



# NATIONAL QUALITY FORUM

Driving measurable health  
improvements together

## Agenda – Day One

### Measure Applications Partnership (MAP) Coordinating Committee 2022-2023 Measures Under Consideration (MUC) Review Web Meeting

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January 24, 2023

10:00 am – 6:00 pm ET

#### Participant Instructions

1. Register for this meeting: <https://qualityforum-org.zoom.us/meeting/register/tZlduupqTwiGNZesoLeVJhynvFGk-C-alt5>
2. After registering, you will receive a confirmation email containing information about joining the meeting.
3. Please note agenda times are estimates and may fluctuate based on actual meeting discussion.
4. In order to accommodate all voices during public comment, please limit comments to two minutes.

#### Meeting Objectives

- Finalize recommendations on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings

#### CMS Programs

- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Home Health Quality Reporting Program (HH QRP)
- Hospital-Acquired Condition Reduction Program (HACRP)
- Hospital Inpatient Quality Reporting Program (Hospital IQR)
- Hospital Outpatient Quality Reporting Program (Hospital OQR)
- Hospital Value-Based Purchasing Program (HVBP)
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Medicare Part C and D Star Ratings
- Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (Medicare Promoting Interoperability Program)
- Merit-based Incentive Payment System (MIPS)
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)
- Rural Emergency Hospital Quality Reporting Program (REHQRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Skilled Nursing Value-Based Purchasing Program (SNF VBP)

**10:00 AM**

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

*Jenna Williams-Bader, Senior Director, National Quality Forum (NQF)*

<https://www.qualityforum.org>

*Chip Kahn, MAP Coordinating Committee Co-chair*  
*Misty Roberts, MAP Coordinating Committee Co-chair*  
*Tricia Elliott, Vice President, National Quality Forum (NQF)*  
*Dana Gelb Safran, President and CEO, National Quality Forum (NQF)*

- 10:30 AM Centers for Medicare & Medicaid Services (CMS) Opening Remarks**  
*Michelle Schreiber, Deputy Director of the Center for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)*
- 11:00 AM Overview of Pre-rulemaking Approach**  
*Jenna Williams-Bader, Senior Director, NQF*
- 11:20 AM Measures for Discussion – Cost Measures**  
*Jenna Williams-Bader, Senior Director, NQF*  
*Chip Kahn, MAP Coordinating Committee Co-chair*
- Opportunity for public comment on cost measures
  - Pre-rulemaking input
    - **MUC2022-101: Depression (MIPS)**
      - Clinician Workgroup Measure Specification Page Reference: 32
      - Clinician Workgroup Preliminary Analysis Page Reference: 10
    - **MUC2022-106: Heart Failure (MIPS)**
      - Clinician Workgroup Measure Specification Page Reference: 47
      - Clinician Workgroup Preliminary Analysis Page Reference: 13
    - **MUC2022-129: Psychoses and Related Conditions (MIPS)**
      - Clinician Workgroup Measure Specification Page Reference: 62
      - Clinician Workgroup Preliminary Analysis Page Reference: 16
- 12:35 PM Break**
- 1:05 PM Measures for Discussion – COVID-19 Measures**  
*Jenna Williams-Bader, Senior Director, NQF*  
*Misty Roberts, MAP Coordinating Committee Co-chair*
- Opportunity for public comment on COVID-19 measures
  - Pre-rulemaking input
    - **MUC2022-052: Adult COVID-19 Vaccination Status (MIPS)**
      - Clinician Workgroup Measure Specification Page Reference: 129
      - Clinician Workgroup Preliminary Analysis Page Reference: 33
    - **MUC2022-089: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (IRF QRP)**
      - PAC/LTC Workgroup Measure Specification Page Reference: 171
      - PAC/LTC Workgroup Preliminary Analysis Page Reference: 50
    - **MUC2022-090: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (HH QRP)**
      - PAC/LTC Workgroup Measure Specification Page Reference: 199
      - PAC/LTC Workgroup Preliminary Analysis Page Reference: 54
    - **MUC2022-091: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (LTCH QRP)**
      - PAC/LTC Workgroup Measure Specification Page Reference: 222
      - PAC/LTC Workgroup Preliminary Analysis Page Reference: 57

- **MUC2022-092:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (*SNF QRP*)
  - PAC/LTC Workgroup Measure Specification Page Reference: 250
  - PAC/LTC Workgroup Preliminary Analysis Page Reference: 61

**2:20 PM**      **Break**

**2:30 PM**      **Measures for Discussion – Cross-Setting Discharge Function Score Measures**

*Jenna Williams-Bader, Senior Director, NQF*

*Chip Kahn, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on cross-setting discharge function score measures
- Pre-rulemaking input
  - **MUC2022-083:** Cross-Setting Discharge Function Score (*IRF QRP*)
    - PAC/LTC Workgroup Measure Specification Page Reference: 88
    - PAC/LTC Workgroup Preliminary Analysis Page Reference: 30
  - **MUC2022-085:** Cross-Setting Discharge Function Score (*HH QRP*)
    - PAC/LTC Workgroup Measure Specification Page Reference: 110
    - PAC/LTC Workgroup Preliminary Analysis Page Reference: 34
  - **MUC2022-086:** Cross-Setting Discharge Function Score (*SNF QRP, SNF VBP*)
    - PAC/LTC Workgroup Measure Specification Page Reference: 129
    - PAC/LTC Workgroup Preliminary Analysis Page Reference:
      - SNF QRP: 38
      - SNF VBP: 42
  - **MUC2022-087:** Cross-Setting Discharge Function Score (*LTCH QRP*)
    - PAC/LTC Workgroup Measure Specification Page Reference: 151
    - PAC/LTC Workgroup Preliminary Analysis Page Reference: 46

**3:50 PM**      **Measures for Discussion – Geriatrics Measure**

*Jenna Williams-Bader, Senior Director, NQF*

*Misty Roberts, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on geriatrics measure
- Pre-rulemaking input
  - **MUC2022-032:** Geriatrics Surgical Measure (*Hospital IQR*)
    - Hospital Workgroup Measure Specification Page Reference: 84
    - Hospital Workgroup Preliminary Analysis Page Reference: 25

**4:25 PM**      **Break**

**4:35 PM**      **Measures for Discussion – Volume Measures**

*Jenna Williams-Bader, Senior Director, NQF*

*Chip Kahn, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on volume measures
- Pre-rulemaking input
  - **MUC2022-028:** ASC Facility Volume Data on Selected Surgical Procedures (formerly ASC-7) (*ASCQR*)
    - Hospital Workgroup Measure Specification Page Reference: 5
    - Hospital Workgroup Preliminary Analysis Page Reference: 5
  - **MUC2022-030:** Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures (formerly OP-26) (*Hospital OQR*)
    - Hospital Workgroup Measure Specification Page Reference: 179

- Hospital Workgroup Preliminary Analysis Page Reference: 50

5:25 PM

**Measures for Discussion – Patient Activation Measure**

*Jenna Williams-Bader, Senior Director, NQF*

*Misty Roberts, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on patient activation measure
- Pre-rulemaking input
  - **MUC2022-125: Gains in Patient Activation Measure (PAM) Scores at 12 Months (ESRD QIP)**
    - Hospital Workgroup Measure Specification Page Reference: 426
    - Hospital Workgroup Preliminary Analysis Page Reference: 173

5:55 PM

**Preview of Day Two**

*Jenna Williams-Bader, Senior Director, NQF*

6:00 PM

**Adjourn**



# NATIONAL QUALITY FORUM

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## Agenda – Day Two

### Measure Applications Partnership (MAP) Coordinating Committee 2022-2023 Measures Under Consideration (MUC) Review Web Meeting

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January 25, 2023

10:00 am – 6:00 pm ET

#### Participant Instructions

- Use the meeting link provided for day one to join the meeting on day two. If you did not attend day one, follow the registration instructions below.
- Register for this meeting: <https://qualityforum-org.zoom.us/joining/register/tZlIduupqTwjGNZesoLeVJhynvFGk-C-alt5>
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- In order to accommodate all voices during public comment, please limit comments to two minutes.

#### Meeting Objectives

- Finalize recommendations on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings

#### 10:00 AM Welcome, Preview of Day Two, and Roll Call

*Jenna Williams-Bader, Senior Director, National Quality Forum (NQF)*

*Tricia Elliott, Vice President, National Quality Forum (NQF)*

#### 10:20 AM Measures for Discussion – Social Determinants of Health (SDOH) and Disparities Measures

*Jenna Williams-Bader, Senior Director, NQF*

*Misty Roberts, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on SDOH and disparities measures
- Pre-rulemaking input
  - **MUC2022-050:** Screen Positive Rate for Social Drivers of Health (*ESRD QIP, IPF QRP, PCHQRP*)
    - Hospital Workgroup Measure Specification Page Reference: 350
    - Hospital Workgroup Preliminary Analysis Page Reference:
      - ESRD QIP: 111
      - IPF QRP: 116
      - PCHQRP: 121
  - **MUC2022-058:** Hospital Disparity Index (HDI) (*Hospital IQR*)
    - Hospital Workgroup Measure Specification Page Reference: 132

- Hospital Workgroup Preliminary Analysis Page Reference: 37

**11:50 AM Break**

**12:20 PM Measures for Discussion – Safety Measures**

*Jenna Williams-Bader, Senior Director, NQF*

*Chip Kahn, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on safety measures
- Pre-rulemaking input
  - **MUC2022-035:** Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (*SNF VBP*)
    - PAC/LTC Workgroup Measure Specification Page Reference: 4
    - PAC/LTC Workgroup Preliminary Analysis Page Reference: 4
  - **MUC2022-082:** Severe Sepsis and Septic Shock: Management Bundle (*HVBP*)
    - Hospital Workgroup Measure Specification Page Reference: 192
    - Hospital Workgroup Preliminary Analysis Page Reference: 55

**1:50 PM Break**

**2:00 PM Measures for Discussion – Rural Emergency Hospital Quality Reporting Program (REHQR) Measures**

*Jenna Williams-Bader, Senior Director, NQF*

*Misty Roberts, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on REHQR measures
- Pre-rulemaking input
  - **MUC2022-039:** Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients (*REHQR*)
    - Hospital Workgroup Measure Specification Page Reference: 242
    - Hospital Workgroup Preliminary Analysis Page Reference: 69
  - **MUC2022-066:** Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy (*REHQR*)
    - Hospital Workgroup Measure Specification Page Reference: 255
    - Hospital Workgroup Preliminary Analysis Page Reference: 73

**2:50 PM Measures Pulled from Consent Calendar**

*Jenna Williams-Bader, Senior Director, NQF*

*Chip Kahn, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on measures pulled from the consent calendar
- Pre-rulemaking input
  - *Please note these measures were either pulled from the consent calendar by a Coordinating Committee member or were pulled by NQF staff due to public comment*
  - **MUC2022-098:** Connection to Community Service Provider (*MIPS*)
    - Clinician Workgroup Measure Specification Page Reference: 198
    - Clinician Workgroup Preliminary Analysis Page Reference: 48
  - **MUC2022-111:** Resolution of At Least 1 Health-Related Social Need (*MIPS*)
    - Clinician Workgroup Measure Specification Page Reference: 217
    - Clinician Workgroup Preliminary Analysis Page Reference: 52

- **MUC2022-055:** Hybrid Hospital-Wide All-Cause Risk Standardized Readmission Measure (*Hospital IQR*)
  - Hospital Workgroup Measure Specification Page Reference: 100
  - Hospital Workgroup Preliminary Analysis Page Reference: 29
- **MUC2022-057:** Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure (*Hospital IQR*)
  - Hospital Workgroup Measure Specification Page Reference: 115
  - Hospital Workgroup Preliminary Analysis Page Reference: 33

**4:00 PM**      **Break**

**4:10 PM**      **Measures on the Consent Calendar**

*Jenna Williams-Bader, Senior Director, NQF*

*Misty Roberts, MAP Coordinating Committee Co-chair*

- Opportunity for public comment on the consent calendar measures
- Brief review of measures
  - Refer to the end of the agenda for the list of measures
  - Please note, there will not be a vote on the consent calendar measures

**5:15 PM**      **Gaps Discussion**

*Chip Kahn, MAP Coordinating Committee Co-chair*

**5:45 PM**      **Opportunity for Public Comment**

*Jenna Williams-Bader, Senior Director, NQF*

**5:55 PM**      **Closing Remarks and Next Steps**

*Jenna Williams-Bader, Senior Director, NQF*

**6:00 PM**      **Adjourn**

## Measures on the Consent Calendar

- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
  - **MUC2022-075:** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)
  - **MUC2022-076:** Standardized Fistula Rate for Incident Patients
  - **MUC2022-079:** Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
  - **MUC2022-078:** Psychiatric Inpatient Experience Measurement
- Hospital Inpatient Quality Reporting Program (Hospital IQR)
  - **MUC2022-018:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient)
  - **MUC2022-112:** Geriatrics Hospital Measure
- Hospital Outpatient Quality Reporting Program (Hospital OQR)
  - **MUC2022-020:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Outpatient)
- Merit-based Incentive Payment System (MIPS)
  - **MUC2022-007:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level)
  - **MUC2022-014:** Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood
  - **MUC2022-048:** Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of Pregnant/Postpartum Patients that Receive CVD Risk Assessment with a Standardized Instrument
  - **MUC2022-060:** First Year Standardized Waitlist Ratio (FYSWR)
  - **MUC2022-063:** Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)
  - **MUC2022-065:** Preventive Care and Wellness (composite)
  - **MUC2022-097:** Low Back Pain
  - **MUC2022-100:** Emergency Medicine
  - **MUC2022-114:** Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy
  - **MUC2022-115:** Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up
  - **MUC2022-116:** Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up
  - **MUC2022-122:** Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder
  - **MUC2022-127:** Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk
  - **MUC2022-131:** Reduction in Suicidal Ideation or Behavior Symptoms
- Part C and D Star Ratings [Medicare]
  - **MUC2022-043:** Kidney Health Evaluation for Patients with Diabetes (KED) - Health Plans
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)
  - **MUC2022-120:** Documentation of Goals of Care Discussions Among Cancer Patients
- Rural Emergency Hospital Quality Reporting Program (REHQRP)
  - **MUC2022-067:** Risk-standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery
  - **MUC2022-081:** Abdomen Computed Tomography (CT) Use of Contrast Material
- Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)
  - **MUC2022-099:** Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure



- **MUC2022-113:** Number of Hospitalizations per 1,000 Long-Stay Resident Days
- **MUC2022-126:** Total Nursing Staff Turnover
- Cross-Program Measures
  - **MUC2022-024:** Hospital Harm - Acute Kidney Injury (*Hospital IQR, Medicare Promoting Interoperability Program*)
  - **MUC2022-026:** Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA PRO-PM) in the HOPD or ASC Setting (*ASCQR, Hospital OQR*)
  - **MUC2022-027:** Facility Commitment to Health Equity (*ESRD QIP, IPFQR, PCHQRP*)
  - **MUC2022-053:** Screening for Social Drivers of Health (*ESRD QIP, IPFQR, PCHQRP*)
  - **MUC2022-064:** Hospital Harm - Pressure Injury (*Hospital IQR, Medicare Promoting Interoperability Program*)
  - **MUC2022-084:** COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) (2022 revision) (*ASCQR, Hospital IQR, Hospital OQR, IPFQR, PCHQRP, ESRD QIP, IRF QRP, LTCH QRP, PCHQRP, SNF QRP*)
  - **MUC2022-125:** Gains in Patient Activation Measure (PAM) Scores at 12 Months (*MIPS*)
    - *Note: The measure submitted for ESRD QIP is not on the consent calendar and will be discussed during the meeting.*