

Welcome to Today's Meeting!

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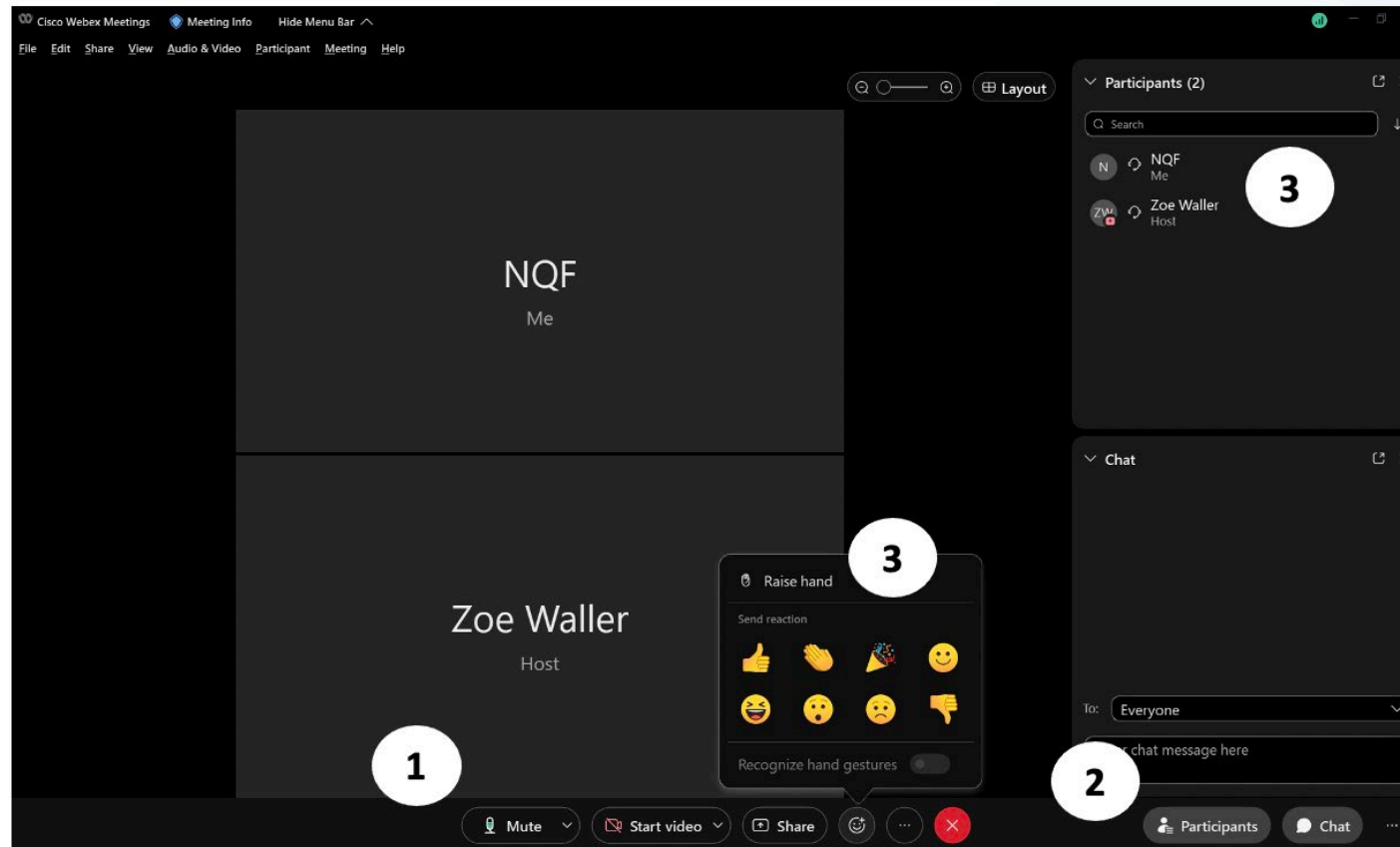
If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at

MAPClinician@qualityforum.org

Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure review criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Using the WebEx Platform



1 Click the lower part of your screen to mute/unmute, start or pause video, and access the raised hand feature

2 Click on the participant or chat button to access the full participant list or the chat box

3 To raise your hand, select the raised hand function under the reactions tab or the raised hand next to your name in the participant's window



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Measure Applications Partnership (MAP) Clinician Workgroup 2022 Measure Set Review (MSR) Meeting

June 27, 2022

Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003, Option Year 3

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Review of MSR Process and Measure Review Criteria (MRC)
- Discuss Measures Under Review
 - Medicare Shared Savings Program (MSSP) Measures
 - Merit-Based Incentive Payment System (MIPS) Measures
- Opportunity for Public Comment
- Discussion of Gaps in Clinician MSR Programs
- MAP Clinician Workgroup Feedback on MSR Process
- Next Steps and Closing Comments

Welcome, Introductions, and Disclosures of Interests (DOIs)

Welcoming Remarks from NQF Leadership



Dana Gelb Safran, Sc.D.
President & CEO
National Quality Forum

Welcoming Remarks from Workgroup Co-Chairs



Rob Fields, MD
Mount Sinai Hospital



Diane Padden, PhD, CRNP, FAANP
American Association of Nurse
Practitioners

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project*:
 - Engagement with project sponsors (*Centers for Medicare & Medicaid Services*)
 - Research funding, consulting/speaking fees, honoraria
 - Ownership interest
 - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

Clinician Membership

Workgroup Co-Chairs: Rob Fields, MD; Diane Padden PhD, CRNP, FAANP

Organizational Members (Voting)

- American Academy of Family Physicians
- American College of Cardiology
- American College of Radiology
- Blue Cross Blue Shield of Massachusetts
- Consumer's Checkbook
- Council of Medical Specialty Societies
- Genentech, Inc.
- HealthPartners, Inc.
- Kaiser Permanente
- Louise Batz Patient Safety Foundation
- Magellan Health, Inc.
- OCHIN, Inc.
- Patient Safety Action Network
- Pharmacy Quality Alliance
- Purchaser Business Group on Health
- St. Louis Area Business Health Coalition

Clinician Membership (continued)

Individual Subject Matter Experts (Voting)

- Nishant Anand, MD, FACEP
- Stephanie Fry, MHS
- Amy Nguyen Howell, MD, MBA, FAAFP
- William Fleischman, MD, MHS

Federal Government Liaisons (Non-voting)

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)

MAP Workgroup Staff

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ**, Senior Managing Director
- **Jenna Williams-Bader, MPH**, Senior Director
- **Katie Berryman, MPAP, PMP**, Director, Project Management
- **Ivory Harding, MS**, Manager
- **Susanne Young, MPH**, Manager
- **Ashlan Ruth, BS IE**, Project Manager
- **Joelencia LeFlore**, Associate
- **Gus Zimmerman, MPP**, Associate

CMS Staff

- **Kimberly Rawlings**, Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS
- **Gequincia Polk**, Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), Interim TO COR, CCSQ, CMS

Meeting Objectives

- For the 2022 Measure Set Review (MSR), the MAP Clinician MSR Virtual Review Meeting will:
 1. Review the 2022 MSR process and measure review criteria (MRC)
 2. Provide MAP members with an opportunity to discuss and recommend measures for potential removal
 3. Seek feedback from the workgroup on the MSR process

CMS Welcoming Remarks

Opening Remarks



Michelle Schreiber, MD

Deputy Director of the Centers for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)

Review of MSR Process and Measure Review Criteria (MRC)

Summary of 2022 MSR Process

Prioritize

- Completed: CMS and NQF prioritized programs for discussion
- Completed: NQF staff refines the list of measures by program and creates survey

Survey

- Completed: Workgroup (WG) and advisory group (AG) members nominate measures for removal via survey; use measure review criteria as rationale for nomination
- Completed: NQF staff selects measures with the most votes for AG and WG discussion

Prepare

- Completed: NQF staff posts narrowed list of measures for public comment
- Completed: NQF staff prepares measure summary sheets, including summary of public comment, for review by WG/AG prior to AG and WG meetings; measures will be assessed against measure review criteria

Discuss

- Completed: AG to discuss measures under review
- In progress: Each WG to discuss 10-12 measures and vote for removal of measure or to maintain measure, based on measure review criteria; AG volunteers will be integrated into each WG
- CC to discuss 30-36 measures and vote to uphold WG recommendations or to change recommendation category

2022 MSR Measure Review Criteria

1. Measure does not contribute to the overall goals and objectives of the program
2. Measure is duplicative of other measures within the same program
3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
4. Performance or improvement on the measure does not result in better patient outcomes
5. Measure does not reflect current evidence
6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

2022 MSR Measure Review Criteria (Continued)

8. Measure leads to a high level of reporting burden for reporting entities
9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
 - Feedback from end users or implementers identified negative unintended consequences (e.g., premature discharges, overuse and/or inappropriate use of care or treatment)
 - The measure does not support rural health by negatively impacting issues relevant to the rural population (e.g., access, costs, data collection and/or reporting challenges)
 - The measure does not support health equity by negatively impacting disparities (e.g., race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, geographical consideration)

2022 MSR Decision Categories

Support for Retaining

Conditional Support for Retaining

Conditional Support for Removal

Support for Removal

2022 MSR Decision Categories (Continued-1)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Retaining	MAP supports retaining the measure, as specified, for a particular program.	After discussion, MAP determines the measure does not meet review criteria for removal OR the measure meets at least one review criterion, but MAP thinks the benefits of retaining it in the program outweigh the met criterion. Additionally, MAP has not identified any changes for the measure.	<p>MAP supports retaining the measure despite it meeting a review criterion; for example:</p> <ul style="list-style-type: none"> • The measure is a PRO-PM that is associated with reporting burden, but it is an important measure to patients • The measure is not reported by some entities due to low volume, but it is a meaningful measure for those entities that can report it

2022 MSR Decision Categories (Continued-2)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Retaining	MAP supports retaining the measure for a particular program but has identified certain conditions or modifications that would ideally be addressed.	The measure meets at least one review criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. However, MAP support for retaining is based on certain conditions or modifications being addressed.	<p>MAP supports retaining the measure if certain conditions or modifications are addressed; for example, if the measure:</p> <ul style="list-style-type: none"> • Receives CBE endorsement • Is aligned to the evidence • Is respecified as an electronic clinical quality measure (eCQM) • Is modified so that it no longer meets review criteria

2022 MSR Decision Categories (Continued-3)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Removal	MAP supports removal of the measure from a particular program but has identified certain conditions that would ideally be addressed before removal.	The measure meets at least two review criteria, but MAP thinks that removing the measure will create a measurement gap. Therefore, MAP does not support removal until a new measure is introduced to the program.	<p>MAP supports removal once a new measure is introduced that can replace the existing measure; for example:</p> <ul style="list-style-type: none"> • The measure is integrated into a composite • A process measure is replaced by an outcome measure or PRO-PM

2022 MSR Decision Categories (Continued-4)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Removal	MAP supports removal of the measure from a particular program.	The measure meets at least two review criteria. MAP does not think that removal of the measure will create a measurement gap.	The workgroup determines that the measure no longer meets program priorities and removing it will not lead to a measurement gap; for example, the measure is topped out.

Workgroup Review Meetings and Key Voting Principles

- **Quorum** is defined as **66 percent** of the **voting members** 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 or workgroup, 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 review will receive a recommendation.

Process for Today's Discussion

- **Step 1.** NQF staff describes the program in which the measure is currently included.
- **Step 2.** Co-chairs will open the discussion for public comment on measures under review within the program.
- **Step 3.** The lead discussants will offer initial thoughts about retaining the measure in the program.
- **Step 4.** Advisory group volunteers and NQF staff will summarize the advisory groups' discussion of the measure.
- **Step 5.** The co-chairs will ask for clarifying questions and open the measure for discussion.
 - CMS leads will respond to clarifying questions about the measures.
 - NQF staff will respond to clarifying questions about the process.

Process for Today's Discussion (continued-1)

- **Step 6. Workgroup discusses each measure and provides feedback on:**
 - Data collection and/or reporting challenges for clinicians, particularly in the office setting
 - Methodological problems of calculating performance measures
 - Potential unintended or negatives consequences relating to the removal of the measure from specific programs
- **Step 7. Co-chairs will put forward a decision category.**
 - Co-chairs will summarize the major themes of the discussion and will determine what decision category will be put to a vote first based on potential consensus emerging from the discussion.
 - 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 conditional support for retaining, then conditional support for removal, then support for removal, then support for retaining.

Process for Today's Discussion (continued-2)

- **Step 8.** NQF staff will tally 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%, the measure will be assigned the decision “support for retaining.”

Questions on 2022 MSR Process?

Voting Test

Clinician Programs

Clinician Programs

Medicare Shared
Savings Program
(MSSP)

Merit-Based
Incentive Payment
System (MIPS)

Medicare Shared Savings Program (MSSP)

Medicare Shared Savings Program (MSSP)

- **Program Type:** Shared Savings Program - Mandated by section 3022 of the Affordable Care Act
- **Incentive Structure:**
 - CMS assesses Shared Savings Program Accountable Care Organization (ACO) performance annually based on quality and financial performance to determine share savings and losses.
 - Beginning with performance year 2021, ACOs are required to report their quality data to CMS via the Alternative Payment Model (APM) Performance Pathway (APP).
 - Performance categories and weights under the APP used to calculate an ACO's MIPS Quality performance category score:
 - Quality (50%)
 - Cost – (0%)*
 - Improvement Activities (IA) (20%)**
 - Promoting Interoperability (30%)
- **Program Goals:**
 - Promote accountability for a patient population
 - Coordinate items and services for the ACOs' patient population Medicare fee-for-service beneficiaries
 - Encourage investment in high quality and efficient services

• *APMs are already responsible for costs

• ** All MIPS APM participants who report through the APP will receive a full score for the IA category for performance year 2022, and would not need to submit additional IA activity information

Opportunity for Public Comment on Medicare Shared Savings Program (MSSP) Measures

Opportunity for Public Comment on the Medicare Shared Savings Program (MSSP) Measures

- **00515-C-MSSP:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **eCQM ID: CMS2v11:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)
- **06040-C-MSSP:** Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
- **02816-C-MSSP:** Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey
- **01246-C-MSSP:** Controlling High Blood Pressure
- **eCQM ID:CMS165v10:** Controlling High Blood Pressure (eCQM)

00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- **Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is document.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
 - Measure does not contribute to the overall goals and objectives of the program
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
 - Measure leads to a high level of reporting burden for reporting entities
- **Additional Survey Feedback:**
 - None

eCQM ID: CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)

- **Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is document.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** This measure was not presented in the original survey but is an electronic clinical quality measure (eCQM) version of a measure presented in the original survey.
- **Criteria/Rationale:** N/A

06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups

- **Description:** This measure is a re-specified version of the measure, “Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition” (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group’s readmission rate. The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.
- **Endorsement Status:** Not endorsed; based on an endorsed measure.
- **MSR Selection Count:** 5

06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (continued)

- **Criteria/Rationale:**

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure is duplicative of other measures within the same program
- Measure does not contribute to the overall goals and objectives of the program
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**

- We think this is a good measure and it should be endorsed.
- Would need very large sample size to be valid at the individual group level over an actionable timeframe
- This is not quality measure. It is a utilization measure.

Lunch Break

02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- **Description:** Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).
- **Endorsement Status:** Not endorsed; based on an endorsed measure.
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
 - Measure does not contribute to the overall goals and objectives of the program
 - Measure leads to a high level of reporting burden for reporting entities
 - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- **Additional Survey Feedback:**
 - I would wonder how often this is being reported and does it have unintended consequences for groups who take care of higher underserved populations?
 - This is not quality measure. It is a utilization measure.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey

- **Description:** The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 6 months.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 3

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey (continued)

- **Criteria/Rationale:**

- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**

- Have received feedback from stakeholders that the questions, feedback and rates from the CG-CAPHS tools are very hard to impact/ improve. Additionally, the vendor requirements around administration were so burdensome we actually had state legislature prohibiting the statewide quality and measurement program including these metrics and we stopped collecting and aggregating this information
- People with intellectual disabilities are unlikely to be able to participate.

01246-C-MSSP: Controlling High Blood Pressure

- **Description:** Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 6
- **Criteria/Rationale:**
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Performance or improvement on the measure does not result in better patient outcomes
 - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
 - Measure leads to a high level of reporting burden for reporting entities
- **Additional Survey Feedback:**
 - We consider this being a good measure and wonder why it is not endorsed.
 - Uncertain as to strength of data in those >75 years of age

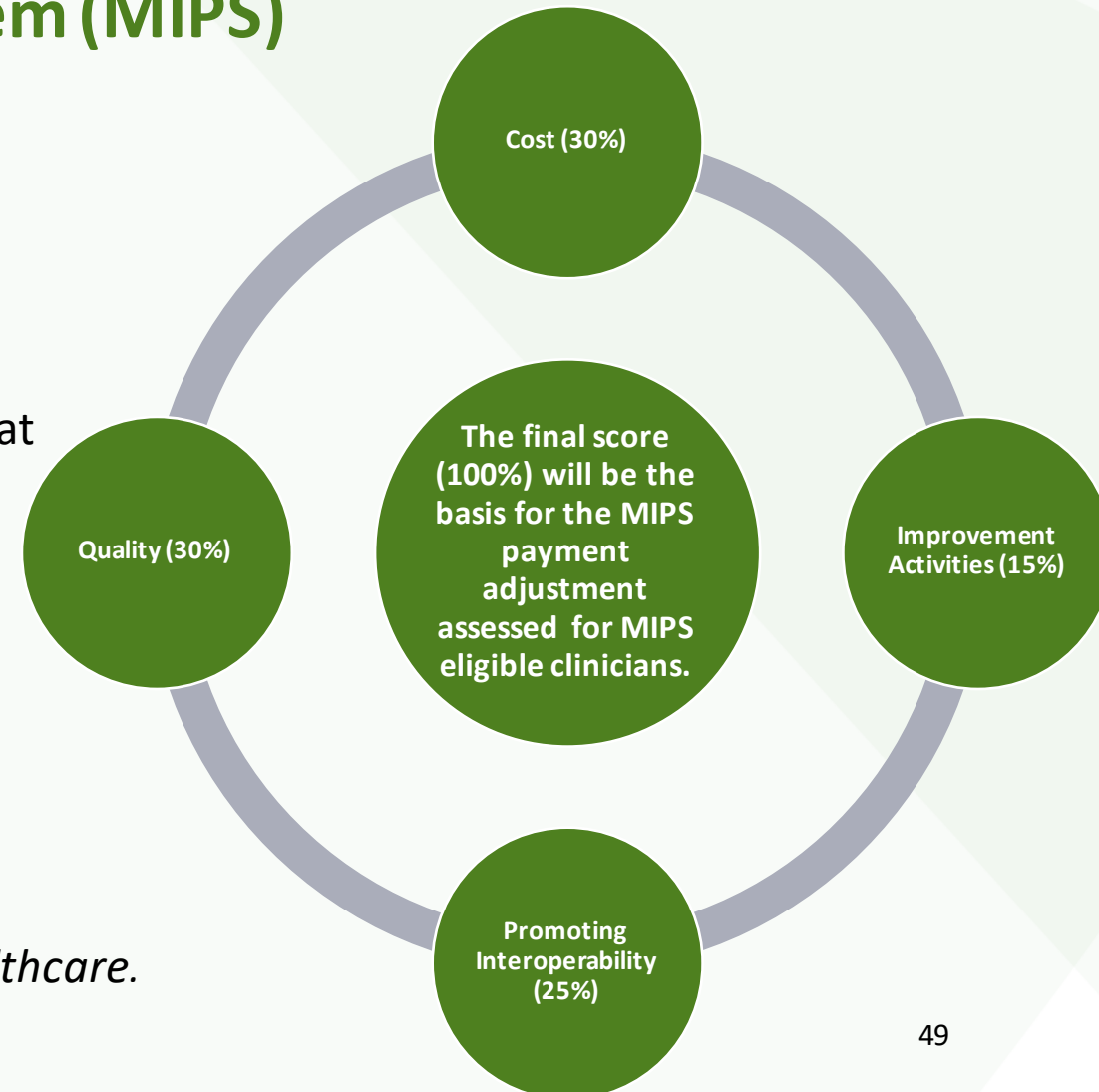
eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM)

- **Description:** Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** This measure was not presented in the original survey but is an electronic clinical quality measure (eCQM) version of a measure presented in the original survey.
- **Criteria/Rationale:** N/A

Merit-Based Incentive Payment System (MIPS)

Merit-Based Incentive Payment System (MIPS)

- **Program Type:**
 - Quality Payment Program (QPP).
- **Incentive Structure:**
 - Pay-for-performance.
 - There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
- **Program Goals:**
 - Improve quality of patient care and outcomes.
 - For Medicare fee-for-service (FFS)
 - *Reward clinicians for innovative patient care.*
 - *Drive fundamental movement toward value in healthcare.*



Opportunity for Public Comment on Merit-Based Incentive Payment System (MIPS) Measures

Opportunity for Public Comment on the Merit-Based Incentive Payment System (MIPS) Measures

- 00641-C-MIPS: Functional Outcome Assessment
- 01101-C-MIPS: Barrett's Esophagus
- 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
- 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)
- 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)
- 05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)

00641-C-MIPS: Functional Outcome Assessment

- **Description:** Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4

00641-C-MIPS: Functional Outcome Assessment (continued)

- **Criteria/Rationale:**

- Measure leads to a high level of reporting burden for reporting entities
- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contributions to health disparities

- **Additional Survey Feedback:**

- This measure is so broadly inclusive that it is unclear how it will lead to better patient outcomes. Becomes a check box assessment rather than thoughtful practice.
- Measure denominator of all adults age 18 and older at with assessment during every visit with standardized tool makes this measure more burdensome than it could be with a more focused denominator

01101-C-MIPS: Barrett's Esophagus

- **Description:** Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4

01101-C-MIPS: Barrett's Esophagus (continued)

- **Criteria/Rationale:**

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

- **Additional Survey Feedback:**

- CMS has acknowledged this measure is topped out
- Measure construct appears to be measuring a standard of care. Does the rate diagnosing this condition indicate good or poor performance
- Does this encourage excessive endoscopy in GERD?

02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

- **Description:** Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
 - Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
- **Additional Survey Feedback:**
 - The incidence of this condition is 1 in 10,000 per year may pose small volume problems

Break

00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3

00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (continued)

- **Criteria/Rationale:**

- Performance or improvement on the measure does not result in better patient outcomes
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure leads to a high level of reporting burden for reporting entities

- **Additional Survey Feedback:**

- This measures information exchange, not necessarily care coordination and a primary care clinician or endocrinologist may not be able to influence this outcome from a patient vision standpoint.
- Has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost, strong performance could indicate better resourced organization rather than higher standard of care.

05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)

- **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3

05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM) (continued)

- **Criteria/Rationale:**

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure leads to a high level of reporting burden for reporting entities

- **Additional Survey Feedback:**

- Has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost, strong performance could indicate better resourced organization rather than higher standard of care.
- This measures information exchange, not necessarily care coordination and a primary care clinician or endocrinologist may not be able to influence this outcome from a patient vision standpoint.

05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)

- **Description:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
 - Measure leads to a high level of reporting burden for reporting entities
 - Measure does not contribute to the overall goals and objectives of the program
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Performance or improvement on the measure does not result in better patient outcomes
- **Additional Survey Feedback:**
 - Redundant to measure 02527-C-MIPS, could combine.
 - Penalizes those not in systems of care; benefits those who are in such systems - no requirement to demonstrate that report was read

05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)

- **Description:** Percentage of children, 6 months - 20 years of age at the start of the measurement period, who have had tooth decay or cavities during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
 - Measure does not contribute to the overall goals and objectives of the program
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- **Additional Survey Feedback:**
 - Need more information; while this outcome needs to be measured because it is important for childhood dental health, it could disincentivize a dentist from treating patients with inadequate dental care or at high risk for dental problems.

Opportunity for Public Comment

Discussion of Gaps in Clinician MSR Programs

MAP Clinician Workgroup Feedback on MSR Process

Feedback on MAP Clinician Workgroup Review Process

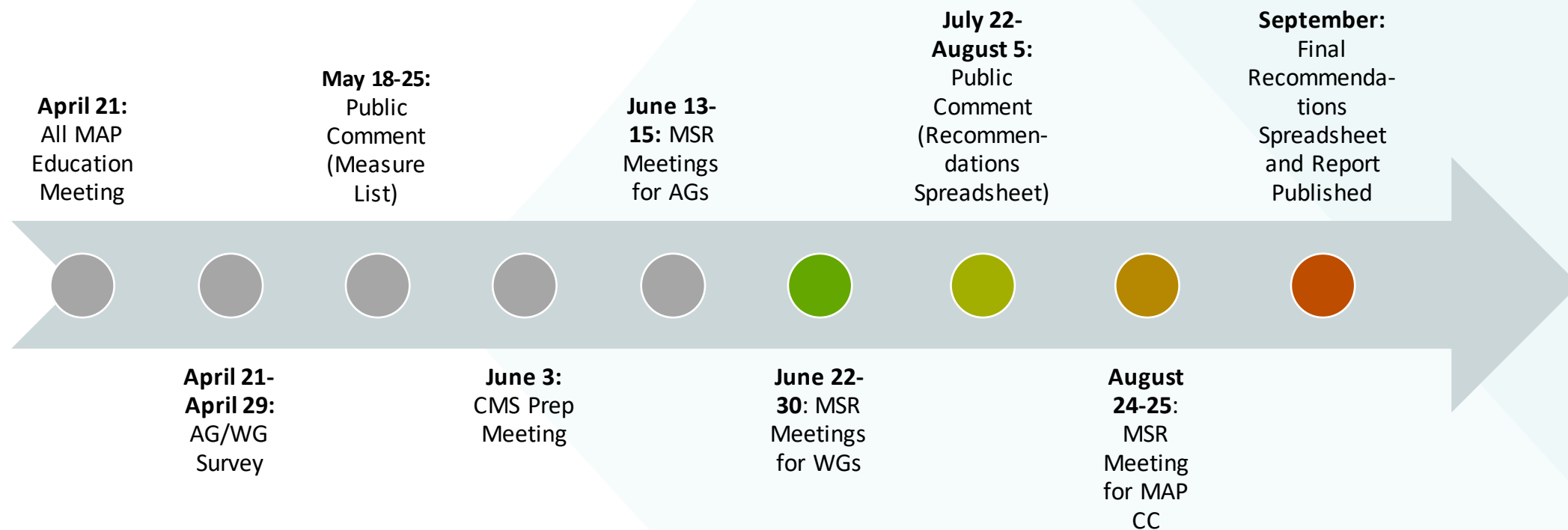
- Polling Questions:
 - The MSR survey to nominate measures for discussion worked well
 - I had what I needed to respond to the MSR survey
 - The workgroup review of the measures under review worked well
- Discussion Questions:
 - What worked well during the workgroup survey?
 - What worked well during the workgroup's review of the measures under review? What would help the workgroup's review process be even better?
 - Do you have any suggested improvements to the criteria used to review the measures under review, meeting processes and logistics, etc.?

Next Steps

Timeline of Upcoming Activities

- **Workgroup Review Meetings**
 - Clinician Workgroup – June 27, 2022
 - Post-Acute/Long-Term Care (PAC/LTC) Workgroup – June 30, 2022
 - Coordinating Committee – August 24-25, 2022
- **Public Comment on Measure Removal Recommendations:** July 22 – August 05, 2022
- **Final Recommendations Report to CMS** – September 22, 2022

2022 MSR Timeline



Contact Information

- Project page: [MAP Clinician Workgroup](#)
- Email: MAPClinician@qualityforum.org

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>

Appendix

Federal Programs Prioritized by CMS/NQF for MAP Clinician WG Review

Federal Programs for MAP Clinician	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Merit-based Incentive Payment System (MIPS)	200	1/3 of measures will be reviewed for 2022 MSR*
Medicare Shared Savings Program (SSP)	13	X
Medicare Part C and D Star Ratings	40 (38 unique measures)	**

**To obtain 1/3 of measures for review, measures will be grouped by clinical topic or meaningful measure area.*

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Narrowing List of Measures for Discussion

