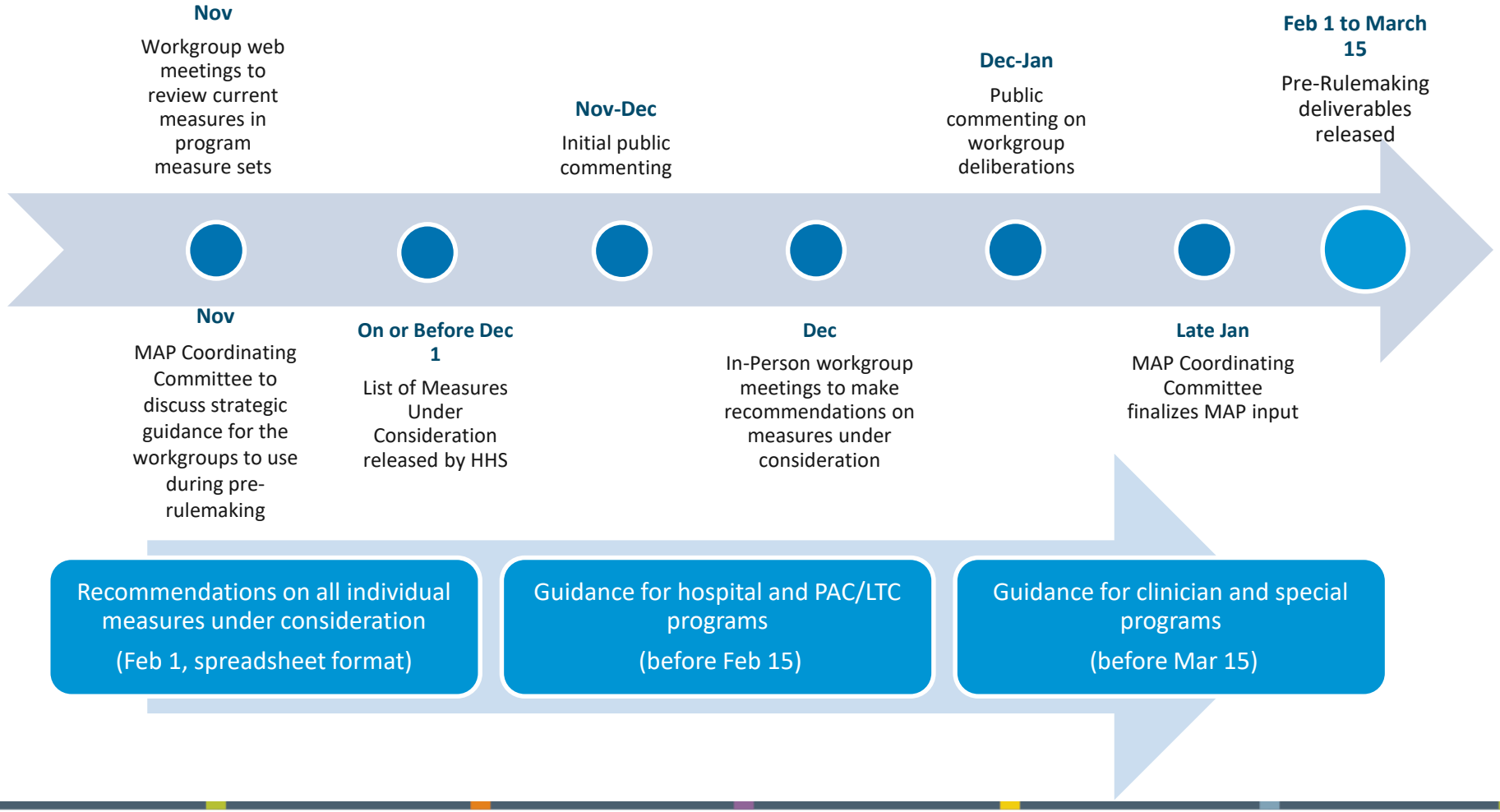
Voting Procedure
Step 4: Tallying the Votes

- If the motion put forward by the workgroup member receives greater than 60% of the votes, the motion will pass and the measure will receive that decision.
- If the motion does not receive greater than 60% of the votes, the co-Chairs will resume discussion to develop another motion. After the conclusion of discussion, the co-Chairs will put forward another motion. If that motion receives greater than 60% of the votes, the motion will pass. If not, discussion will resume.
- If a no motion put forward by the Workgroup achieves greater than 60% the preliminary analysis decision will stand.
- Abstentions are discouraged but will not count in the denominator

Q&A

Review of the Pre-Rulemaking Discussion Guide

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



Q&A

Public and Member Comment

Timeline of Upcoming Activities

Web Meetings

- Hospital Workgroup – **November 8**
- Clinician Workgroup – **November 9**
- PAC/LTC Workgroup – **November 13**
- Coordinating Committee – **November 30**

Release of the MUC List – by December 1

Public Comment Period #1 – Timing based on MUC list release

In-Person Meetings

- Clinician Workgroup – **December 12**
- PAC/LTC Workgroup – **December 13**
- Hospital Workgroup – **December 14**
- Coordinating Committee – **January 25-26**

Public Comment Period #2 – Following Workgroup In-Person Meetings

Resources

- CMS Pre-Rule Making Webinars:
  - *April 4, 2017: CMS 2017 Measures under Consideration (MUC) Kick Off*
  - *April 6, 2017: CMS 2017 Measures under Consideration (MUC) JIRA Open Forum 1*
  - *April 11, 2017: CMS Program Measurement Needs and Priorities Session*
  - *April 13, 2017: CMS 2017 Measures under Consideration (MUC) JIRA Open Forum 2*
- CMS' Measurement Needs and Priorities Document:
  - *Final_4_11_2017_MUC_Program_Priorities_Needs*
- Pre-Rule Making URL:
  - *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html*
- MAP Member Guidebook:
  - *http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515*

Adjourn