NATIONAL QUALITY FORUM

Welcome to Today's Meeting!

- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - Please raise your hand and unmute yourself when called on
  - Please lower your hand and mute yourself following your question/comment
  - Please state your first and last name if you are a Call-In-User
  - We encourage you to keep your video on throughout the event
  - Feel free to use the chat feature to communicate with NQF staff

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at MAPClinician@qualityforum.org

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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

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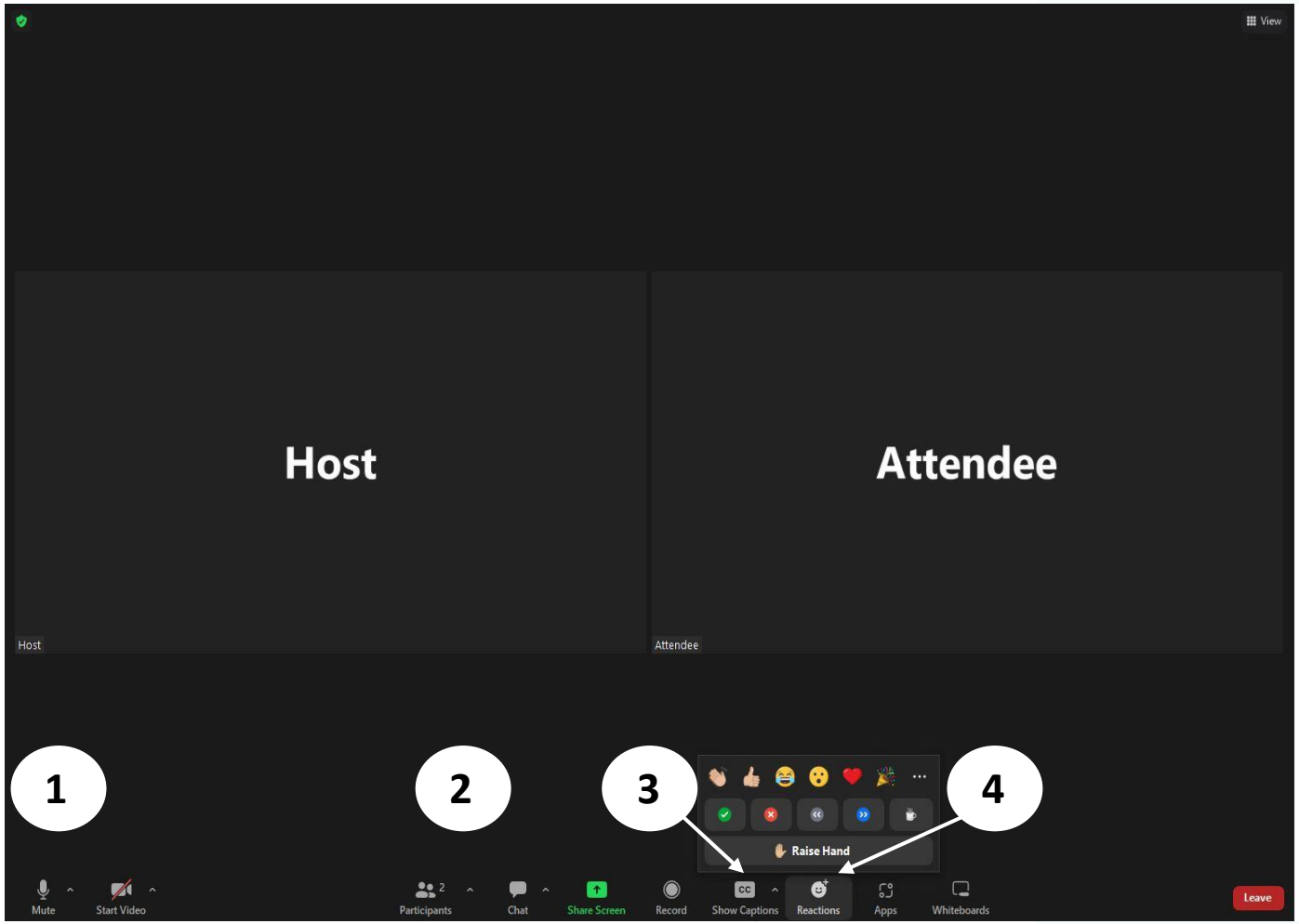
Driving measurable health improvements together

Using the Zoom Platform



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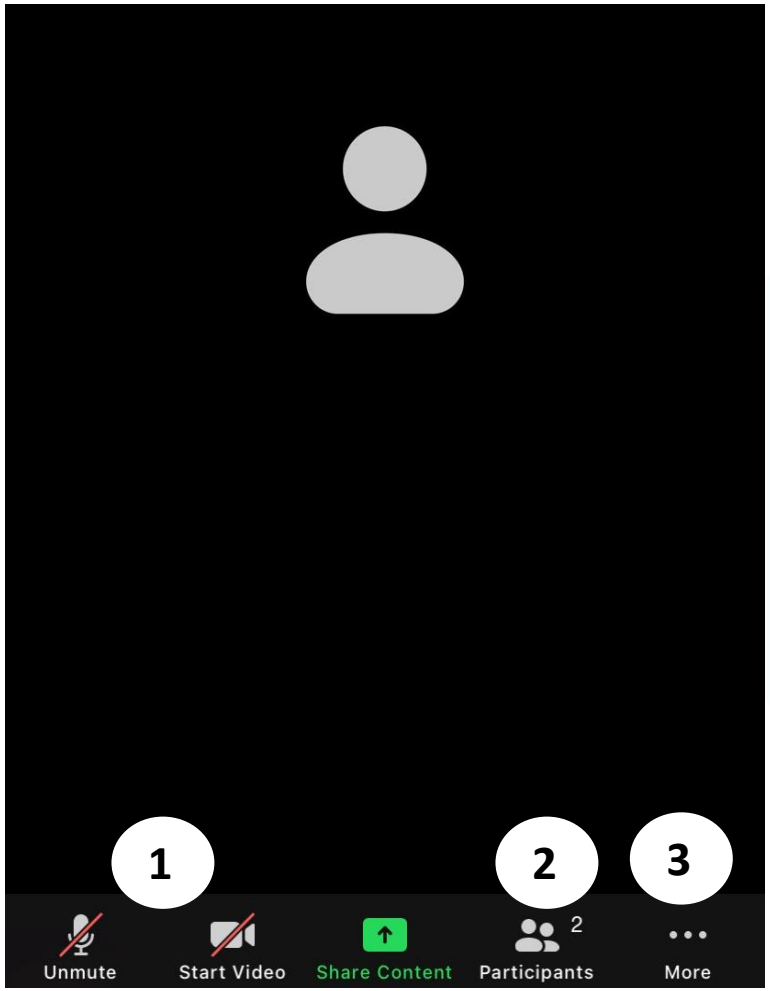
NATIONAL QUALITY FORUM
Driving measurable health improvements together

Using the Zoom Platform (Phone View)



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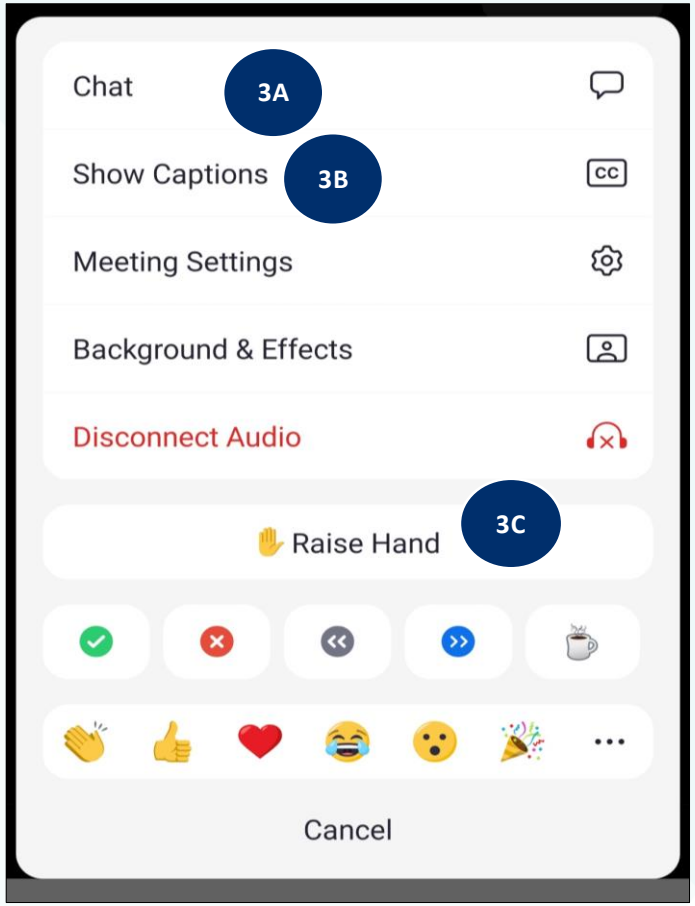
3. Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



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Measure Applications Partnership (MAP)

Clinician Workgroup 2022-2023 Measures Under Consideration (MUC) Review Web Meeting – Day One

December 15, 2022

Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003, Option Year 4

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Agenda – Day One

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- Centers for Medicare & Medicaid Services (CMS) Opening Remarks
- Overview of MAP Clinician Workgroup and CMS Programs
- Overview of Decision Categories and Voting Process
- Review of Cost Measures
- Break
- Review of Cost Measures (continued)

Agenda – Day One (continued)

- Break
- Review of Renal Measures
- Review of COVID Measure
- Break
- Review of Medicare Part C & D Star Ratings Measure
- Review of Patient Safety and Experience Measures
- Preview of Day Two
- Adjourn

Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

NATIONAL QUALITY FORUM

Opening Remarks

Dana Gelb Safran, ScD

President and CEO, National Quality Forum (NQF)

Welcoming Remarks from Workgroup Co-Chairs

Rob Fields, MD
MAP Clinician Co-Chair

Lisa Hines, PharmD, CPHQ
MAP Clinician Co-Chair

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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.

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Clinician Workgroup Membership

Workgroup Co-Chairs: Rob Fields, MD; Lisa Hines, PharmD, CPHQ

Organizational Members (Voting)

- American College of Cardiology
- American College of Radiology
- American Association of Nurse Practitioners
- American Physical Therapy Association
- Blue Cross Blue Shield of Massachusetts
- Consumers' Checkbook
- Dr. Traci's House
- Emergency Department Practice Management Association (EPDMA)
- Genentech, Inc.
- HealthPartners, Inc.
- Intermountain Healthcare
- Invitae Corporation
- Magellan Health, Inc.
- OCHIN, Inc.
- Patient Safety Action Network
- Purchaser Business Group on Health
- St. Louis Area Business Health Coalition
- Texas Health Resources

Clinician Workgroup Membership (continued)

Individual Subject Matter Experts (Voting)

- Zeeshan Butt, PhD
- Kendra Gustafson, MPA, BSN, RN, CPXP, CPPS
- Henry Lin, MD, FACS
- Amy Nguyen Howell, MD, MBA, FAAFP

Federal Government Liaisons (Non-Voting)

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Department of Veteran Affairs
- Health Resources and Services Administration (HRSA)
- Indian Health Service

National Quality Forum MAP Team

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Vice President
- **Jenna Williams-Bader, MPH,** Senior Director
- **Katie Berryman, MPAP, PMP,** Director, Project Management
- **Taroon Amin, PhD,** Consultant
- **Ashlan Ruth, BS IE,** Project Manager
- **Susanne Young, MPH,** Senior Manager
- **Gus Zimmerman, MPP,** Analyst
- **Joelencia LeFlore,** Analyst
- **Magdelana Stinnett,** Analyst
- **Madeline Henry,** Associate
- **Bobby Burchard,** 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), CCSQ, CMS

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Meeting Objectives

1. Review the MAP Clinician Workgroup programs
2. Review the MAP decision categories and voting process
3. Review and provide input on the measures under consideration (MUCs) for the MAP clinician programs

CMS Opening Remarks

Opening Remarks

Michelle Schreiber, MD

Deputy Director of the Center 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)

Welcome

A sincere **Thank You** for your participation.

Your goal today is to provide consensus recommendations to CMS regarding whether or not the measures presented should be used in various Value Based Quality Programs.

Measures in these programs help shape health system actions, support accountability and transparency, and are useful to patients/consumers.

Your recommendations are strongly considered in CMS deliberations about changes (measures removed/measures added) to these VBP programs.

While the final decision lies with CMS, your feedback is valuable and helps to represent those who will be impacted.

National Quality Strategy Targets

Improve quality & health outcomes across the care journey	•Implement a universal set of impactful adult & pediatric measures across all CMS quality programs & across the care journey by 2026, benchmarked globally & stratified.
Advance health equity & whole-person care	•Implement a measurable equity component in every CMS quality program that encourages high quality care for underserved populations, beginning in 2022 with full implementation to follow in subsequent years.
Target zero preventable harm	•Improve safety metrics with a goal to return to pre-pandemic levels by 2025 & reducing harm by an additional 50% by 2030 through expanded safety metrics, targeted quality improvement & Conditions of Participation.
Engage individuals and communities as partners in their care	•Ensure individuals have a direct, significant & equitable contribution to how we evaluate quality & safety, and have the information needed to make the best health choices, with 25% of quality metrics being patient reported.
Accelerate and support the digital transition of health care	•Transition to all digital quality measures & achieve all-payer quality data collection by 2030 to reduce burden & make quality data rapidly available.
Enable a responsive and resilient healthcare system to improve quality	•Ensure support for healthcare workforce and systems and address workforce issues to reduce burnout and shortages to safeguard vital healthcare needs.
Promote innovation in science, analytics & technology	•Accelerate innovation in care delivery & incorporate technology enhancements to transform quality of care & advance value
Align and coordinate quality across programs and care settings	•Promote standardized approaches to quality metrics, quality improvement initiatives, and VBP (and other) programs through use of universal measures set and aligned quality policies

Strategic Priority Areas: Alignment for Measures and Program

CLINICAL	CROSS-CUTTING
Maternal Health	Equity
“Age Friendly” (Older Adult/Geriatrics)	Safety
Behavioral/Mental Health	Resilience
Diabetes	Interoperability/Digital Transformation
Cardiovascular, including Hypertension	Person Centered/CLAS
Kidney Care and Organ Transplantation	Alignment
Sickle Cell Disease	*
Wellness and Prevention	*
HIV and Hepatitis C	*
Cancer	*
Oral Health	*

* Indicates cell left intentionally blank

Considerations for Future Measure Priorities

As we continue filling priority gap areas in the CMS portfolio, measures should:

- Reflect areas of high impact where performance could lead to improvements of care for all individuals – especially in clinical priority or gap areas.
- Have no unintended consequences for rural communities/providers and no adverse impact on health equity
- Promote health equity by providing data which highlight areas of disparities or are suitable for stratification
- Be digitally specified (or “computable”), based on standardized data elements in USCDI
- Embody what is important to patients, including care aligned with goals and patient reported outcomes
- Promote safety

Alignment of Measures

Alignment is a key goal of the National Quality Strategy and Meaningful Measures Initiative. Wherever possible CMS aligns

- Within and across CMS programs
- Within and across other Federal programs
- Within and across other payers (Core Quality Measures Collaborative; Multi-payer Alignment workgroup of LAN)

Aligning measures will support a:

- Reduction of Burden
- Focus of provider attention on key clinical outcomes and metrics

Happy holidays!

Overview of MAP Clinician Workgroup and CMS Programs

MAP Clinician Workgroup Charge

- To provide recommendations on issues related to measures that would impact clinicians, particularly in the office setting

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Clinician Programs

Merit-based Incentive Payment System (MIPS) Program

Medicare Shared Savings Program (Shared Savings Program)

Medicare Part C and D Star Ratings

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.
  - The MIPS performance categories and finalized 2023 weights are the following:
    - Quality (30%);
    - Promoting Interoperability (25%);
    - Improvement Activities (15%); and
    - Cost (30%).
  - The final score (100%) based on the four performance categories will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **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.

Medicare Part C and D Star Ratings

- **Program Type:** Quality Payment Program & Public Reporting
- **Incentive Structure:**
  - Medicare Advantage: Public reporting and quality bonus payments (QBP)
  - Stand-alone Prescription Drug Plans: Public reporting
- **Program Goals:**
  - Provide information about plan quality and performance indicators to beneficiaries to help them make informed plan choices
  - Incentivize high performing plans (Part C)
  - The April 2018 final rule (CMS-4282-F) initially codified the methodology for the Part C and D Star Ratings

MAP Clinician Workgroup Questions?

MAP Decision Categories

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2022-2023 MUC Decision Categories

- Support for Rulemaking
- Conditional Support for Rulemaking
- Do Not Support for Rulemaking with Potential for Mitigation
- Do Not Support for Rulemaking

2022-2023 MUC Decision Categories Descriptions

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation of the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied, and it meets assessments #1-6 of the MAP preliminary analysis algorithm. If the measure is in current use, it also meets assessment #7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	The measure meets assessments #1-3 but may need modifications. A designation of this decision category assumes at least one assessment from #4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation). Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking

2022-2023 MUC Decision Categories Descriptions (continued)

Decision Category	Definition	Evaluation Criteria
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications be required for potential support in the future. Such a modification would be considered a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments #1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment from #4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The MUC does not meet one or more of assessments #1-3.

MAP Decisions Categories

- MAP Workgroups must reach a decision about every measure under consideration
- Decision categories are standardized for consistency
- Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached

Review of Voting Process

Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Workgroup and Committee present virtually for live voting to take place.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

Key Voting Principles (continued)

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the co-chairs to give context to each programmatic discussion, voting will begin.
- The Review Meeting agenda will organize content as follows:
  - Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting.
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - MAP participants will receive a copy of the detailed preliminary analysis and staff decisions (i.e., support, do not support, or conditional support) and rationale to support how that conclusion was reached.

Voting Procedure

- **Step 1.** NQF staff will review the preliminary analysis for each measure under consideration (MUC) using the MAP selection criteria.
  - NQF staff will summarize Advisory Group discussions, public comment, and programmatic objectives.
- **Step 2.** A CMS representative will present a brief overview and/or contextual background on the MUC.
- **Step 3.** Lead discussants will review and present their findings.
  - Lead discussants will state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.

Voting Procedure (continued 1)

- **Step 4.** The co-chairs will then open for discussion among the Workgroup.
  - Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
  - Measure developers will respond to the clarifying questions on the specifications of the measure.
  - NQF staff will respond to clarifying questions on the preliminary analysis.
- **Step 5.** The Workgroup will vote on acceptance of the preliminary analysis decision.
  - After discussion ends, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a "yes" or "no" vote to accept the result.
  - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation.
  - If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will continue on the measure.

Voting Procedure (continued 2)

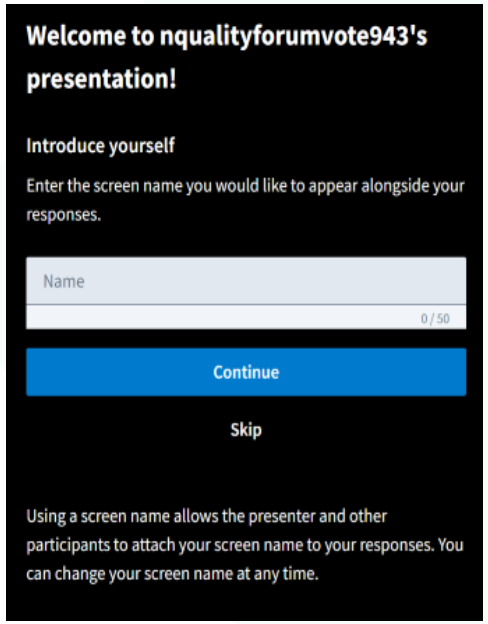
- **Step 6:** Discussion and voting on the MUC will take place if less than 60% accept the preliminary analysis assessment.
  - After discussion ends, the co-chairs will open the MUC for a vote.
  - The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
  - If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.
- **Step 7:** NQF staff will tally the votes.
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass, and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

Decision Category or Voting Questions?

Voting Test

Voting Via Desktop or Laptop Computer (Poll Everywhere)

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click "Continue" to access voting from the options that will appear on the screen.



- Please alert an NQF staff member if you are having difficulty with our electronic voting system.

Measures Under Consideration (MUCs) for the MAP Clinician Programs

Cost Measures

Public Comment for Cost Measures

- **MUC2022-097**: Low Back Pain *(MIPS)*
- **MUC2022-100**: Emergency Medicine *(MIPS)*
- **MUC2022-101**: Depression *(MIPS)*
- **MUC2022-106**: Heart Failure *(MIPS)*
- **MUC2022-129**: Psychoses and Related Conditions *(MIPS)*

MUC2022-129: Psychoses and Related Conditions

- **Description:** The Psychoses/Related Conditions episode-based cost measure represents the cost to Medicare for the items and services provided to a patient during an episode of care (episode). This measure evaluates a clinician's risk-adjusted cost to Medicare for patients who receive inpatient treatment for psychoses or related conditions during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician during the episode and up to 45 days after the trigger.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-100: Emergency Medicine

- **Description:** The Emergency Medicine episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who have an emergency department (ED) visit during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This measure includes costs of Part A and B services during each episode from the start of the ED visit that opens, or triggers the episode through 14 days after the trigger, excluding a defined list of services for each ED visit type that are unrelated to the ED care.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

Break: Meeting Day One

Cost Measures (Continued)

MUC2022-101: Depression

- **Description:** The Depression episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted cost to Medicare for patients receiving medical care to manage and treat depression. This chronic condition measure includes the costs of services that are clinically related to the attributed clinician's role in managing care during a Depression episode.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-106: Heart Failure

- **Description:** The Heart Failure episode-based cost measure evaluates a clinicians or clinician groups risk-adjusted cost to Medicare for patients receiving medical care to manage and treat heart failure. This chronic condition measure includes the costs of services that are clinically related to the role of the attributed clinician in managing care during a Heart Failure episode.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-097: Low Back Pain

- **Description:** The Low Back Pain episode-based cost measure evaluates risk adjusted cost to Medicare of a clinician or clinician group for patients receiving ongoing medical care to manage and treat low back pain. This chronic condition measure includes the costs of services that are clinically related to the role of the attributed clinician in managing care during a Low Back Pain episode.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

Afternoon Break: Meeting Day One

Renal Measures

Public Comment for Renal Measures

- **MUC2022-060**: First Year Standardized Waitlist Ratio (FYSWR) *(MIPS)*
- **MUC2022-063**: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) *(MIPS)*

MUC2022-060: First Year Standardized Waitlist Ratio (FYSWR)

- **Description:** The FYSWR measure tracks the number of incident patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant within the first year of initiating dialysis. For this measure, patients are assigned to the practitioner group based on the National Provider Identifier (NPI)/Unique Physician Identifier Number (UPIN) information entered on the CMS Medical Evidence 2728 form.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Do Not Support for Rulemaking with Potential for Mitigation

MUC2022-063: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

- **Description:** This measure tracks the percentage of patients in each dialysis practitioner group practice who were on the kidney or kidney-pancreas transplant waitlist (all patients or patients in active status). Results are averaged across patients prevalent on the last day of each month during the reporting year. The proposed measure is a directly standardized percentage, which is adjusted for covariates (e.g. age and risk factors).
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

COVID Measure

Public Comment for COVID Measure

- **MUC2022-052:** Adult COVID-19 Vaccination Status *(MIPS)*

MUC2022-052: Adult COVID-19 Vaccination Status

- **Description:** Percentage of patients aged 18 years and older seen for a visit during the performance period who have ever completed or reported having ever completed a COVID-19 vaccination series and one booster dose
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Do Not Support for Rulemaking with Potential for Mitigation

Second Afternoon Break: Meeting Day One

Medicare Part C & D Star Ratings Measure

Public Comment for Medicare Part C & D Star Ratings Measure

- **MUC2022-043**: Kidney Health Evaluation for Patients with Diabetes (KED) - Health Plans *(Part C & D Star Ratings [Medicare])*

MUC2022-043: Kidney Health Evaluation for Patients with Diabetes (KED) - Health Plans

- **Description:** This measure assesses the percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the measurement year.
- **Level of Analysis:** Health Plan
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** Part C & D Star Ratings [Medicare]
- **NQF Recommendation:** Conditional Support for Rulemaking

Patient Safety and Experience Measures

Public Comment for Patient Safety and Experience Measures

- **MUC2022-007**: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level) *(MIPS)*
- **MUC2022-014**: Ambulatory palliative care patients' experience of feeling heard and understood *(MIPS)*

MUC2022-007: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level)

- **Description:** This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Support for Rulemaking

MUC2022-014: Ambulatory palliative care patients' experience of feeling heard and understood

- **Description:** The percentage of top-box responses among patients aged 18 years and older who had an ambulatory palliative care visit and report feeling heard and understood by their palliative care provider and team within 2 months (60 days) of the ambulatory palliative care visit.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Support for Rulemaking

Preview of Day Two

THANK YOU.

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Measure Applications Partnership (MAP)

Clinician Workgroup 2022-2023 Measures Under Consideration (MUC) Review Web Meeting – Day Two

December 16, 2022

Funding provided by the Centers for Medicare & Medicaid Services under HHSM-500-T0003, Option Year 4

Agenda – Day Two

- Welcome, Preview of Day Two, and Roll Call
- Review Social Determinants of Health (SDOH) Measures
- Break
- Review Eye Measures
- Break
- Review Behavioral Health Measures

Agenda – Day Two (continued)

- Review Prevention and Patient Activation Measures
- Break
- Discuss MAP Clinician Program Measure Gaps
- Discuss Measure Under Development – Hepatitis C Measure
- Opportunity for Public Comment
- Next Steps
- Adjourn

Clinician Workgroup Membership

Workgroup Co-Chairs: Rob Fields, MD; Lisa Hines, PharmD, CPHQ

Organizational Members (Voting)

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- American College of Radiology
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- **Katie Berryman, MPAP, PMP,** Director, Project Management
- **Taroon Amin, PhD,** Consultant
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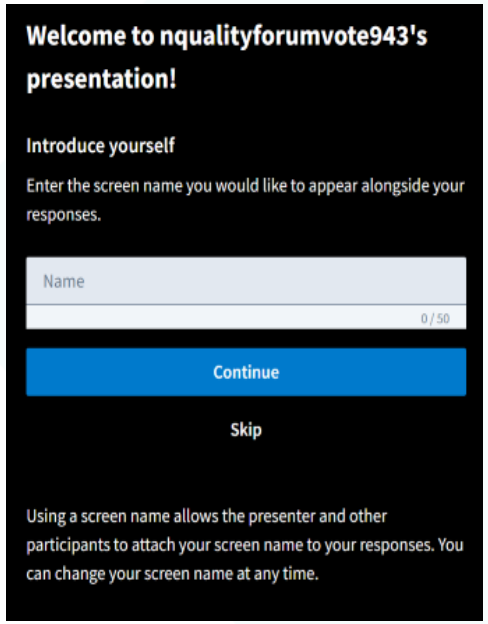
Voting Test – Day Two

Voting Via Desktop or Laptop Computer (Poll Everywhere) – Day Two

- Click on the voting link that was emailed to you. You will see a wait message until voting begins.
- When voting opens, you will see the screen below. Enter your first and last name, then click "Continue" to access voting from the options that will appear on the screen.



- Please alert an NQF staff member if you are having difficulty with our electronic voting system.

Measures Under Consideration (MUCs) for the MAP Clinician Programs – Day Two

Social Determinants of Health (SDOH) Measures

Public Comment for SDOH Measures

- **MUC2022-098**: Connection to Community Service Provider *(MIPS)*
- **MUC2022-111**: Resolution of At Least 1 Health-Related Social Need *(MIPS)*

MUC2022-098: Connection to Community Service Provider

- **Description:** Percent of patients 18 years or older who screen positive for one or more of the following health related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-111: Resolution of At Least 1 Health-Related Social Need

- **Description:** Percent of patients 18 years or older who screen positive for one or more of the following HRSNs: food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and report that at least 1 of their HRSNs was resolved within 12 months after screening.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

Break: Meeting Day Two

Eye Measures

Public Comment for Eye Measures

- **MUC2022-114**: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy *(MIPS)*
- **MUC2022-115**: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up *(MIPS)*
- **MUC2022-116**: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up *(MIPS)*

MUC2022-114: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy

- **Description:** Percentage of patients without a diagnosis of glaucoma who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant) who, within seven (7) weeks following the date of injection, are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye OR if the IOP was >25 mm Hg, a plan of care was documented.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-115: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up

- **Description:** Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Do Not Support for Rulemaking

MUC2022-116: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up

- **Description:** Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) and acute vitreous hemorrhage in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

Afternoon Break: Meeting Day Two

Behavioral Health Measures

Public Comment for Behavioral Health Measures

- **MUC2022-122**: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder *(MIPS)*
- **MUC2022-127**: Initiation, Review, And/Or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior, or Suicide Risk *(MIPS)*
- **MUC2022-131**: Reduction in Suicidal Ideation or Behavior Symptoms *(MIPS)*

MUC2022-122: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder

- **Description:** The percentage of individuals aged 18 and older with a mental and/or substance use disorder who demonstrated improvement or maintenance of functioning based on results from the 12-item World Health Organization Disability Assessment Schedule (WHODAS 2.0) or Sheehan Disability Index (SDS) 30 to 180 days after an index assessment.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-127 Initiation, Review, And/Or Update to Suicide Safety Plan for Individuals with Suicidal Thoughts, Behavior, or Suicide Risk

- **Description:** This measure assesses the percentage of adult aged 18 and older with suicidal ideation or behavior symptoms (based on results of a standardized assessment tool) or increased suicide risk (based on the clinician's evaluation) for whom a suicide safety plan is initiated, reviewed, and/or updated in collaboration between the patient and their clinician.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-131: Reduction in Suicidal Ideation or Behavior Symptoms

- **Description:** The percentage of individuals aged 18 and older with a mental and/or substance us disorder who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale 'Screen Version' or 'Since Last Visit' (CSSRS), within 120 days after an index assessment.
- **Level of Analysis:** Clinician – Individual; Clinician – Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

Prevention and Patient Activation Measures

Public Comment for Prevention and Patient Activation Measures

- **MUC2022-048**: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument *(MIPS)*
- **MUC2022-65**: Preventive Care and Wellness (composite) *(MIPS)*
- **MUC2022-125**: Gains in Patient Activation Measure (PAM) Scores at 12 Months *(MIPS)*

MUC2022-048 Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument

- **Description:** This measure determines the percentage of pregnant or postpartum patients at a clinic who received a CVD risk assessment with a standardized instrument, such as the CVD risk assessment algorithm developed by the California Maternal Quality Care Collaborative (CMQCC). Aim is that 100 percent of eligible pregnant/postpartum patients undergo CVD risk assessment using a standardized tool. Every patient should be assessed for CVD risk at least once during the and, as needed, additional times when symptoms present during the pregnancy postpartum period. The measure can be calculated on a quarterly or annual basis.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Conditional Support for Rulemaking

MUC2022-065: Preventive Care and Wellness (composite)

- **Description:** Percentage of patients who received age- and sex-appropriate preventive screenings and wellness services. This measure is a denominator-weighted composite of seven component measures that are based on recommendations for preventive care by the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), American Association of Clinical Endocrinology (AACE), and American College of Endocrinology (ACE). Please refer to the 2022_MUC List Data_MIPS_PCW_Composite_CompositeCalculationAttachment_FINAL_05_09-22.docx attachment for more information on the exact composite calculation process.
- **Level of Analysis:** Clinician – Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Support for Rulemaking

MUC2022-125: Gains in Patient Activation Measure (PAM) Scores at 12 Months

- **Description:** The Patient Activation Measure (PAM) (Registered Trademark) is a 10- or 13- item questionnaire that assesses an individual's knowledge, skills and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale that converts to one of four levels of activation, from low (1) to high (4). The PAM performance measure (PAM-PM) is the change in score on the PAM from baseline to follow-up measurement. A positive change would mean the patient is gaining in their ability to manage their health. The measure is not disease specific but has been successfully used with a wide variety of chronic conditions, as well as with people with no medical diagnosis.
- **Level of Analysis:** Clinician – Individual; Clinician – Group; Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) submitted to:** MIPS
- **NQF Recommendation:** Support for Rulemaking

Second Afternoon Break: Meeting Day Two

Discuss MAP Clinician Program Measure Gaps

One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation (Quality ID 400)

Measure Applications Partnership

December 16, 2022

Revisions to Quality ID 400

- **Current version of Quality ID 400 (One-Time Screening for Hepatitis C Virus (HCV) for all Patients)**
  - In Merit-based Incentive Payment System (MIPS) as a MIPS clinical quality measure (CQM)
  - Assesses one-time HCV testing for adult patients
  - Stewarded by American Gastroenterological Association (AGA)
- **CMS and AGA revised measure to expand scope and improve care for patients with HCV**
  - For patients testing positive for HCV, revised measure assesses whether clinician initiates treatment or refers patient to clinician treating HCV

Specifications of original measure

Description

- Percentage of patients age >= 18 years who received one-time screening for hepatitis C virus (HCV) infection

Denominator

- All patients >= 18 years of age who had at least one preventive visit OR were seen at least twice within the 12-month reporting period
- **Denominator exclusion:** Diagnosis for chronic hepatitis C

Numerator

- Patients who received one-time screening for HCV infection
- **Denominator exceptions:** Documentation of medical reason or patient reason for not receiving one-time screening for HCV infection

Revised measure adds second submission criteria and modifies timing

- **Among patients with reactive (positive) HCV antibody test, assesses percentage who:**
  - Have follow-up HCV RNA test and, if HCV viremia was detected, have either
    - Treatment initiated within one month; or
    - Referral to clinician who treats HCV infection within one month
- **Revised measure limits denominator population to patients with eligible visits between January 1 and November 30 of performance period**
  - Allows at least one month to initiate or make referral for treatment after positive HCV antibody test

Specifications of revised measure (submission criteria 1, changes highlighted)

Denominator

- All patients >= 18 years of age who were seen twice for any visits or who had at least one preventive visit between January 1 and November 30 of the performance period
- **Denominator exclusions**
  - Diagnosis of chronic hepatitis C
  - Documentation or patient report of HCV antibody test which occurred prior to start of performance period

Numerator

- Patients who receive an HCV antibody test.
- **Denominator exception**: Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy

Specifications of revised measure (submission criteria 2)

Denominator

- Patients >= 18 years of age who were seen twice for any visits OR who had at least one preventive visit between January 1 and November 30 of the performance period who received an HCV antibody test and the test was reactive

Numerator

- Patients who had an HCV RNA test conducted and either
  - their RNA test did not detect HCV viremia, or
  - their RNA test did detect HCV viremia and their treatment was initiated or they were referred to a clinician who treats HCV infection within one month of the reactive HCV antibody test

Rationale for measuring HCV testing

- **The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. (Grade B recommendation) (USPSTF, 2020).**
  - USPSTF concluded that identification of infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications.
- **One-time, routine, opt out HCV testing is recommended for all individuals aged 18 years or older. (Rating: Class I, Level B) (AASLD/IDSA, 2020)**
- **Reported cases of acute HCV infection more than doubled between 2013 and 2020 (CDC, 2022)**
  - Approximately 1/3 of cases received treatment within the first year of their positive RNA test (Thompson, 2022)
  - 27% of cases in 2020 reported one or more risk behaviors or exposures 6 weeks to 6 months prior to illness onset, and data on risks or exposures was missing from 64% of cases (CDC 2022).

Rationale for measuring HCV treatment and referral (1/2)

There is an identified gap in the linkage to care (Coyle, 2015)

- In a 2012-2014 study involving 4,514 patients, 13% were HCV antibody positive, and 92% had a confirmatory HCV-RNA test performed.
- Of those with an HCV-RNA test performed, 71% were identified as having current HCV infection.
- Of those patients currently infected with HCV, 90% were informed of their status, 78% were referred to an HCV specialist, and 62% followed-up with the HCV specialist.

Rationale for measuring HCV treatment and referral (2/2)

/ Linkage to care increases treatment rates and reduces mortality (Tait, 2016)

- In a study conducted from 1994 to 2014, the number of patients who accessed treatment services within 1 year of HCV diagnosis increased from 26% to 73%.
- The rate of treatment started within 1 year of diagnosis increased from 2% to 16%, the sustained virologic response (SVR) rate improved from 62% to 77%, and all-cause morality decreased from 34% to 5%.

Revised measure supports goal of eliminating hepatitis C

- **Expected short-term effects of revised measure include**
  - Increased awareness and uptake of recommended screening practices
  - Stimulation of development and implementation of clinical decision support tools to identify patients eligible for screening and those requiring confirmatory testing and/or treatment initiation
- **Measure would be viewed as national standard**
  - Incorporated into quality reporting programs beyond MIPS
  - Used within heath systems and provider organizations for internal QI processes
- **Allows public health officials to monitor progress in support of national hepatitis C elimination goals**

Supports HHS's National Strategic Plan objectives to improve health for people with hepatitis C

- **Increases proportion of people tested and aware of their hepatitis C status**
- **Improves quality of care and increases number of people who receive hepatitis C treatment**
- **Increases capacity of health care delivery and health care workforce to identify, diagnose, and provide holistic care and treatment for people with hepatitis C (HHS 2020)**

CMS and AGA testing revised measure

- **Conducted interviews with clinical and administrative staff from six test sites**
  - Topics included documentation and workflow processes, capture of data elements, usability, and face validity
  - Relied on findings to complete feasibility scorecards based on National Quality Forum templates
- **Future testing efforts planned to assess scientific acceptability (reliability and validity) using patient-level data from EHR and practice management systems**

Sites varied in location, specialty, EHR, and size

Location	Interviewee(s) Specialty	EHR	Characteristics	Total # Clinicans
Pennsylvania	Internal medicine	Epic	Primary care network of 75 offices	560
Texas	Primary care	eClinical Works	Rural, single physician primary care practice	1
Pennsylvania	Primary care	Medent	Primary care network serving medically underserved populations	85
Illinois	Gastroenterologists	g Gastro	State-wide network of gastroenterologists	1400
Missouri	Hepatologist Primary care	Epic	University medical system	1790
North Carolina	Gastroenterology	Epic	University medical system	675

All key data elements feasible to capture

Topic	Findings
Results of HCV antibody and RNA tests	5 out of 6 sites capture lab results in structured field with date 1 site, a gastroenterology practice using gGastro EHR, captures lab results via scanned PDF
HCV diagnosis	6 out of 6 sites capture HCV diagnosis in structured field with date
Treatment initiation (numerator condition)	6 out of 6 sites capture treatment initiation in structured field with date via medication order
Referral order (numerator condition)	6 out of 6 sites capture referral order in structured field with date
Diagnoses associated with limited life expectancy (denominator exception)	6 out of 6 sites have capacity to capture diagnoses associated with limited life expectancy in structured field

Measure has high face validity

Topic	Findings
Quality of care	5 out of 6 sites agreed that measure scores can distinguish between good and poor care
Revising denominator to exclude patients with prior HCV screening	5 out of 6 sites agree with denominator exclusion of prior HCV screening
Documentation of prior HCV screening	6 out of 6 sites agree with allowing exclusion based on either documentation *or* patient report of prior screening
Revising denominator exception to only include limited life expectancy	5 out of 6 sites agree with limited life expectancy as the only denominator exception rather than enumerating specific medical conditions
Adding second submission criteria to measure linkage to HCV treatment	6 out of 6 sites agree with measuring linkage of patients with active HCV infection to treatment

Measure has high usability

Topic	Findings
Quality improvement	5 out of 6 sites agree that measure scores can be used to drive quality improvement
Provider behavior	6 out of 6 sites agree that provider behavior can impact measure scores


Questions?

References (1/2)

American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. 2022. https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCVGuidance_October_24_2022.pdf.

Centers for Disease Control and Prevention (CDC). Viral Hepatitis Surveillance Report—United States, 2020. 2022. https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm.

Coyle C, Viner K, Hughes E, et al. Identification and Linkage to Care of HCV-Infected Persons in Five Health Centers - Philadelphia, Pennsylvania, 2012-2014. MMWR Morb Mortal Wkly Rep. 2015;64(17):459-463.

References (2/2)

Tait JM, Wang H, Stephens BP, et al. Multidisciplinary managed care networks-Life-saving interventions for hepatitis C patients. J Viral Hepat. 2017;24(3):207-215. doi:10.1111/jvh.12633.

Thompson WW, Symum H, Sandul A, et al. Vital Signs: Hepatitis C Treatment Among Insured Adults — United States, 2019–2020. MMWR Morb Mortal Wkly Rep 2022;71:1011-1017. DOI: http://dx.doi.org/10.15585/mmwr.mm7132e1.

U.S. Department of Health and Human Services. 2020. Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025). Washington, DC.

US Preventive Services Task Force. Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2020;323(10):970–975. doi:10.1001/jama.2020.1123.

Opportunity for Public Comment

Next Steps

Timeline of Upcoming Activities

- **Public Comment Period 2**
  - January 6-12, 2023
- **Coordinating Committee Review Meeting**
  - January 24 and January 25, 2023
- **Recommendations Spreadsheet Published**
  - By February 1, 2023

MAP Resources

- CMS' 2022 MUC List Needs and Priorities Document
  - 2022 Needs and Priorities (PDF)
- CMS' Pre-Rulemaking Overview
  - CMS Pre-Rulemaking webpage
- MAP Member Guidebook
  - Member Guidebook (PDF)
- Measure Applications Partnership Overview
  - National Quality Forum webpage

MAP Contact Information

- Clinician Workgroup project page: Clinician Workgroup webpage
  - Email: MAPClinician@qualityforum.org

THANK YOU!

NATIONAL QUALITY FORUM

https://www.qualityforum.org

Appendix

MAP Implementation Results

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations

Support for Rulemaking (5 Measures)
Finalized Into Rulemaking
• 06064-C-MIPS: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)*
Not Finalized Into Rulemaking
• 06077-C-PARTD: Use of Opioids at High Dosage in Persons without Cancer (OHD)
• 06076-C-PARTD: Use of Opioids from Multiple Providers in Persons without Cancer (OMP)
• 01364-C-PCHQR: National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure*
• 01475-C-PCHQR: National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations (continued)

Conditional Support for Rulemaking (11 Measures)

Finalized Into Rulemaking

- 06154-C-HIQR: Maternal Morbidity
- 06141-E-HIQR: Hospital Harm – Severe Hyperglycemia*
- 06166-C-MIPS: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
- 06062-C-MIPS: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups
- 06159-C-PARTC: Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge
- 06156-C-PARTC: Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions
- 06111-C-HQR: Hospice Visits in the Last Days of Life (HVLDL)*
- MUC19-64: Standardized Transfusion Ratio for Dialysis Facilities*
- 06161-C-HHQR: Home Health Within-Stay Potentially Preventable Hospitalization Measure

Not Finalized Into Rulemaking

- 02816-C-MSSP: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions*
- MUC19-22: Follow-Up After Psychiatric Hospitalization

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations (continued 2)

Do Not Support for Rulemaking with Potential for Mitigation (1 Measure)
Not Finalized Into Rulemaking
• MUC19-37: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions; in the Medicare Shared Savings Program, the score would be at the MIPS provider (or provider group) level.
Do Not Support for Rulemaking (1 Measure)
Not Finalized Into Rulemaking
• 06078-C-PARTD: Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)
Removed from Consideration (2 Measures)
Not Finalized Into Rulemaking
• 05858-C-MIPS: Emergency Department Utilization (EDU)
• 05859-C-MIPS: Acute Hospital Utilization (AHU)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations

Support for Rulemaking (2 Measures)
Finalized Into Rulemaking
• 07047-C-HIQR: Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty: Hospital-Level Performance Measure* • 01013-C-ESRDQIP: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2020-2021 MUC Recommendations (continued)

Conditional Support for Rulemaking (16 Measures)
Finalized Into Rulemaking
• 06114-C-SNFQRP: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization • 12735-C-HOQR: Breast Cancer Screening Recall Rates • 06090-E-HIQR: Global Malnutrition Composite Score* • 06090-C-PI: Global Malnutrition Composite Score* • 08060-C-HQR: Hospice Care Index • 08061-C-MIPS: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) • 08062-C-IRFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-LTCHQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-SNFQRP: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-ASCQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-HOQR: COVID–19 Vaccination Coverage among Healthcare Personnel* • 08062-C-IPFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-PCHQR: COVID-19 Vaccination Coverage among Healthcare Personnel • 08062-C-HIQR: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel* • 08062-C-IRFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08051-E-HOQR: ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued 2)

Conditional Support for Rulemaking (5 Measures)
Not Finalized Into Rulemaking
• 08058-C-MIPS: Melanoma Resection Episode-Based Cost Measure • MUC20-0033: ACO-Level Days at Home for Patients with Complex, Chronic Conditions • MUC20-0045: SARS-CoV-2 Vaccination by Clinicians • 08064-C-ESRDQIP: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities • 08056-C-MIPS: Colon and Rectal Resection Episode-Based Cost Measure

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued 3)

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)
Not Finalized into Rulemaking
• 08055-C-MIPS: Asthma/Chronic Obstructive Pulmonary Disease (COPD) Episode-Based Cost Measure • 08057-C-MIPS: Diabetes Episode-Based Cost Measure • 08059-C-MIPS: Sepsis Episode-Based Cost Measure • 06162-C-MIPS: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System • 06167-C-MIPS: Intervention for Prediabetes • 05726-C-MIPS: Preventive Care and Wellness (composite)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2022 Measure Set Review Recommendations

Clinician Workgroup (14 Measures)
Support for Retaining (6 Measures)
• 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report • Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey • CMS eCQM ID: CMS2v11, MIPS Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups • 00641-C-MIPS: Functional Outcome Assessment
Conditional Support for Retaining (6 Measures)
• 01246-C-MSSP: Controlling High Blood Pressure • CMS eCQM ID: CMS165v10: Controlling High Blood Pressure • 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions • 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
Conditional Support for Removal (2 Measures)
• 01101-C-MIPS: Barrett's Esophagus • 05837-E-MIPS: Children Who Have Dental Decay or Cavities
Support for Removal (0 Measures)

2022 Measure Set Review Recommendations (continued 1)

Hospital Workgroup (8 Measures)
Support for Retaining (2 Measures)
• 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery • 02936-C-ASCQR: Normothermia Outcome
Conditional Support for Retaining (4 Measures)
• 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain • 02599-C-HOQR: Abdomen Computed Tomography (CT) – Use of Contrast Material • 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery • 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice
Conditional Support for Removal (1 Measure)
• 00930-C-HOQR: Median time for ED Arrival to ED Departure for Discharged ED Patients
Support for Removal (1 Measure)
• 00922-C-HOQR: Left Without Being Seen

2022 Measure Set Review Recommendations (continued 2)

PAC/LTC Workgroup (10 Measures)
Support for Retaining (1 Measure)
• 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
Conditional Support for Retaining (6 Measures)
• 00185-C-HHQR: Improvement in Bathing • 00187-C-HHQR: Improvement in Dyspnea • 00189-C-HHQR: Improvement in Management of Oral Medications • 00196-C-HHQR: Timely Initiation of Care • 00212-C-HHQR: Influenza Immunization Received for Current Flu Season • 01000-C-HHQR: Improvement in Bed Transferring
Conditional Support for Removal (1 Measure)
• 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Support for Removal (2 Measures)
• 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP • 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

CMS Clinician Programs

Merit-based Incentive Payment System (MIPS) Program

MIPS: Current Measure Program Information

Collection Type	# Measures Proposed as New for CY2023	# Measures Proposed for Removal*	# Measures Proposed with a Substantive Change*	# Measures Remaining for CY 2023*
Medicare Part B Claims Specifications	0	4	15	30
MIPS CQMs Specifications	8	10	57	172
eCQM Specifications	1	2	42	47
Survey – CSV	0	0	1	1
Administrative Claims	1	0	0	4
Total**	9	11	76	198

*A measure may be specified under multiple collection types, but will only be counted once in the total.
**In the Calendar Year (CY) 2023 Physician Fee Schedule Final Rule, we finalized the removal of 11 MIPS quality measures and partially removal of 2 MIPS quality measures (removed from traditional MIPS, but retained for use in MIPS Value Pathways (MVPs)).

Measure Type	n/a
Efficiency	5
Intermediate Outcome	7
Outcome* (includes all outcome categories)	57
Patient Engagement/Experience	2
Patient Reported Outcome	17
Process	133
Composite	0
Structure	1
High Priority/Appropriate Use	n/a
High Priority	131
Appropriate Use**	28

NATIONAL QUALITY FORUM

MIPS: Measures Previously Identified for Removal in 2023

In the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule, the following 11 MIPS quality measures are identified for removal starting with the 2023 performance year.

Quality Number	Measure Title
076	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
119	Diabetes: Medical Attention for Nephropathy
258	Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)
265	Biopsy Follow-Up
323	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
375	Functional Status Assessment for Total Knee Replacement
425	Photodocumentation of Cecal Intubation
455	Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score – better)
460	Back Pain After Lumbar Fusion
469	Functional Status After Lumbar Fusion
473	Leg Pain After Lumbar Fusion

Medicare Part C & D Star Ratings

NATIONAL QUALITY FORUM

Medicare Part C & D Star Ratings: 2022 Measurement Year Program Information

Type	NQF ID	Measure Title	NQF Status
Part C Domain: Staying Healthy: Screenings, Tests and Vaccines	2372	Breast Cancer Screening	Active
	0034	Colorectal Cancer Screening	Active
	Not Applicable	Annual Flu Vaccine	Not Applicable
	Not Applicable	Monitoring Physical Activity	Not Applicable
Part C Domain: Managing Chronic (Long Term) Conditions	Not Applicable	Special Needs Plan (SNP) Care Management	Not Applicable
	0553	Care for Older Adults – Medication Review	Active
	Not Applicable	Care for Older Adults – Pain Assessment	Not Applicable
	0053	Osteoporosis Management in Women who had a Fracture	Active
	0055	Diabetes Care – Eye Exam	Active
	0059	Diabetes Care – Blood Sugar Controlled	Active
	0054	Controlling Blood Pressure	Active

NATIONAL QUALITY FORUM

Medicare Part C & D Star Ratings: 2022 Measurement Year Program Information (continued)

Type	NQF ID	Measure Title	NQF Status
Part C Domain: Managing Chronic (Long Term) Conditions	Not Applicable	Reducing the Risk of Falling	Not Applicable
	Not Applicable	Improving Bladder Control	Not Applicable
	0097	Medication Reconciliation Post-Discharge	Active
	Not Applicable	Statin Therapy for Patients with Cardiovascular Disease	Not Applicable
	Not Applicable	Follow-up after ED visit for People with Multiple Chronic Conditions	Not Applicable
	Not Applicable	Transitions of Care (TRC)	Not Applicable
	former – 1768	Plan All-cause Readmissions	Not Applicable
Part C Domain: Member Experience with Health Plan	Not Applicable	Getting Needed Care	Not Applicable
	Not Applicable	Getting Appointments and Care Quickly	Not Applicable
	Not Applicable	Customer Service	Not Applicable
	Not Applicable	Rating of Health Care Quality	Not Applicable
	0006	Rating of Health Plan	Active
	Not Applicable	Care Coordination	Not Applicable

Medicare Part C & D Star Ratings: 2022 Measurement Year Program Information (continued 2)

Type	NQF ID	Measure Title	NQF Status
Part C Domain: Member Complaints and Changes in the Health Plan's Performance	Not Applicable	Complaints about the Health Plan	Not Applicable
	Not Applicable	Members Choosing to Leave the Plan	Not Applicable
	Not Applicable	Health Plan Quality Improvement	Not Applicable
Part C Domain: Health Plan Customer Service	Not Applicable	Plan Makes Timely Decisions about Appeals	Not Applicable
	Not Applicable	Reviewing Appeals Decisions	Not Applicable
	Not Applicable	Call Center – Foreign Language Interpreter and TTY Availability	Not Applicable
Part D Domain: Drug Plan Customer Service	Not Applicable	Call Center – Foreign Language Interpreter and TTY Availability	Not Applicable

Medicare Part C & D Star Ratings: 2022 Measurement Year Program Information (continued 3)

Type	NQF ID	Measure Title	NQF Status
Part D Domain: Member Complaints and Changes in the Drug Plan's Performance	Not Applicable	Complaints about the Drug Plan	Not Applicable
	Not Applicable	Members Choosing to Leave the Plan	Not Applicable
	Not Applicable	Drug Plan Quality Improvement	Not Applicable
Part D Domain: Member Experience with the Drug Plan	Not Applicable	Rating of Drug Plan	Not Applicable
	Not Applicable	Getting Needed Prescription Drugs	Not Applicable
Part D Domain: Drug Safety and Accuracy of Drug Pricing	Not Applicable	MPF Price Accuracy	Not Applicable
	0541	Medication Adherence for Diabetes Medication	Active
	0541	Medication Adherence for Hypertension (RAS Antagonists)	Active
	0541	Medication Adherence for Cholesterol (Statins)	Active
	Not Applicable	MTM Program Completion Rule for CMR	Not Applicable
	Not Applicable	Statin Use in Persons with Diabetes (SUPD)	Not Applicable

Medicare Part C & D Star Ratings: Measures Previously Identified for Removal for 2022 Measurement Year*

Type	NQF ID	Measure Title	NQF Status
Part C Domain: Managing (Long Term) Conditions	0062	Diabetes Care - Monitoring Kidney Disease	Measure Steward retired measure

*No measures have been identified for retirement for the 2023 measurement year

MAP Pre-Rulemaking Approach – Measure Selection Criteria

MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address the National Quality Strategy's (NQS) three aims, fill measurement gaps, and increase alignment
- Reference for:
  - evaluating the relative strengths and weaknesses of a program measure set
  - how the addition of an individual measure would contribute to the set
- MAP uses the MSC to guide its recommendations; MSC are the basis of the preliminary analysis algorithm

MAP Measure Selection Criterion 1:

NQF-endorsed measures are preferred for program measure sets. Measures are based on scientific evidence and meet requirements for validity, feasibility, reliability and use.

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

- **Subcriterion 1.1** Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need.
- **Subcriterion 1.2** Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs.
- **Subcriterion 1.3** Measures that are in reserve status (i.e., topped out) should be considered for removal from programs.

MAP Measure Selection Criterion 2:

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

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

NATIONAL QUALITY FORUM

MAP Measure Selection Criterion 3:

Program measure set is responsive to specific program goals and requirements, including all statutory requirements.

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

- **Subcriterion 3.1** Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s).
- **Subcriterion 3.2** Measure sets for public reporting programs should be meaningful for consumers and purchasers.
- **Subcriterion 3.3*** Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness.
- **Subcriterion 3.4** Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.
- **Subcriterion 3.5** Emphasize inclusion of endorsed measures that have electronic clinical quality measure (eCQM) specifications available.

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

MAP Measure Selection Criterion 4:

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

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.

- **Subcriterion 4.1** In general, preference should be given to measure types that address specific program needs.
- **Subcriterion 4.2** Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes.
- **Subcriterion 4.3** Payment program measure sets should include outcome measures and cost measures to capture value.

MAP Measure Selection Criterion 5:

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

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration.

- **Subcriterion 5.1** Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination.
- **Subcriterion 5.2** Measure set addresses shared decision making, such as for care and service planning and establishing advance directives.
- **Subcriterion 5.3** Measure set enables assessment of the person's care and services across providers, settings, and time.

MAP Measure Selection Criterion 6:

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

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

- **Subcriterion 6.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services).
- **Subcriterion 6.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack) and that facilitate stratification of results to better understand differences among vulnerable populations.

MAP Measure Selection Criterion 7:

Program measure set is aligned across programs and settings as appropriate and possible.

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

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

Preliminary Analysis Algorithm

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure considering MAP's previous guidance.
- To facilitate MAP's discussions, NQF staff will conduct a preliminary analysis of each measure under consideration.
- The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration.
- This algorithm was approved by the MAP Coordinating Committee to evaluate each measure.

NATIONAL QUALITY FORUM

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set.
2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).
7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

MAP Preliminary Analysis Algorithm

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

- **Definition:**
  - The measure addresses key healthcare improvement priorities; or
  - the measure is responsive to specific program goals and statutory or regulatory requirements; or
  - the measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.
- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a “do not support for rulemaking.”
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

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

- **Definition:**
  - For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).
  - For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.
- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a "do not support for rulemaking."
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 3: The measure addresses a quality challenge.

- **Definition:**
  - The measure addresses a serious reportable event (i.e., a safety event that should never happen); or
  - the measure addresses unwarranted or significant variation or a gap in care that is evidence of a quality challenge.
- **Result:**
  - Yes: The review can continue.
  - No: The measure will receive a “do not support for rulemaking.”
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

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

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

MAP Preliminary Analysis Algorithm

Assessment 5: The measure can be feasibly reported.

- **Definition:**
  - The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care).
- **Result:**
  - Yes: The review can continue.
  - No: The highest rating can be "do not support for rulemaking with potential for mitigation."
  - MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

MAP Preliminary Analysis Algorithm

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

- **Definition:**
  - The measure is NQF-endorsed; or
  - the measure is fully developed and full specifications are provided; and
  - measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.
- **Result:**
  - Yes: The measure could be supported or conditionally supported.
  - No: The highest rating can be "conditional support for rulemaking."
  - 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 for rulemaking." MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

Review of the Charge of MAP Advisory Groups

MAP Health Equity Advisory Group Charge and Feedback on Measures Under Consideration (MUCs)

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages
- Health Equity Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December
- Preliminary analyses (PAs) will contain a qualitative summary of Health Equity Advisory Group's discussion of the MUCs for MAP Coordinating Committee

MAP Rural Health Advisory Group Charge and Feedback on Measures Under Consideration

- Provide input on MUCs with emphasis on rural-specific measurement issues impacting rural populations, rural providers, and rural facilities
- Provide input on MUCs to address priority rural health issues, including the challenge of low case-volume and access
- Rural Health Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December
- Preliminary analyses (PAs) will contain a qualitative summary of Rural Health Advisory Group's discussion of the MUCs for MAP Coordinating Committee