



All MAP Orientation Web Meeting

The National Quality Forum (NQF) convened a public web meeting for all MAP Workgroups, Advisory Groups, and Coordinating Committee Members on October 5, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Tricia Elliott, NQF Senior Managing Director, welcomed participants to the orientation. Dr. Dana Gelb Safran, NQF President and CEO, provided brief opening remarks and expressed appreciation for all members of the Measure Applications Partnership (MAP) Workgroups, Advisory Groups, and Coordinating Committee, along with CMS as they prepared for the upcoming rulemaking cycle. Dr. Safran introduced Dr. Michelle Schreiber, Deputy Director for Quality and Safety - Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services (CMS). Dr. Schreiber thanked MAP members for their participation and feedback in past cycles with a reminder of the effect that their recommendations have.

Ms. Elliott proceeded by reviewing the following meeting topics:

- Overview of MAP
- Review of MAP Implementation Results
- Review of Measures Under Consideration (MUC) List
- Review of MAP Pre-Rulemaking Approach

MAP Overview

Ms. Elliott provided an overview of MAP, explaining its statutory authority under the Affordable Care Act and the role of MAP. Ms. Elliott outlined four key MAP roles, the first to inform the selection of performance measures; second to provide input to Health and Human Services (HHS) on the selection of measures; third to identify measure gaps for development, testing, and endorsement; and lastly to encourage measurement alignment across public and private programs, settings, levels of analysis, and populations. Ms. Elliott highlighted the major components of the federal rulemaking process and reviewed how MAP works within the pre-rulemaking period. Ms. Elliott emphasized that the input provided during the pre-rulemaking period facilitates a multistakeholder dialogue and allows for transparency and an open forum. Ms. Elliott took a moment to discuss the measure set review (MSR) pilot process and measure review criteria (MRC) that NQF developed, in partnership with CMS, evaluating measures within federal programs. For the 2021-2022 cycle, the Coordinating Committee worked on the MSR pilot in addition to pre-rulemaking recommendations and for the 2022-2023 cycle, MAP will fully implement the MSR to include input from all workgroups and advisory groups. The overview continued with a summary of the structure of MAP, which includes three workgroups (Hospital, Clinician, and Post-Acute Care/Long-Term Care [PAC/LTC]) and two advisory groups (Rural Health and Health Equity) which are overseen by the Coordinating Committee. The committee, workgroups, and advisory groups are composed of voting organizational representatives, voting subject matter experts which include co-chairs, and non-voting federal government liaisons. In addition to

reviewing the structure, Ms. Elliott reviewed the individual project teams and federal programs for each of the workgroups.

MAP Implementation Results

To inform the audience on how CMS has implemented recent MAP recommendations, Matt Pickering, NQF Senior Director, provided the implementation results of MAP recommendations from the 2017-2018, 2018-2019, and 2020-2021 MAP Cycles. This included the number of measures categorized as follows, as well as the number of measures finalized and not finalized into rulemaking:

- Support for Rulemaking
- Conditional Support for Rulemaking
- Refine and Resubmit Prior to Rulemaking (2017-2018)
 - This category is now labeled 'Do Not Support for Rulemaking with Potential for Mitigation'
- Do Not Support for Rulemaking with Potential for Mitigation (2018-2019)
- Do Not Support for Rulemaking
- Removed from Consideration (2020-2021)

Before concluding the discussion on MAP Implementation Results, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, three questions and two comments were raised:

- A MAP stakeholder asked if NQF staff observed any generalities from measures that were not finalized, and any lessons learned that the workgroups could take away. Staff noted that MAP implementation results are another data point used for consideration in future cycles and recommendations.
- A MAP stakeholder commented that the MAP implementation results show good data but did not accurately represent measures finalized given that CMS will ultimately reach a decision using input from multiple stakeholders. Ms. Elliott agreed and noted that the numbers were a representation of the output of the MAP workgroups and advisory groups.
- A MAP stakeholder asked if a measure could receive two categorizations if the same measure was submitted to two different programs. NQF staff responded that if a measure was submitted to multiple programs, it would be evaluated and recommended separately for each program.
- A MAP stakeholder asked what role NQF's Scientific Methods Panel (SMP) plays in the pre-rulemaking process, specifically if a measure has gone through the endorsement process and validity of its methodology has already been addressed. Ms. Elliott explained that not all measures on the Measures Under Consideration (MUC) list are NQF-endorsed and not all NQF-endorsed measures have to be reviewed by the SMP for validity, as some can be reviewed by the Standing Committee. Dr. Schreiber highlighted that the submission process for measures to be considered for the MUC list is open to everyone. Dr. Schreiber also emphasized that CMS's rule-writing depends on input from multiple stakeholders, including MAP.
- A MAP stakeholder commented on ways that MAP members could optimize the measure recommendations to CMS using the implementation data and searching for gaps/needs that are of high priority to CMS. Dr. Schreiber commended the idea, noting that every year there are priorities to focus on in addition to the overall strategic priorities. Dr. Schreiber highlighted that for the upcoming MAP cycle year, areas of focus are equity, maternal health, COVID, and mental health.

Creation of Measures Under Consideration (MUC) List

Chelsea Lynch, NQF Director, reviewed the organizational chart for CMS' Center for Clinical Standards and Quality before explaining the statutory requirements that established the pre-rulemaking process under which NQF convenes MAP committees, workgroups, and advisory groups to review quality and efficiency measures and provide input to CMS. Ms. Lynch also provided the deadlines by which said measures are released by CMS for review and when NQF must in return provide input. Ms. Lynch highlighted that MUC List Measures should be focused on a high-priority quality issue or meet a statutory requirement, with a preference towards outcome measures, and consider the amount of burden with the associated measure, along with feasibility of implementation. Ideally measures should be endorsed and harmonized with similar measures across CMS programs and with private payers while minimizing duplication of measures and measure concepts. Lastly, the 2022 pre-rulemaking timeline was reviewed, along with the pre-rulemaking approach of evaluating measures for potential to add to the program measure set, while also identifying and prioritizing gaps for programs and settings.

Before concluding the discussion on the creation of the MUC List, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, no questions were raised.

Measure Selection Criteria (MSC)

Ivory Harding, NQF Manager, provided an overview on the MSC and proceeded to go through the eight criterion and sub-criterion. MAP uses the MSC to evaluate strengths and weaknesses of a program measure set and how the addition of an individual measure would contribute to the set. Ms. Harding noted that the criteria are not absolute rules and provide a general guidance and complement program-specific statutory and regulatory requirements.

Before concluding the discussion on the MSC, NQF staff opened the floor for MAP stakeholders to ask questions. During this time, four questions were raised.

- A MAP stakeholder asked how NQF measures patient-reported outcomes, to comply with one of the MSC. Dr. Schreiber responded that the outcomes are not patient-reported but rather patient-centered outcomes. Outcomes that align with goals of care instead of outcomes directly reported by a patient. Dr. Schreiber recognized the challenges of collecting both types of outcomes and noted the lack of standardization around collection tools.
- A MAP stakeholder asked about the importance and priority of digital measures for CMS. Dr. Schreiber highlighted the transition of all measures to digital measures and the journey of digital data and healthcare. Dr. Schreiber also highlighted the decrease of administrative burden and the leverage of advanced analytics (i.e., A.I. tools).
- A MAP stakeholder asked about the balance between the MSC and any specific weight of one criterion over another. NQF staff noted that there is no specified weight assigned any of the, however it does have an influence on the preliminary analysis algorithm.
- A MAP stakeholder asked if the MSC was developed by NQF, CMS, or the Coordinating Committee. NQF staff responded that during the Coordinating Committee Strategic meeting held typically in September, the criteria was under review by Committee members with both NQF and CMS present. Dr. Schreiber clarified that it is not CMS's role to influence or bias the Coordinating Committee decision.

Review of MAP Pre-Rulemaking Approach

Udara Perera, NQF Senior Manager, provided an overview of the Preliminary Analysis Algorithm which is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions during the December Virtual Review meetings. Ms. Perera pointed out that the Algorithm was developed from the MAP MSC and has been approved by the Coordinating Committee. Ms. Perera proceeded to review the seven assessments under which measures are evaluated against and the four decision categories for the 2021-2022 MAP Pre-Rulemaking cycle:

1. Support for Rulemaking
2. Conditional Support for Rulemaking
3. Do Not Support for Rulemaking with Potential for Mitigation
4. Do Not Support for Rulemaking

Before concluding the discussion on the creation of the MAP Pre-Rulemaking Approach, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, nine questions were raised:

- A MAP Stakeholder asked if do not support decisions can be revisited. Ms. Perera clarified that each workgroup will review each measure under consideration and come up with a decision, however the Coordinating Committee can revisit a decision during their review meeting in January.
- A MAP Stakeholder asked if there is a certain measure that is not going to meet a particular assessment, could the workgroup focus on that assessment to help with efficiency. Ms. Perera clarified that each workgroup would review each measure under consideration, including each assessment.
- A MAP Stakeholder asked where equity and data disaggregation fit into the seven assessments and the algorithm. Data disaggregation is critical to identifying and tracking health disparities but is not necessarily linked to a specific measure. Ms. Lynch clarified that the Health Equity advisory group would be reviewing each measure under consideration and sharing recommendations with all the MAP workgroups before the virtual review meetings in December. Dr. Schreiber noted that there are also equity-specific measures that the Health Equity advisory group would be able to advise on.
- A MAP Stakeholder asked how the analysis on health equity and disparities would be incorporated into the algorithm and how the input of the Health Equity advisory group would be integrated. Ms. Lynch clarified that the Health Equity advisory group would be reviewing each measure under consideration and sharing recommendations with all the MAP workgroups before the virtual review meetings in December. Additionally, the feedback from the advisory groups will be gathered in a summary that will be shared with MAP members.
- A MAP Stakeholder asked if workgroups/advisory groups need to reach a majority or consensus. NQF responded that a consensus needs to be met.
- A MAP Stakeholder asked if there are currently any measures that hold health systems accountable for the completeness of data on race, ethnicity, and gender identity, given that data on those key demographic groups is essential for assessing equity across all the other measures. Dr. Schreiber responded that unfortunately, there are no measures. CMS agrees that the gold standard is direct collect from patients, however there is a challenge to this type of collection.
- A MAP Stakeholder asked if the Health Equity advisory group would be providing feedback to the workgroups prior to their voting and if there will be a separate document from the Health Equity directly to CMS for consideration. Ms. Lynch responded that all MAP workgroups will have feedback from both the Rural Health and Health Equity advisory group in the preliminary

analysis document and the meeting summary. The meeting summary will be posted on the MAP project's website.

- A MAP Stakeholder asked if NQF staff could provide an example of an unintended consequence to a quality measure in the equity scope. Ms. Lynch provided the example of a measure that is looking at the percentage of people prescribed hypertension medication or looking at compliance for hypertension medication. Ms. Lynch emphasized the importance of having a multistakeholder perspective as part of the advisory group.
- A MAP Stakeholder commented on the importance of the discussion distinguishing between patient-driven outcome measures and person-centered outcomes. They wanted more detail about the process surrounding these measures and how they can advance health equity and the measurement process overall. Ms. Lynch noted that each workgroup and advisory group would be having a separate setting-specific orientation meeting where the topic could be discussed in more detail.

Review of Voting Process

Susanne Young, NQF Manager, reviewed the NQF voting procedure, key voting terms, and principles. Ms. Young highlighted that if quorum is not established during a meeting, the MAP workgroup will vote via electronic ballot after the meeting. NQF staff will provide an overview of the process for establishing consensus at the start of each meeting and voting will begin after introductory presentations and relevant context. Each MAP participant 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. If votes do not reach consensus, the preliminary analysis decision will stand and be noted for the Coordinating Committee's consideration.

Before concluding the discussion on the voting process, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, one question was raised.

- A MAP Stakeholder asked if NQF staff are included in the needed quorum and what is the difference between quorum and consensus. Ms. Perera responded that NQF staff are not included in the necessary quorum. The 66% refers to the percentage of members that need to be present in the meeting for a vote to take place. 60% is the percentage threshold that is needed to establish a consensus on each measure vote.

Public Comment

Ms. Young opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Victoria Freire, NQF Analyst, presented next steps, including an overview of the MAP Timeline. MAP nominations closed in July, with the new Health Equity Advisory Group nomination period ending in August. The Coordination Committee Strategic meeting occurred in September and NQF will host a series of setting specific orientation web meetings in October and November. CMS will release the MUC List by December 1, 2021, and NQF will host 1-day setting specific review web meetings in December. The Coordinating Committee Review Meeting will be on January 19, 2022.