MUC ID	Measure Title	Description	MAP Recommendation	MAP Rationale	Initial Public Comment Period Summary	Final Public Comment Period Summary	Steward
MUC16-087	Average change in back pain following lumbar discectomy and/or laminotomy	The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure.	Conditional Support for Rulemaking	This measure would add a PRO-PM to the set as well as a measure specific to spine surgery . The submitter does not provide specific test data. In order to receive full support, the submitter will need to provide data at the individual clinician level. Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of a lumbar discectomy and/or laminectomy. Conditional support pending NQF endorsement and testing that supports variation at the individual clinician level.	MAP received 1 public comment about the measure before its December workgroup meetings from the following organization: North American Spine Society. MAP workgroups considered this comment during their deliberations.	MAP received 3 public comments about its preliminary recommendation from the following organizations: American Academy of Physical Medicine and Rehabilitation, American Institutes for Research, North American Spine Society. Two comments supported the preliminary recommendation; one did not. Commenters identified the need for risk-adjustment, exclusions, and highlighted potential implementation issues. The MAP Coordinating Committee considered these comments during their deliberations.	MN Community Measurement
MUC16-088	Average change in back pain following lumbar fusion.	The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had lumbar spine fusion surgery.	Conditional Support for Rulemaking	This measure would add a PRO-PM to the set as well as a measure specific to spine surgery . The submitter does not provide specific test data. In order to receive full support, the submitter will need to provide data at the individual clinician level. Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of a lumbar discectomy and/or laminectomy. Conditional support pending NQF endorsement and testing that supports variation at the individual clinician level.	MAP received 1 public comment about the measure before its December workgroup meetings from the following organization: North American Spine Society. MAP workgroups considered this comment during their deliberations.	MAP received 2 public comments about its preliminary recommendation from the following organizations: American Academy of Physical Medicine and Rehabilitation, North American Spine Society (NASS). One comment was in support of the recommendation. NASS abstained from supporting or not supporting the recommendation. NASS submitted detailed questions related to how to operationalize the measure. The MAP Coordinating Committee considered these comments during their deliberations.	MN Community Measurement
MUC16-089	Average change in leg pain following lumbar discectomy and/or laminotomy	The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure	Conditional Support for Rulemaking	This measure would add PRO-PM to the set as well as spine surgery specific measures. The submitter does not provide specific test data. In order for full support, the submitter will need to provide data at the individual clinician level. Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of a lumbar discectomy and/or laminectomy. Conditional support pending NQF endorsement and testing that supports variation at the individual clinician level.	MAP received 1 public comment about the measure before its December workgroup meetings from the following organization: North American Spine Society. MAP workgroups considered this comment during their deliberations.	MAP received 2 public comments about its preliminary recommendation from the following organizations: American Academy of Physical Medicine and Rehabilitation, North American Spine Society (NASS). One comment was in support of the recommendation. NASS abstained from supporting or not supporting the recommendation. NASS submitted detailed questions related to how to operationalize the measure. The MAP Coordinating Committee considered these comments during their deliberations.	MN Community Measurement
MUC16-287	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy	Patients determined as having prostate cancer currently undergoing androgen deprivation therapy (ADT) or prior use of ADT who receive an initial bone density evaluation.	Refine and Resubmit Prior to Rulemaking	This measure provides information as to whether physicians are appropriately conducting and documenting bone density evaluation for patients undergoing androgen deprivation therapy. MAP discussed that an outcome measure would be much more meaningful in MIPS. Additionally, there were several concerns about the populations that would be included or excluded from the measure. More test data and specificity were also requested. If an outcome measure is not feasible at this time, MAP recommends resubmission after addressing the measure specifications and testing concerns.	MAP received 2 public comments about the measure before its December workgroup meetings from the following organizations: The MJohnson & Johnson, American Society for Radiation Oncology. MAP workgroups considered these comments during their deliberations.	MAP did not receive any public comments about its preliminary recommendation on the measure.	Oregon Urology Institute in collaboration with Large Urology Group Practice Association
MUC16-312	Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)	Percentage of patients aged 3 through 17 years of age, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.	Conditional Support for Rulemaking	This measure provides information as to whether physicians are appropriately treating post-operative vomiting after anesthetic use. MAP discussed whether a gap exists and felt that it did since this covers pediatric and adolescent patients. Conditional Support pending NQF review and endorsement.	MAP did not receive public comments about the measure before its December workgroup meetings.	MAP received 2 public comments about its preliminary recommendation from the following organizations: American Academy of Otolaryngology - Head and Neck Surgery, Family Voices NJ. Both were in support of the preliminary recommendation. The MAP Coordinating Committee considered these comments during their deliberations.	American Society of Anesthesiologists
MUC16-343	Uterine artery embolization technique: Documentation of angiographic endpoints and interrogation of ovarian arteries	Documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries.	Refine and Resubmit Prior to Rulemaking	This measure does not appear to be tested at the clinician level. This measure provides information as to whether physicians are appropriately documenting procedural aspects of uterine artery embolization. MAP appreciated that this measure also addresses a potential disparity as the condition is more prevalent in African American patients. MAP indicated a preference for an outcome measure. MAP recommends that if an outcome measure is not feasible at this time, the measure should be resubmitted with testing that supports variation at the individual clinician level.	MAP did not receive public comments about the measure before its December workgroup meetings.	MAP did not receive any public comments about its preliminary recommendation on the measure.	Society of Interventional Radiology