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Meeting Summary

Measure Applications Partnership Clinician Workgroup Web Review Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Clinician Workgroup on December 14, 2021.

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

Ms. Tricia Elliott, NQF Senior Director, began by welcoming participants to the web meeting and reviewing the day's agenda. Dr. Dana Gelb Safran, NQF President and CEO, provided opening remarks to welcome participants and highlight the importance of the unique, multistakeholder input provided by the MAP to the Centers for Medicare & Medicaid Services (CMS). The MAP Clinician Workgroup Co-chairs, Dr. Rob Fields and Diane Padden also greeted participants and expressed their anticipation for the day's discussion. Both Co-chairs thanked participants and NQF and CMS staff for their hard work to support the meeting. Ms. Elliott reviewed the following meeting objectives:

- Review and provide input on MUCs for the MAP Clinician programs
- Identify measure gaps for the MAP Clinician programs

Ms. Elliott facilitated introductions and disclosures of interest from members of the MAP Clinician Workgroup Group. Thirteen out of twenty-two voting-workgroup members were present for the entirety of the meeting (see Appendix A for detailed attendance). One recusal was declared by a workgroup member for the following three Measures Under Consideration (MUCs) for the Medicare Part C and D Star Ratings Program due to their involvement as the measure steward: MUC2021-053, MUC2021-056, and MUC2021-066. The same workgroup member also recused themself from the discussion and voting on MUC2021-063 due to their involvement on the Technical Expert Panel (TEP) for this measure. Ms. Elliott reminded the Workgroup that conflicts of interest should be declared during the meeting, and any undisclosed conflicts of interest or biased conduct can be reported to the co-chairs or NQF staff.

CMS Opening Remarks

Dr. Schreiber, Deputy Director for Quality and Value, Centers for Medicare & Medicaid Services (CMS), offered welcoming remarks and provided the purpose of the MAP and the charge of the Clinician Workgroup (workgroup) and Federal programs, including the Merit-based Incentive Payment System (MIPS) Program, the Accountable Care Organization (ACO)/Medicare Shared Savings Program (MSSP), and the Medicare Part C & D Star Rating (Medicare C & D Stars) Program. Dr. Schreiber highlighted the importance of input from the diverse multistakeholders composing the MAP membership and expressed excitement for new opportunities for the MAP members to provide input to CMS through the Health Equity Advisory Group and Measure Set Review pilot. Dr. Schreiber reviewed the strategic priorities of the new administration and key focus areas for quality review and emphasized that the vision for CMS continues to be serving the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes.

Acknowledging the tragedy of the COVID-19 pandemic, Dr. Schreiber extended sincere gratitude to all the frontline healthcare workers for their heroic work during the public health emergency. Dr. Schreiber reviewed the background of each clinician federal program for the workgroup and their potential future directions, including a transition of the MIPS program to MIPS Value Pathways, Subgroup reporting, Equity (performance stratification; direct data collection), and Digital Measures and Patient Reported Outcomes.

Discussion on Shared Savings Program

The MAP Clinician Workgroup (MAP) Co-Chair started the discussion with the ACO Program, eCQMs, and sunsetting of the web-interface. A past discussion point of data aggregation on equity concerns was brought up for the record on behalf of constituencies in the ACO Program. Reporting on all-payer data, particularly for FQHCs or those that care of a disproportionately disadvantaged and difficult population, there are unintended penalties when payment mechanisms are tied to quality when patients who have trouble with access. Dr. Schreiber recognized those concerns and reported that they are being addressed through rule writing. Another MAP member mentioned direct contracting and questioned the role of performance measures in that area. Dr. Schreiber advised them to look for their answer in the upcoming presentation from the ACO CMS representatives later in the program. The CMS representatives from the MSSP advised the MAP they would have to reach out to their colleagues in the Center for Medicare & Medicaid Innovation (CMMI) department for information on direct contracting and speak to that at a later date.

The presentation on the overview of the MSSP by CMS representatives covered a general program overview, the alignment of the MSSP with the APM Performance Pathway (APP), the 2021 APP Quality Reporting Options, the 2021 APP Quality Measure Sets Options 1 & 2, the 2022 and Subsequent Performance Years Quality Reporting Requirements, the 2022 and Subsequent Performance Years Quality Performance Standard, and the APP Measure Set for PY 2022 and Subsequent Performance Years. The MAP Co-Chair reported that they were not able to recall a time in the last five years when there was not a measure to discuss for any of the programs covered within the presentation. They asked how this situation occurred. The CMS representative reported that the program has aligned with the APP and measures have been streamlined. Dr. Schreiber clarified that the ACO program is really trying to align around a small group of measures already proposed, and no measures have been brought forward at this time, which may change in the future. The MAP Co-Chair suggested that the SDOH measures that would be discussed at the end of the agenda would fit nicely within these programs at a population level. Work must be done to determine the right context for those measures. Dr. Schreiber reported that the CMMI models are starting to look at those measures and agreed they would be good population measures. The MAP Co-Chair also pointed out that in comparison to the 40th percentile on slide 36 that will occur from 2024 forward, the 40th percentile in 2019 was almost 96/100 points, which is exceptionally high. Thus, 20% of the ACOs would not qualify or meet the level of performance despite meeting the quality score of 96/100. If the organization is performing at 96/100, it feels like that is pretty good and splitting hairs with major financial ramifications. Dr. Schreiber thanked them for their comments and suggested that next year's MAP orientations include more time for presentations on the federal programs.

Another MAP member asked for clarification on the MIPS and ACO programs and the availability of their publicly reported data online because she was unable to find them. Dr. Schreiber said the scores are online and asked for a CMS team member to place the relevant links within the chat. CMS team members placed the following links in the chat for attendees:

1) The most recent PUF for MIPS with 2018 data – https://data.cms.gov/dataset/2018-QPP-Experience-Report-PUF/r92e-pxsd
2) https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1252/2018%20QPP%20Experience%20Report%20Public%20Use%20File%20Methodology.pdf
3) 2019 Experience Report for MIPS - https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1653/2019%20QPP%20Experience%20Report.pdf
4) Please remember that MIPS resources are available at - qpp.cms.gov - refer to the Resource Library
5) Info on our benchmarks is also available there: The 2021 Historical Benchmarks - https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1275/2021%20MIPS%20Quality%20Benchmarks.zip
6) Performance Year Financial and Quality Results - https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results .

The MAP Co-Chair confirmed that the ACO profiles and performance measures are publicly available for every program online. Another MAP member commented in the chat that there is no public information on aggregate MIPS quality performance category scores and the PUF includes MSSP quality scores, but not as compared to MIPS performance, which would be helpful. A separate MAP member commented that even if there are not new measures, the ability of this group to provide feedback on the measurement approach would be useful. Additionally, since so many of these measures are used across programs, it would be helpful to see the rates of performance across programs, for example, how measures perform differently at the clinician-level versus the ACO-level. The member would like CMS to view this group not just about measures, but measurement and equity and other broader issues so they are able to really engage in an important program.

Overview of Pre-Rulemaking Approach

Ivory Harding, NQF Manager, provided an overview of the pre-rulemaking approach for the Measures Under Consideration (MUC). Ms. Harding reviewed the seven assessment criteria included in the MAP preliminary analysis (PA) algorithm, the four decision categories, and the MAP voting process. A test poll was conducted to ensure each workgroup member was able to participate in the voting process.

Additionally, a presentation of the MUC review process by the Health Equity and the Rural Health Advisory Groups was given by Chelsea Lynch, NQF Director. Within the presentation, Ms. Lynch covered the charge of each group, review processes, and polling feedback processes. Advisory groups were polled on a scale of 1 to 5. The Rural health Advisory Group responded to a poll on agreement that the measure is suitable for use with rural providers within the specific program of interest, where a score of 5 indicates agreement that the measure is highly suitable for the program. The Health Equity Advisory Group responded to a poll on the potential impact on health disparities if the measure is included within a specific program, where a score of 5 indicates the greatest potential for positive impact on health equity. For complete details on Advisory Group polling scales and discussion, please refer to the Health Equity and Rural Health Advisory Group Summaries.

Medicare Part C and D Star Ratings Program

Ms. Elliott introduced the Medicare Part C and D Star Ratings Program and provided information on the program type, the incentive structure, the program goal, 2022 measures, the summary of changes for the 2022 Medicare C & D Stars Program, and the high priorities of CMS for future measure consideration.

Public Comment

The co-chair opened the web meeting to allow for public comments. No public comments were offered.

MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included possible unintended consequences for certain excluded patient populations, concerns about populations that may need high doses of these medications, and concerns regarding the tapering of drugs when deprescribing. No concern was identified for calculation of the measure or data collection, as this measure was considered to have a low burden for data collection. Overall, the Rural Health Advisory Group identified the measure to be high in need within the rural communities. The final polling results from the Rural Health Advisory Group was a score of 4.4 out of 5. A higher score indicates a measure is more relevant to rural care, with a range of scores from 1 to 5. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included calculation issues due to a lack of stratification identified as a priority for the measure. No other data collection issues or unintended consequences were identified. Overall, the Health Equity Advisory Group determined this measure to be important in terms of use of opioids and benzodiazepines as it relates to minorities and underserved populations. The final polling results from the Health Equity Advisory Group were 3.2. A higher score indicates greater potential for positive impact on health equity, with a range of scores from 1 to 5. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The Co-chair clarified the voting process and reiterated guidelines for asking clarifying questions. A MAP workgroup member mentioned concerns regarding unintended consequences with clinical decision making and the measure developer clarified that it is not a clinician-level measure but a population-level, health plan-level measure. Clarity was also made by the developer in response to a MAP workgroup member regarding the baseline amount of concurrent prescribing. Regarding clarity around the measure denominator raised in public comment by BCBS MA, the measure developer stated that the denominator for this measure is individuals with two fails on unique dates of service, released 15-day supply, and that the goal is to ensure that the denominator is going to be composed of individuals who are at risk for the numerator event, which is concurrent use of opioids and benzodiazepines. CMS representatives from the Medicare C & D Stars Program further clarified scoring methodologies for measures and cut points for the program. After an initial vote to not support or uphold the NQF staff's initial recommendation at 56%, additional discussion around greater definition of the numerator and denominator led to a final workgroup vote to support this measure for rulemaking.

The MAP supported this measure for rulemaking. This NQF endorsed measure addresses the prevention and treatment of chronic disease, high-priority area of concern for CMS. The measure has been updated since its initial endorsement in 2018 and has no competing measure that addresses both the same measure focus and same target population. The MAP Clinician workgroup strongly encouraged CMS to monitor potential negative unintended consequences due to the denominator definition.

MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health

Advisory Group on the MUCs included concerns raised regarding prescribed versus over-the-counter medications and concerns for unintended consequences regarding deprescribing appropriately. There were no issues identified with measure calculations or data collection, as this data is collected at the health plan level and does not present any additional burden for rural providers. Overall, the Rural Health Advisory Group determined this measure was relevant to the older rural residents. The final polling results from the Rural Health Advisory Group was a score of 4.0 on a scale from 1 to 5. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns for measure calculation due to the lack of stratification identified. No issues were identified with data collection or unintended consequences. Overall, the Health Equity Advisory Group determined this polypharmacy measure was important to patient safety. The final polling results from the Health Equity Advisory Group was a score of 3.2 on a scale of 1 to 5, with a higher score indicating a greater potential for positive impact on health equity. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member started the discussion with a concern around the measure's low score on reliability. The measure developer clarified that the score fell well above the .7 threshold currently used by NQF. The Co-chair clarified the condition by which support for rulemaking rests. The NQF staff recommendation is NQF endorsement before proceeding with a vote.

The MAP offered conditional support for rulemaking pending NQF endorsement. This measure addresses polypharmacy of ACH-active medications in older adults and the effective communication and coordination of care and effective treatment of chronic diseases, a high priority for Part D measure consideration. The MAP Clinician workgroup encouraged CMS to monitor potential negative unintended consequences due to the denominator definition raised by the commenters.

MUC2021-066: Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns regarding the data capture of medication use in nursing homes, as well as the distinction between short-stay versus long-stay patients. No calculation issues or unintended consequences were identified Overall, the Rural Health Advisory Group determined this measure was an important area for geriatric populations and rural communities. The final polling results from the Rural Health Advisory Group were 3.9. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included a lack of stratification and the potential for reduced unintended consequences through the exclusion of hospice patients and seizure diagnoses. No data collection issues were identified. Overall, the Health Equity Advisory Group determined this measure to be important for institutionalized people with disabilities and addressing patient safety. The final polling results from the Health Equity Advisory Group was a score of 3.2 on a scale from 1 to 5. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The MAP workgroup members started the discussion with questions regarding the exclusion criteria, particularly that bipolar disorders were absent from the list. They also mentioned unintended consequences, especially for patients in long-term care. The measure developer clarified that due to

developing evidence, these criteria could be further examined and added to the exclusion list in the future. The measure developer also clarified that typical exclusion elements are derived from clinical guidelines, such as the CDC Guideline on Opioid Prescribing for Chronic Pain, like for the previous COB measure. This measure's exclusion criteria were developed from supporting evidence and AGS Beers guidelines.

The MAP offered conditional support for rulemaking pending NQF endorsement. This measure addresses polypharmacy of CNS-active medications in older adults and the effective communication and coordination of care, a high priority for Part D measure consideration. The MAP Clinician workgroup encouraged CMS to monitor potential negative unintended consequences due to the denominator definition raised by the commenters.

Merit-Based Incentive Payment System (MIPS) Program

Ms. Elliott introduced the MIPS Program and provided information on the program type, the incentive structure, the program goal, 2021 current measures, and the high priorities of CMS for future measure consideration.

Public Comment

The co-chair opened the web meeting to allow for public comments. No public comments were offered.

MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns about the prevalence of psoriasis in rural communities, low population and case minimums for individual providers, and questions regarding how low population sizes for individual providers in rural communities would translate to the statistical methods used by the developer. No data collection issues, or unintended consequences were identified. The final polling results from the Rural Health Advisory Group was a score of 4.1 on a scale of 1 to 5, with a higher score indicating more relevance of the measure to the rural health communities. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included potential data collection issues resulting from a self-reported measure for disadvantaged populations with language and cultural barriers, as well as access issues, decreasing response rates due to the requirement of two assessments among disadvantaged populations, and selection bias in the measure performance. Unintended consequences identified included a disparity in diagnoses and response bias. The Advisory Group recommended this measure be stratified to assess performance based on population subgroups. Overall, the Health Equity Advisory Group noted this measure was an important clinical topic. The final polling results from the Health Equity Advisory Group was a score of 2.7 on a scale of 1 to 5, with a higher score representing a greater potential for a positive impact on health equity. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The MAP workgroup members started the discussion with questions regarding disparities around the barriers in place that would inhibit patients from reporting on this measure and levels of reduction from the baseline performance. The measure developer and another MAP workgroup member clarified that this measure uses absolute scoring versus a percentage in similar measures that examine depression. Dr. Schreiber commented in the chat that comments regarding challenges of responding to PROs for certain populations were discussed extensively in the Equity committee, who did note that there should

be future consideration for any PRO about language and cultural issues as to how that may impact reporting.

The MAP offered conditional support for rulemaking pending NQF endorsement. This Measure Under Consideration is a patient-reported outcome for a psoriasis symptom, complementing an existing measure in the set of psoriasis disease activity. This measure would be outcome measure in the MIPS Dermatology set, and as a patient-reported outcome, is consistent with CMS' Meaningful Measures Initiative.

MUC2021-135: Dermatitis – Improvement in Patient-Reported Itch Severity

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The Rural Health Advisory Group's review of the MUCs found no concerns with the measure regarding relative priority or utility, data collection, measure calculation, or unintended consequences. The final polling results from the Rural Health Advisory Group was a score of 4.3. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns around data collection and unintended consequences. Cultural barriers and access issues may arise for disadvantaged populations, as this is a self-reported measure. Selection bias in the measure performance among a disadvantaged population may result from a drop-in response rate over two assessments. Lastly, the disparity in diagnoses was identified as a potential issue. The Advisory Group recommended this measure be stratified to assess performance based on the population subgroups. Overall, the Health Equity Advisory Group found this measure to be an important clinical topic. The final polling results from the Health Equity Advisory Group was a score of 2.8. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The MAP workgroup members started the discussion with observations of the Health Equity Advisory Group rating this measure as "neutral" with a score of 3 out of 5 and excitement about seeing another PRO after years of discussion. The Co-chair proceeded with a vote from the workgroup after no additional clarifying questions were received and no additional public comments were received.

The MAP offered conditional support for rulemaking pending NQF endorsement. This Measure Under Consideration is a patient-reported outcome for a dermatitis symptom. This measure would be an outcome measure in the MIPS Dermatology set, and as a patient-reported outcome, is consistent with CMS' Meaningful Measures Initiative. The MAP Clinician workgroup was encouraged to see another PRO proposed for this program.

MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns for patient expectations related to goal achievement, the data collection tools of paper versus electronic health record, a calculation issue of risk adjustment for BMI and the impact on rural communities, and patient selection in rural settings as a potential unintended negative consequence. The final polling results from the Rural Health Advisory Group was a score of 3.6. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included data collection, measure calculation, and unintended consequences. Challenges were identified with the completion of both the pre- and post-survey surveys due to loss of follow-up for disadvantaged populations. There is disparity as to who receives THA and TKA and has access to the surgery, further impacting patient selection. Additionally, it was noted that the denominator may not include populations who are unable to return for the post survey. The final polling results from the Health Equity Advisory Group was a score of 2.6. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member started the discussion with a question regarding efforts in place to continue to develop this measure and to build out more volume in terms of reporting and testing. The measure developer clarified that the measure was tested in a real-use case scenario using Epic in six clinician groups. It was observed that three clinician groups met the benchmark and data collection is still ongoing across all six sites. Both the developer and MAP Workgroup members raised a question regarding the NQF staff recommendation of Do Not Support Rulemaking, although most of the measure selection criteria were met during the preliminary analysis. The Co-chair clarified that this was due to the failure of the measure not passing the NQF SMP for sufficient reliability and validity of the measure specifications.

The MAP did not support this measure for rulemaking. This measure aligns with the goals of the CMS Meaningful Measures 2.0 to "prioritize outcomes and patient reported measures." However, the measure did not pass the NQF SMP for sufficient reliability and validity of the measure specifications.

MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns regarding obtaining high response rates for follow-up by resource-limited rural providers, concerns regarding the calculation of the average or the changed score of the measure, and concerns regarding lessened recovery for patients due to the physical or manual occupations in rural communities. The final polling results from the Rural Health Advisory Group was a score of 3.3. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included pre-op and post-op data collection challenges due to access barriers for certain populations of patients, lack of stratification for language, and potential selection bias of the population. The final polling results from the Health Equity Advisory Group was a score of 2.6. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member started the discussion with a question regarding the ability of this measure to be properly and fully reported on within the timeframe provided of 300 to 425 days. The measure developer clarified the 310- to 425-day follow-up is a recommendation based on significant stakeholder input, particularly from clinicians and surgeons, noting the propensity to have a one-year post-op follow-up visit with patients and that having a two-month window on either side of that appointment would allow for optimal capture of PRO data to calculate this measure. Due to a drop-off in data collection from the pre-op window, expectation is that a shift in the post-op window would in fact enhance postoperative data collection and increase the response with both pre- and post-op data. The measure

developer also clarified the substantial clinical benefit thresholds, which are these 22- and 20-point increases from preoperative to postoperative data, are those that were tested and validated by Stephen Lyman and his colleagues, who developed the HOOS JR and the KOOS JR.

The MAP offered conditional support for rulemaking pending NQF endorsement. This patient-reported outcome measure addresses the quality priority of patient-centered care in the CMS Meaningful Measures 2.0 framework. The use of the joint-specific patient-reported outcome measure (PROM) instruments incorporate shared decision making in orthopedic surgery and with the potential to improves patient health outcomes.

MUC2021-090: Kidney Health Evaluation

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concern for whether rural providers would be able to report the measure due to the difficulties of data collection and the limited lab capacity in rural settings to complete the testing. No issues were identified for measure calculation or unintended consequences. The final polling results from the Rural Health Advisory Group was a score of 3.5. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included robust discussion and strong support of the use of the raceless CKD-EPI eGFR estimation equation. No calculation issues or unintended consequences were identified. The final polling results from the Health Equity Advisory Group was a score of 4.2. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The MAP workgroup members commented that this measure has already been accepted by HEDIS and it is being considered in the Core Quality Measure Collaborative to be added to the PCMH/ACO set and is already being used by health plans. The American Society of Nephrology Quality Committee expressed their support of this measure. The Co-chair clarified the NQF staff recommendation of conditional support for rulemaking pending NQF endorsement and moved the workgroup towards a vote.

The MAP offered conditional support for rulemaking pending NQF endorsement. This measure focuses on nephrology and the critical condition of diabetes, both identified as gaps within the MIPS program and considered priority areas for future measures. This measure will also replace and improve upon the existing Healthcare Effectiveness Data and Information Set (HEDIS) medical attention for nephropathy measure.

MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns for measure calculations with low patient volume in rural settings, impacting the reliability/validity of the measure. No concerns were raised regarding data collection or potential unintended consequences. The final polling results from the Rural Health Advisory Group was a score of 4.1. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns over data collection for providers with fewer resources to understand exclusions and concerns regarding access to care and exacerbation of disparities. No issues were

identified for measure calculations. The final polling results from the Health Equity Advisory Group was a score of 3.1. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

The MAP workgroup members commented on an observation from the Health Equity Advisory Group in relation to burden on providers to report this measure, specifically the chart detail needed to understand exclusions. The measure developer clarified that measure elements could be collected electronically and would not require some sort of extensive chart review by the provider. The National Kidney Foundation expressed support for this measure.

The MAP supported this measure for rulemaking. The measure concentrates on nephrology and the critical condition of diabetes, both identified as gaps within the MIPS program and considered priority areas for future measurement.

MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns raised regarding data availability for rural providers and the availability of these tests in rural settings. That was listed as an unintended consequence but could be a positive consequence. No calculation issues were identified. The final polling results from the Rural Health Advisory Group was a score of 3.6. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns for disparities within testing access, access to cancer care, as well as an equity concern regarding ongoing treatment/support. Data collection issues were also noted due to a lack of stratification for this measure. No measure calculation issues, or unintended consequences were identified. The final polling results from the Health Equity Advisory Group was a score of 2.7. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member posed a question regarding the ability of different providers to broadly report on this measure. The measure developer clarified that 20 different practices have participated in reporting on this measure so far through three different options: 1) direct feed into their laboratory system, 2) a poll mechanism in which they run a report, extract the data into an Excel spreadsheet, and upload it into a registry, and 3) manual data entry. The choice of the different modalities is dependent on the practice and their overall volume for the various measures. The measure developer also clarified that this could be a broad quality measure for more than just MIPS, but for right now, it is applicable for MIPS. Another MAP member mentioned the potential for this measure to lead to an overuse of testing or resources. The measure developer clarified that specific types of cancer outlined in guidelines would prevent overuse and cited the 2016 guideline for colorectal cancer and the new iteration being developed by the CAP, along with the American Molecular Pathology Association, ASCO, and patient advocacy groups to include other cancer types outlined in this measure. One caveat is that this measure does not require testing. The measure recommends either testing has occurred, or at a minimum, the pathologist has put in their recommendation language for testing. Small community practices may not have access to the testing, or their local physicians, because of cost concerns.

The MAP offered conditional support for rulemaking pending NQF endorsement and specifically the review of the upcoming release of the guidelines. The measure addresses the priority area of pathology for patients with Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma. This process measure addresses a gap in biomarker testing for specific cancer types, leading to a potential increase in personalized care.

MUC2021-058: Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns for data collection and the availability of data for grading due to chart abstraction. Integration of data from multiple patient care sites was also noted as a concern. No measure calculation issues, or unintended consequences were identified. The final polling results from the Rural Health Advisory Group was a score of 3.2. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included data collection concerns regarding a small denominator. No measure calculation or unintended consequences were identified. The final polling results from the Health Equity Advisory Group was a score of 3.4. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member posed a question regarding the absence of clinician grading for diarrhea or colitis and asked how this would impact measure reporting. The measure developer clarified this is really a measure for medical oncologists, where they would be assessing for any adverse events or effects prior to the next administration of immunotherapeutic drug. As part of the routine assessment of patients in that oncology visit, they would be assessing the frequency of diarrhea as a side effect that would be typically documented in the clinic note or progress note. A MAP Workgroup member clarified that clinicians would have to manually abstract some details of the measure. The measure developer agreed. Another member pointed out that while that point is correct, the targeted population is high-risk and that is why the cancer and GI communities supported this measure.

The MAP offered conditional support for rulemaking pending NQF endorsement. This newly developed measure addresses the Meaningful Measures area of patient safety. If included, this measure would be the only quality measure in MIPS addressing gastrointestinal adverse effects from the use of immune checkpoint inhibitors as part of cancer treatment.

Cross-Cutting Measures: Screen Positive Rate for Social Drivers of Health and Screening for Social Drivers of Health

Merit-Based Incentive Payment System (MIPS) Program

Ms. Elliott reintroduced the MIPS Program and provided information on the program type, the incentive structure, and the program goals.

Public Comment

The co-chair opened the discussion for public comment. Comments were shared in support of MUC2021-134 and MUC2021-136. The developer stated that the measures are intended to be interrelated and were tested in over 1 million patients in 600 clinical sites via the Center for Medicare & Medicaid Innovation (CMMI) Accountable Health Communities model. The developer clarified

that these measures do not currently require that providers act on the findings from the screen, though they may still do so.

Commenters further highlighted the need for measures that enable clinicians to build strong relationships with patients and felt these measures could address provider burnout and reduce healthcare costs. Commenters noted the public health emergency has escalated food insecurity and housing instability among patients and expressed hope that these measures would allow providers and facilities to examine the specific needs of their patient populations to eventually develop services to meet those needs. Commenters shared personal and professional anecdotes to express the importance of having measures focused on social determinants of health (SDOH) in federal quality reporting and payment programs for the first time.

MUC2021-134: Screen Positive Rate for Social Drivers of Health

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns regarding standardized data sets and data collection for SDOH, concerns for the appropriate resources available to support the patient needs, and concerns for the impact of this measure on payment to providers. No measure calculation issues were identified. The final polling results from the Rural Health Advisory Group was a score of 3.5. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns as to how the results of the measure would correlate to quality of care and concerns for variability of the measure to be able to compare across programs or entities. No issues were identified regarding measure calculation. The final polling results from the Health Equity Advisory Group was a score of 3.7. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

Several MAP workgroup members posed questions in the chat regarding the use of one standardized tool, the use of different questions for different providers, the screening interval for this measure, and motivation for clinicians to be incentivized to treat fewer patients. The measure developer clarified that the measure is standard, and clinicians have the flexibility to choose a tool for reporting that aligns with the measure. They further stated that MIPS measures are reported on an annual basis. Another MAP Workgroup member questioned whether both MUC2021-134 and MUC2021-136 should be reported together. Another MAP Workgroup member questioned the absence of social isolation as a domain. The measure developer clarified that the domains created were made to closely align with the measures from the Accountable Health Community's pilot. Further discussion occurred regarding the clarity of this measure being pay-for-performance versus pay-for-reporting and Dr. Schreiber noted that MIPS measures are pay for performance. With over 200 quality measures in the MIPS program, these measures would be optional for clinicians who wish to report unless required by CMS in the future as MVPs requirements around equity.

The MAP Clinician workgroup explored potential ambiguity on the definition of the measure as several workgroup members noted that providers should not be penalized for having a higher screen positive rate for social drivers of health. CMS and the developer clarified that MUC2021-134 and MUC2021-136 together document screening and document the positivity rate from the screening and do not compare providers based on differences in positive screening rates. Several MAP workgroup members encouraged CMS to examine MUC2021-134 and MUC2021-136 together, but the MAP Clinician workgroup noted that the current MIPS program allows providers to choose individual measures and thus these two measures may not always be selected together. Due to the confluence of discussion

between MUC2021-134 and MUC2021-136, the workgroup moved to review and vote on MUC2021-136 after an initial vote not to support the NQF staff recommendation for MUC2021-134 at 35%.

After voting on MUC2021-136, the workgroup came back to discuss MUC2021-134 and voted to recommend conditional support for rulemaking pending NQF endorsement. This measure assesses the percentage of patients who screened positive for health-related social needs. It would be the first in MIPS to specifically address screening for health equity, which is consistent with both the program goals and a Meaningful Measures priority. The MAP Clinician workgroup noted that this measure to document positive screen rates for social drivers of health is an important first step to addressing important social drivers of health outcomes.

MUC2021-136: Screening for Social Drivers of Health

Ms. Elliott summarized the staff preliminary analysis as well as the public comments received prior to the meeting. The themes presented to the workgroup members from the review of the Rural Health Advisory Group on the MUCs included concerns regarding standardized data sets and data collection for SDOH and concerns regarding the capture of a positive screen without the appropriate resources available to support the patient needs. The final polling results from the Rural Health Advisory Group was a score of 3.5. For complete details from the Rural Health Advisory Group Virtual Review Meeting, please see their meeting summary.

The themes presented to the workgroup members from the review of the Health Equity Advisory Group on the MUCs included concerns for alignment regarding data capture and standardization, concerns for the need of stratification by disability, and concerns for patient and provider frustrations regarding available resources to address the positive responses. The final polling results from the Health Equity Advisory Group was a score of 4.3. For complete details from the Health Equity Advisory Group Virtual Review Meeting, please see their meeting summary.

A MAP workgroup member posed a question regarding clarity of pay-for-performance versus pay-for-reporting. Dr. Schreiber clarified that screening equals performance and the higher the percentage of patients that are screened, the better your performance.

The MAP offered conditional support for rulemaking pending testing of the measure's reliability and validity and NQF endorsement. As the first screening measure addressing social determinants of health and health care equity, this measure is consistent with CMS' Meaningful Measures 2.0 priority areas, and the priorities of the MIPS program to advance health equity.

Public Comment

The co-chair opened the web meeting to allow for a final public commenting period. Public comments were provided by the National Association of ACOs (NAACOS) advocating for additional SDOH measures to be applied at the ACO level, which may be a better fit than within the MIPS program. NAACOS also pointed out that the days at home measure was originally discussed a couple of years ago as being included in MSSP for rulemaking, but it was not raised today. Another comment submitted as a workgroup member focused on the right fit of the SDOH measures into the MSSP program due to its structure and level of reporting. Other members agreed that the population level fits well with MSSP. Dr. Schreiber clarified in the chat that the MSSP program is working to align with MIPS measures.

Next Steps

Ms. Freire, NQF Analyst, summarized the next steps for the remainder of this cycle, including the Hospital and PAC/LTC Review Meeting occurring later in the week, and the Coordinating Committee

Virtual Review Meeting occurring in January. Lastly, the final recommendations report will be submitted to HHS and CMS by February 1st and published in March.

Appendix A: MAP Clinician Workgroup Attendance (Voting Only)

The following members of the MAP Clinician Workgroup were in attendance during the roll call:

Co-chairs

- Rob Fields, MD
- Diane Padden, PhD, CRNP, FAANP

Organization Members

- American Academy of Family Physicians
- American College of Radiology
- Blue Cross Blue Shield of Massachusetts
- Council of Medical Specialty Societies
- Genentech, Inc.
- HealthPartners, Inc.
- Kaiser Permanente
- Magellan Health, Inc.
- OCHIN, Inc.
- Patient Safety Action Network
- Pharmacy Quality Alliance
- Purchaser Business Group on Health

Individual Subject Matter Experts

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

Appendix B: Full Voting Results

	Measure Name	Program	Yes	No	Total	Percent
1	MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)	Part C & D	13	3	16	81%
2	MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)	Part C & D	12	3	15	80%
3	MUC2021-066: Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)	Part C & D	11	4	15	73%
4	MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity	MIPS	17	0	17	100%
5	MUC2021-135: Dermatitis – Improvement in Patient-Reported Itch Severity	MIPS	17	0	17	100%
6	MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)	MIPS	10	4	14	71%
7	MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)	MIPS	16	0	16	100%
8	MUC2021-090: Kidney Health Evaluation	MIPS	16	0	16	100%
9	MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	MIPS	16	0	16	100%
10	MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	MIPS	14	3	17	82%
11	MUC2021-058: Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors	MIPS	16	1	17	94%

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	Measure Name	Program	Yes	No	Total	Percent
12	MUC2021-134: Screen Positive Rate for Social Drivers of Health	MIPS	11	6	17	65%
13	MUC2021-136: Screening for Social Drivers of Health	MIPS	15	1	16	94%

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