



The Measure Applications Partnership (MAP) Clinician Workgroup Orientation Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Clinician Workgroup on November 5, 2021, with support from the Centers for Medicare & Medicaid Services (CMS).

Welcome and Review of Web Meeting Objectives

Tricia Elliott, Senior Managing Director, NQF, welcomed participants to the Orientation Web Meeting and reviewed housekeeping reminders. Ms. Elliott introduced MAP Clinician Co-Chairs Dr. Rob Fields and Dr. Diane Padden for opening remarks. Ms. Elliott reviewed the meeting agenda and the following meeting objectives:

- Review the 2021-2022 pre-rulemaking approach
- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas

CMS Welcoming Remarks

Dr. Michelle Schreiber, Deputy Director for Quality and Value, Centers for Medicare & Medicaid Services, welcomed participants to the meeting. Dr. Schreiber thanked the Co-Chairs, MAP members, and NQF and CMS staff for their work and support in these efforts and extended special thanks to the many healthcare workers on the front lines of the pandemic response. Dr. Schreiber reminded members of the importance of their feedback in CMS' decision-making process for pre-rulemaking. Dr. Schreiber highlighted the creation of the MAP Health Equity Advisory Group and their charge to review the measures under consideration (MUC) and provide feedback with an equity lens as well as the piloted Measure Set Review process to review and recommend measures for removal.

The MAP Pre-Rulemaking Approach

Ivory Harding, Manager, NQF, provided an overview of the MAP timeline of activities. Ms. Harding noted that the MAP Rural and Health Equity Advisory Groups and setting-specific Workgroups would convene in early to mid-December for their respective virtual Review Web Meetings. The MAP Coordinating Committee will convene its Review Web Meeting in January 2022 and will be followed by the submission of a final report of MAP recommendations to the U.S. Department of Health and Human Services (HHS) by February 1, 2022.

Ms. Harding also provided a brief review of the pilot Measure Set Review (MSR) process conducted by the MAP Coordinating Committee in September 2021. During this pilot, the MAP Coordinating Committee members reviewed and provided input on 22 measures from several Hospital programs and provided feedback on processes for future MSR meetings. The [final report](#) from the pilot is available online. Ms. Harding noted that the MSR initiative will be expanded and implemented among all MAP Workgroups and Advisory Groups in the coming year, and MAP members will receive additional

information in early 2022.

Overview of Programs Under Consideration

Ms. Elliott reviewed each of the programs included in the MAP Clinician Workgroup charge. For each program, Ms. Elliott provided information on the type of program, the incentive structure, program goals, a list of current measures, and a summary of the CMS priorities for future measure consideration derived from the [2021 CMS Program-Specific Measure Needs and Priorities document](#). The following programs were reviewed:

- Merit-based Incentive Payment System (MIPS)
- Medicare Part C and D Star Ratings

After the overview of each program, Dr. Fields and Dr. Padden facilitated a discussion on refinement or additional priorities that MAP Clinician members agreed should be considered for the program. The following program-specific refinements/additions were discussed:

- Merit-based Incentive Payment System (MIPS)
 - Noting that the “Making Care Safer” meaningful measure area has the lowest number of measures in the MIPS program. There should be a greater focus on safety and patient safety.
 - Measures that represent lifestyle management approaches versus medication approaches
 - Implementation of equity data into all measures instead of equity measures
 - Workforce resiliency and burnout surveys/measures
- Medicare Part C and D Star Ratings
 - HEDIS type measures for older adults around depression screening for function and cognition

During the Part C and D Star Ratings discussion, MAP Clinician members asked the following questions.

A member asked what the eligible populations are for the high-priority measurement areas. Liz Goldstein, CMS, clarified that in some of the measure development work they are looking at different ways to measure baseline functioning to form sub-groups of beneficiaries.

A member asked about functional outcomes and whether CMS would be looking at them longitudinally. The member provided the example of a surgical procedure and function over time. Ms. Goldstein responded that in terms of functioning, CMS is looking at a plan measure over a two-year period. The member asked for a little more detail and if it would be related to chronic conditions or mobility. Ms. Goldstein clarified that it was a result of CMS’ health outcomes survey and covered all enrollees. The survey reviews key measures over a two-year period in the same enrollee to track outcomes.

A member asked how the patients would be sampled in the health outcomes survey and if demographic factors would be collected and linked back to chronic conditions. Ms. Goldstein noted that the survey is a random sampling of patients.

A member asked for clarification on the inclusion of the Part C and D program in the MAP Clinician discussion. Dr. Schreiber agreed that there several plan related measures in the program but also a few provider-focused measures that the workgroup members could provide recommendations for. Dr. Schreiber noted that more background information on this could be provided in the December Review Meeting.

Following the discussion of programs, Ms. Elliott provided an overview of overarching themes that

emerged during the 2021-2022 MAP cycle. These themes included measures to address COVID-19 vaccination rates, evolving trends in service setting, connections between cost measures and quality measures, measure burden and digital measures, composite measures, and care coordination.

MAP Rural Health and Health Equity Advisory Groups Review of Measures Under Consideration (MUCs)

Ms. Elliott reviewed the role of the MAP Rural Health and Health Equity Advisory Groups in the pre-rulemaking process. The Advisory Groups will provide input to the MAP Workgroups and Coordinating Committee on each measure under consideration which will be shared during the Review Web Meetings. The feedback from the Rural Health and Health Equity Advisory Groups will focus on the rural perspective and impacts of measure implementation on rural providers and facilities, and the potential impacts of each measure on health differences linked to social, economic, or environmental disadvantages, respectively.

CMS Presentation: Overview of the Part C and D Star Ratings

Dr. Taemi Cho, Medicare Drug Benefit and C & D Data Group, CMS, provided a high-level overview presentation on the Part C and D Star Ratings to provide background to the MAP Clinician Workgroup. Dr. Cho reviewed program participants, program goals, and the Medicare Plan Finder (MPF). Dr. Cho noted the difference between high-performing plans and consistently low performing plans, as well as how to identify them on MPF.

Dr. Cho provided a brief overview of the Star Rating Methodology: measure development, structure of the star ratings, star rating domains, improvement measures, and measure weights. CMS looks to consensus-building entities such as National Committee for Quality Assurance and Pharmacy Quality Alliance for measure concept development, specifications, and endorsement. Star Ratings cover 9 domains, 38 unique measures across Part C & D. Each measure is assigned a weight using category definitions included in the Star Ratings Technical Notes (Improvement = 5, Outcomes/Intermediate Outcomes = 3, Patient Experience and Complaints = 2, Access = 2, Process = 1).

CMS Presentation: Quality Payment Programs

Lisa Marie Gomez, Center for Clinical Standards and Quality, CMS, provided a high-level overview presentation on the Quality Payment Program (QPP) to provide background to the MAP Clinician Workgroup. Ms. Gomez reviewed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that mandates the incentive program known as the Quality Payment Program and two additional tracks, Merit-based incentive payment system (MIPS) and Advanced Alternative Payment Models (Advanced APMs). Ms. Gomez provided an overview of the Quality Payment Program considerations:

- Improve beneficiary outcomes
- Reduce burden on clinicians
- Increase adoption of Advanced APMs
- Maximize participation
- Improve data and information sharing
- Ensure operational excellence in program implementation
- Deliver IT systems capabilities that meet the needs of users

Ms. Gomez proceeded to provide a quick overview of the MIPS program, review the MIPS Performance Categories for 2021, and review eligible clinicians as well as exempt parties. Ms. Gomez reviewed each MIPS Performance Category for 2021, its associated weight of final score, basic components, and

changes from 2020.

Following these MIPS program updates, Ms. Gomez shared a change in the increase in performance threshold from 45 points in 2020 to 60 points in 2021. Ms. Gomez also reviewed the CMS automatic policy in relation to extreme and uncontrollable circumstances. MIPS eligible clinicians affected by extreme and uncontrollable circumstances (e.g., a natural disaster or public health emergency) may qualify for automatic reweighting of 4 performance categories (quality, cost, Promoting Interoperability, and improvement activities). This determination is made by CMS and applies to individual participation only. Data submission will override performance category reweighting on a category-by-category basis.

A member asked about the absence of Shared Savings Program (SSP) from the MAP Clinician orientation presentation. Ms. Elliott clarified that the focus on MIPS and Part C & D was a result of the measures on the MUC list from CMS. Dr. Schreiber noted that background slides on the Shared Savings Program could be provided in the December Review Meeting for reference.

Opportunity for Public Comment

A member from the public commented on CMS 68, a medication review measure. The member had concern specifically because they supervise 51 ambulatory TINS who are unable to achieve the measure. They also expressed concerns with medication review in specific health care settings. Dr. Schreiber and Ms. Gomez expressed gratitude for this measure feedback and promised to connect with this member outside of the meeting.

Several members of the MAP Clinician Workgroup noted the absence of the Shared Saving Program from the NQF-CMS presentation and inquired whether this program was still under the purview of the MAP Clinician Workgroup. Dr. Schreiber and Helen Dollar-Maples reassured the workgroup that the removal of the slides was a result of the upcoming MUC list and the lack of SSP measures rather than the removal of the Shared Saving Program from MAP Clinician's purview.

Next Steps

Victoria Freire, Analyst, NQF, summarized next steps for the MAP Clinician Workgroup. Members were reminded of upcoming MAP Advisory Group and Workgroup Review Web Meetings, which are open to the public. The MAP Clinician Workgroup Virtual Review Meeting will convene on December 14, 2021. Prior to participating in this meeting, all MAP members are required to complete a disclosure of interest form. Ms. Freire noted that resources available to Clinician members to prepare for upcoming meetings include the [2021 CMS Program-Specific Measure Needs and Priorities document](#), the [CMS Pre-Rulemaking website](#), and the [MAP Member Guidebook](#) (PDF). All MAP Clinician Workgroup members are encouraged to contact NQF staff with any questions or concerns at MAPClinician@qualityforum.org.