



Measure Applications Partnership MAP Coordinating Committee Meeting

September 27, 2016 | 9:00 am-4:00 pm ET

Streaming Playback Audio Online

- Direct your web browser to:
<http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=443998>

Meeting Objectives:

- Review and revise the process the MAP Workgroups will use to make initial recommendations on measures under consideration.

8:30 am	Continental Breakfast
9:00 am	Welcome and Review of Meeting Objectives <i>Charles Kahn III, MPH, MAP Provisional Coordinating Committee Co-Chair</i> <i>Harold Pincus, MD, MAP Coordinating Committee Co-Chair</i> <i>Helen Burstin, MD, MPH, Chief Scientific Officer, NQF</i> <i>Erin O'Rourke, Senior Director, NQF</i>
9:10 am	Introductions and Disclosures of Interest <i>Ann Hammersmith, JD, General Counsel, NQF</i>
9:25 am	Understanding MAP's Statutory Charge <i>Erin O'Rourke</i>
9:45 am	Strengthening MAP's Feedback Loops <i>Helen Burstin</i>
10:30 am	Strategic Directions: Parsimony and Alignment <i>Helen Burstin</i>
11:15 am	Opportunity for Public Comment
11:30 am	Break
11:45 am	Refining Staff Conducted Preliminary Analysis <i>Erin O'Rourke</i>
12:30 pm	Revising the MAP Standard Decision Categories <i>Erin O'Rourke</i>

PAGE 2

1:15 pm	Opportunity for Public Comment
1:30 pm	Lunch
2:00 pm	Identifying Gaps <i>John Bernot, MD, Senior Director, NQF</i> <i>Erin O'Rourke</i>
2:30 pm	Opportunities to Strengthen MAP's Input <i>Kim Ibarra, MS, Project Manager, NQF</i>
3:15 pm	Process for January: Criteria for "Pulling" Measures <i>Erin O'Rourke</i>
3:30 pm	Opportunity for Public Comment
3:45 pm	Summary of the Day <i>Harold Pincus</i> <i>Chip Kahn III</i>
3:55 pm	Next Steps <i>Yetunde Ogungbemi, Project Analyst, NQF</i>
4:00 pm	Adjourn



NATIONAL
QUALITY FORUM

Measure Applications Partnership

MAP Coordinating Committee In-Person Meeting

September 27, 2016

Welcome

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

2

Meeting Agenda

- Strengthening MAP's Feedback Loops
- Understanding MAP's Strategic Directions: Parsimony and Alignment
- Refining MAP's Decision Making Tool
- Revising MAP's Standard Decision Categories
- Strengthening MAP's Input

MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

Disclosures of Interest

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

5

MAP Coordinating Committee Members

- **Charles Kahn III, MPH**
- **Harold Pincus, MD**
- Academy of Managed Care Pharmacy
- AdvaMed
- AFL-CIO
- America's Health Insurance Plans
- American Board of Medical Specialties
- American Academy of Family Physicians
- American College of Physicians
- American College of Surgeons
- American HealthCare Association
- American Hospital Association
- American Medical Association
- American Nurses Association
- AMGA
- Blue Cross and Blue Shield Association
- Consumers Union
- Healthcare Financial Management Association
- Maine Health Management Coalition
- The Joint Commission
- The Leapfrog Group
- National Alliance for Caregiving
- National Association of Medicaid Directors
- National Business Group on Health
- National Committee for Quality Assurance
- National Partnership for Women & Families
- Network for Regional Healthcare Improvement
- Pacific Business Group on Health
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Providence Health and Services
- Richard Antonelli, MD, MS
- Doris Lotz, MD, MPH
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

6

Statutory Authority in Pre-Rulemaking

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

7

Measure Applications Partnership

Statutory Authority

The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to **“convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.** (ACA Section 3014).

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

8

Section 3014 of ACA

(a) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY AND EFFICIENCY MEASURES.-The Secretary shall establish a pre-rulemaking process under which the following steps occur with respect to the selection of quality and efficiency measures described in section 1890(b)(7)(B):

(1) INPUT.-Pursuant to section 1890(b)(7), the entity with a contract under section 1890 shall convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures described in subparagraph (B) of such paragraph.

(2) PUBLIC AVAILABILITY OF MEASURES CONSIDERED FOR SELECTION.-Not later than December 1 of each year (beginning with 2011), the Secretary shall make available to the public a list of quality and efficiency measures described in section 1890(b)(7)(B) that the Secretary is considering under this title.

(3) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.-Pursuant to section 1890(b)(8), not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups described in paragraph (1).

Section 3014 of ACA

(4) CONSIDERATION OF MULTI-STAKEHOLDER INPUT.-The Secretary shall take into consideration the input from multistakeholder groups described in paragraph (1) in selecting quality and efficiency measures described in section 1890(b)(7)(B) that have been endorsed by the entity with a contract under section 1890 and measures that have not been endorsed by such entity.

(5) RATIONALE FOR USE OF QUALITY and efficiency measures.- The Secretary shall publish in the Federal Register the rationale for the use of any quality and efficiency measure described in section 1890(b)(7)(B) that has not been endorsed by the entity with a contract under section 1890.

The Role of MAP

In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
 - *Promote coordination of care delivery*
 - *Reduce data collection burden*

What is the value of pre-rulemaking input?

- Facilitates multi-stakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

Feedback from Last Year

- Strengthen MAP's Feedback Loops
- Provide guidance on parsimony, alignment, and gaps
- Refine the staff conducted preliminary analysis
- Revise MAP's standard decision categories
- Strengthen MAP's Input

Coordinating Committee Discussion

- Does the Committee have any additional suggestions for improvements to the process?



Strengthening MAP's Feedback Loops

Helen Burstin, MD, MPH

Sept 27, 2016

Challenges for MAP

- MAP is asked to review measures early in their lifecycle:
 - *Some MUCs may still be in development and testing*
 - *The majority have not been reviewed for NQF-endorsement*
- MAP members have asked for opportunities to better understand what happens to a MUC after it's been reviewed by MAP
 - *What does the current program measure set include?*
 - *How is measure development progressing?*
 - *What are the results of endorsement reviews of measures including in the programs?*
- The annual review of the MUC list is a measure-by-measure consideration, but the MAP criteria emphasizes characteristics of the program measure set

Challenges for MAP

Many measures on MUC list are still in development/testing

Program	2014: Not fully developed	%	2015: Not fully developed	%
Hospital IQR	13 of 28	46%	4 of 15	27%
Hospital OQR	6 of 17	35%	0 of 2	0
LTC Hospital Quality Reporting	-----		7 of 7	100%
SNF QRP	-----		11 of 11	100%
MSSP	64 of 116	55%	0 of 5	0%
PQRS/MIPS	59 of 96	61%	57 of 61	93%

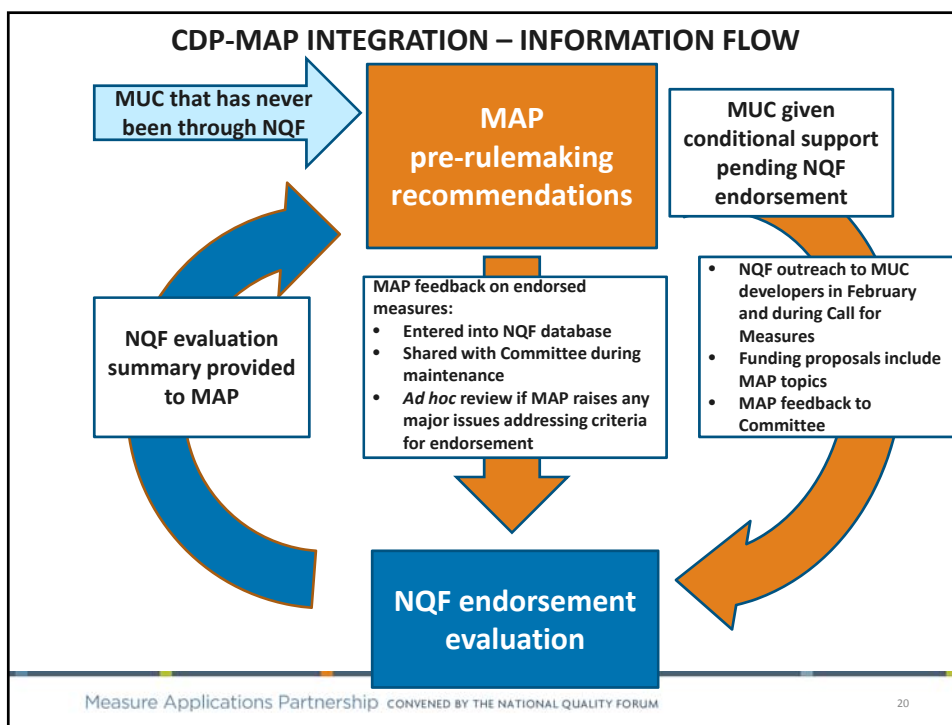
Challenges for MAP

Few NQF-endorsed measures are on the MUC list

Program	#NQF endorsed measured on MUC list 2015
Hospital IQR	4 of 15 endorsed 2 of 15 submitted
Hospital OQR	0 of 2 endorsed 1 of 2 submitted
LTC Hospital QR	0 of 7 endorsed or submitted
SNF QRP	2 of 11 endorsed 1 of 11 submitted
MSSP	2 of 5 endorsed 1 of 5 submitted
MIPS	2 of 61 endorsed 1 of 61 submitted

Improving MAP/CDP Integration

- Results of CDP review of measures on the MUC list are included in the discussion guide.
- NQF Staff reaches out to developers of measures given conditional support pending NQF endorsement.
- MAP recommendations are provided to the Standing Committee when a measure is reviewed for endorsement.
- MAP may refer specific questions about endorsed measures to be considered by the CDP Committee.



CMS Feedback Loop Pilot

- During the 2015-2016 MAP proceedings, the Workgroups expressed interest in learning more about a measure after it has been reviewed by the MAP:
 - *Whether a measure has been submitted for NQF endorsement and results of the Endorsement and Maintenance Standing Committee's review;*
 - *Whether a measure is performing as expected; and*
 - *Whether updates have been made to a measure to address MAP conditions of support.*

Feedback Loop Pilot

- For 2016-2017 Pre-Rulemaking, NQF and CMS will pilot a “feedback loop” process with the PAC/LTC Workgroup.
- During the October web meeting, NQF and CMS will provide updates on the development and endorsement of selected measures.
- The goal of the feedback loop is to provide updates based on stakeholder concerns.
- This review is not intended to allow for a change in MAP's recommendation about a measure.

Challenges for MAP

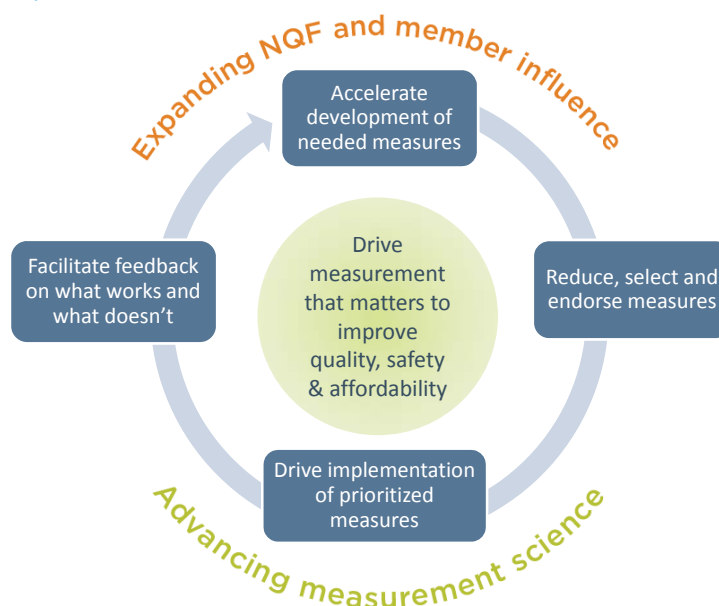
MAP Measure Selection Criteria (MSC)

- The annual review of the MUC list is a measure-by-measure consideration, but the MSC emphasizes characteristics of the program measure set.
- MAP is not allowed to provide feedback on existing measures in the program measure set.
- Little or no guidance on how to assess the added value of including a new measure into the existing set.

Holistic Review of Measure Sets


- MAP has expressed a need to better understand the program measure sets in their totality:
 - *How MUCs would interact with current measures;*
 - *Endorsement status of current measures;*
 - *Experience with current measures*
- For the 2016-2017 pre-rulemaking cycle, MAP will offer guidance on measures finalized for use:
 - *MAP will offer input on ways to strengthen the current measure set including recommendations for future removal of measures.*
 - *This guidance will be built into the final MAP report but will not be reflected in the "Spreadsheet of MAP Final Recommendations."*

NQF: Lead. Prioritize. Collaborate.



Coordinating Committee Discussion

- What are the most relevant factors the Workgroups should consider when reviewing finalized measure sets?
- What information on current measures would be most useful for MAP consideration?
- How can MAP strengthen connections:
 - *With CMS?*
 - *With CDP Standing Committees?*
 - *With those being measured?*

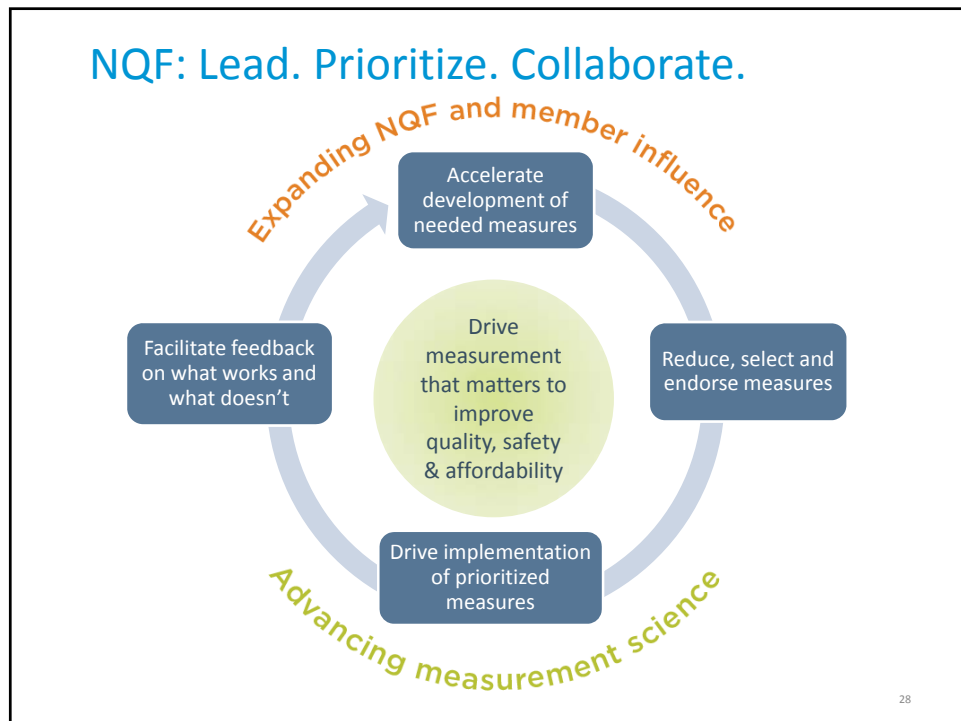


NATIONAL
QUALITY FORUM

Strategic Directions: Parsimony and Alignment

Helen Burstin, MD, MPH

Sept 27, 2016



Strategic Directions: Parsimony and Alignment

- MAP Workgroup members ask for more guidance from the Coordinating Committee on parsimony and alignment

MAP Measure Selection Criterion #7: Program measure set promotes parsimony and alignment

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.

Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

Strategic Directions: Parsimony

- MAP's Measure Selection criterion #1 includes:
 - Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
 - Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

What does MAP mean by “parsimony”?

- What criteria can be used to determine the “right” measures in a program?
- What role does measure turnover play in achieving parsimony?
- What criteria does CMS use to determine measure turnover?
- How should the MAP Workgroups consider parsimony when reviewing the MUC list?

Strategic Directions-Alignment

Significant progress has been made towards alignment since MAP began its pre-rulemaking work:

- HVBP, HRRP, HACRP programs aligned with the IQR program
- MIPS consolidated all clinician programs
- The IMPACT Act of 2014 requires that CMS develop and implement quality measures from five quality measure domains using standardized assessment data

Strategic Directions-Alignment

MAP goals for alignment:

- Reduce redundancy (i.e., duplication of measures) and strive towards comprehensive core measurement approach
- Send a clear and consistent message regarding the expectations of payers, purchasers, and consumers
- Reduce the costs of collecting and reporting data
- Enable comparison of providers
- Transform care in priority areas with notable potential for improvement
- Avoid confusion on the part of all stakeholders

Strategic Direction -Alignment

- **Core Measure Collaborative** – Public-private effort to identify core sets of quality measures that payers have committed to using for reporting as soon as feasible. The guiding principles used by the Collaborative in developing the core measure sets are that they be meaningful to patients, consumers, and physicians, while reducing variability in measure selection, collection burden, and cost. The goal is to establish broadly agreed upon core measure sets that could be harmonized across both commercial and government payers.
- Identified 7 core sets: Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care, Cardiology, Gastroenterology, HIV and Hepatitis C, Medical Oncology, Obstetrics and Gynecology, Orthopedics
- CMS intends to implement new core measures across applicable Medicare **quality** programs as appropriate, while eliminating redundant measures that are not part of the core set. Commercial health plans are rolling out the core measures as part of their contract cycle.

Strategic Directions – Alignment

- How should Workgroups consider the issue of alignment when reviewing measures under consideration?
 - *Alignment within a program.*
 - *Alignment across programs.*
- How can MAP foster better alignment with private sector programs?
- How can MAP foster better alignment with state efforts?

Public and Member Comment

Break

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

37



Refining The Staff Conducted Preliminary Analysis

Erin O'Rourke

Sept 27, 2016

MAP provides feedback on Measures Under Consideration “MUC” list

- Measures under consideration for Federal programs must be published by HHS no later than Dec 1
- CMS publishes a *Program-Specific Measure Priorities and Needs* document annually
- CMS accepts proposals for pre-rulemaking measures from all stakeholders
- Measure specific information on the MUC list is very limited

CMS Program-Specific Measure Priorities and Needs

- Specifies the requirements for measures to be selected:
 - *Measure Information: Title, Numerator, Denominator, Exclusions, Measure Steward, Link to full specifications;*
 - *Established mechanism for data collection*
 - *eQMs – link to full electronic specifications*
- Measure requirements
 - *Responsive to specific program goals and statutory requirements*
 - *Addresses and important condition/topic with a performance gap, and has strong scientific evidence based (i.e., NQF Importance criteria)*
 - *Addresses one or more of the NQS priorities*
 - *Selection promotes alignment with program attributes and across programs*

CMS Program-Specific Measure Priorities and Needs

- Measure requirements (cont'd)
 - *Measures reporting is feasible and measures have been fully developed and tested for reliability and validity.*
 - *Measure results should show opportunity for improvement*
 - *Potential use in a program does not result in negative unintended consequences (e.g., reduced lengths of stay, overuse or inappropriate use of care or treatment, limiting access to care)*
 - *Should not duplicate currently implemented measures.*
 - *Feasibility testing must be conducted for eCQMs.*
- Program specific requirements may specify certain data sources, types of measures or topic areas

Changing priorities on measures types

- Program needs and priorities are focusing on outcomes.
- More focus on “high value” measures:
 - *Outcomes, including PROs, patient experience*
 - *Composites*
 - *Appropriate use measures*
 - *Care coordination*
 - *Shared-decision making*
 - *Process measures with strong, empirical evidence of relationship to outcomes*
- Not “high-value”:
 - *Documentation measures*
 - *“Checkbox” measures*
 - *Counseling/education not from the patient perspective*
 - *Care plans*

MAP Measure Selection Criterion #1: NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

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.

- Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- Sub-criterion 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 adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

- Sub-criterion 2.1 Better care, demonstrated by patient- and family-centeredness, care coordination, safety, and effective treatment
- Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being
- Sub-criterion 2.3 Affordable care

MAP Measure Selection criterion #3: Program measure set is responsive to specific program goals and requirements

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

- Sub-criterion 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)
- Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers
- Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)
- Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program
- Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

MAP Measure Selection Criteria #4: Program measure set includes an appropriate mix of measure types

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

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

MAP Measure Selection Criterion #5: Program measure set enables measurement of person- and family-centered care and services

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

- Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Sub-criterion 5.2 Measure set addresses shared decisionmaking, such as for care and service planning and establishing advance directives
- Sub-criterion 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 includes considerations for healthcare disparities and cultural competency

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).

- Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
- Sub-criterion 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 promotes parsimony and alignment

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.

- Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

Preliminary Analysis

Purpose of the Preliminary Analysis

- To facilitate MAP's consent calendar voting process, NQF staff conduct a preliminary analysis of each measure 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
- The preliminary analysis algorithm will use a series of criteria to determine what recommendation a measure receives.
- The Coordinating Committee is asked to make updates to the algorithm for the 2016-2017 pre-rulemaking cycle.

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

Definition: The measure addresses the broad aims and one or more of the six National Quality Strategy priorities. (MSC #2) The measure is responsive to specific program goals and statutory or regulatory requirements. (MSC #3) The measure is a high value measure and/or addresses a high impact area or health condition. (MSC #4)

Preliminary Analysis Default Consent Calendar

Yes: Review would continue.

No: Measure would receive a Not Support. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

Criterion 2: The measure is an outcome measure or is evidence-based.	Preliminary Analysis Default Consent Calendar
<p>Definition:</p> <p>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) and/or the measure is aligned with current practice guidelines.</p> <p>For outcome measures: A rationale should be articulated for how the outcome is influenced by healthcare processes or structures.</p>	<p>Yes: Review would continue.</p> <p>No: Measure would receive a Do Not Support. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM 53

Criterion 3: The measure addresses a quality challenge.	Preliminary Analysis Default Consent Calendar
<p>Definition:</p> <p>The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e. a safety event that should never happen). The measure will provide meaningful information about quality.</p>	<p>Yes: Review would continue.</p> <p>No: Measure would receive a Do Not Support. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM 54

Criterion 4: The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.	Preliminary Analysis Default Consent Calendar
<p>Definition:</p> <ul style="list-style-type: none"> The measure is either not duplicative of an existing measure in the program or is a superior measure to an existing measure in the program. The measure captures the broadest population. The measure contributes to alignment between measures in a particular program set. The value to patients/consumers outweighs any burden of implementation. Ideally this measure is or could be used across programs. Inclusion in an MAP “family of measures” can help to demonstrate that a measure meets this criterion. 	<p>Yes: Review would continue.</p> <p>No: Highest rating would be Revise and Resubmit. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

55

Criterion 5: The measure can be feasibly reported.	Preliminary Analysis Default Consent Calendar
<p>Definition:</p> <ul style="list-style-type: none"> The measure can be reasonably operationalized (e.g. the specifications use data found in structured data fields and are or could be captured during the course of care.) If the measure is currently in use there is not a history of implementation challenges. 	<p>Yes: Review would continue.</p> <p>No: Highest rating would be Revise and Resubmit. 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.</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

56

Criterion 6: The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.	Preliminary Analysis Default Consent Calendar
<p>Definition:</p> <ul style="list-style-type: none"> The measure is fully developed and has demonstrated reliability and validity for the level of analysis, program, and/or setting(s) for which it is being considered. Full specifications are provided. The measure is currently NQF endorsed or is ready to be submitted for NQF-endorsement. (MSC #1) 	<p>Yes: Measure would be Supported or Conditionally Supported.</p> <p>No: Highest rating would be Conditional Support. MAP could also choose to not support the measure, or request it be revised and resubmitted. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM 57

If a measure is in current use, no implementation issues have been identified.	Preliminary analysis
<p>Definition:</p> <ul style="list-style-type: none"> Feedback from implementers or end users has not identified any unintended consequences. 	<p>If no implementation issues have been identified: Measure would be Supported or Conditionally Supported.</p> <p>If implementation issues are identified: The highest rating would be Conditional Support. MAP could also choose to not support the measure, or request it be revised and resubmitted. MAP would provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support</p>

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM 58

Changes from Previous Version

- Clearer ties between algorithm and decisions
 - *Stepwise approach*
 - *Criteria build on each other*
- All measures under consideration use the same algorithm
- Consistent algorithm across workgroups
- Increased focus on:
 - *Testing*
 - *Evidence*
 - *Addressing critical quality challenges*

Coordinating Committee Discussion

- Does the Coordinating Committee agree with the revised preliminary analysis algorithm?
- Are there additional ways to enhance the algorithm?



Revising the MAP Standard Decision Categories

Erin O'Rourke

Sept 27, 2016

Previous MAP Decision Categories for Fully Developed Measures and Example Rationales

MAP Decision Category	Rationale (Examples)
Support	<ul style="list-style-type: none"> Addresses a previously identified measure gap Core measure not currently included in the program measure set Promotes alignment across programs and settings
Conditional Support	<ul style="list-style-type: none"> Not ready for implementation; should be submitted for and receive NQF endorsement Not ready for implementation; measure needs further experience or testing before being used in the program.
Do Not Support	<ul style="list-style-type: none"> Overlaps with a previously finalized measure A different NQF-endorsed measure better addresses the needs of the program. Not appropriate for the program

Previous MAP Decision Categories for Measures Under Development and Example Rationales

MAP Decision Category	Rationale (Examples)
Encourage continued development	<ul style="list-style-type: none"> Addresses a critical program objective, and the measure is in an earlier stage of development. Promotes alignment, and the measure is in an earlier stage of development
Do not encourage further consideration	<ul style="list-style-type: none"> Overlaps with finalized measure for the program, and the measure is in an earlier stage of development. Does not address a critical objective for the program, and the measure is in an earlier stage of development.
Insufficient Information	<ul style="list-style-type: none"> Measure numerator/denominator not provided

MAP Challenges

- Prior to 2014-2015, MAP reviewed all MUCs using the same decision categories.
- MAP received feedback that this was leading to promising measures not being supported by MAP because they were earlier in their lifecycle
 - *This was particularly challenging for e-measures*
- MAP created a separate pathway for measures early in development but this has caused confusion about whether or not these measures can be used for rule-making
- Based on stakeholder feedback, the Coordinating Committee is asked to revise the decision categories so all MUCs can be reviewed consistently

Draft Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

Lessons Learned from 2015-2016 Measures Under Development Pathway

- There were 141 measures evaluated in the 2015-2016, pre-rulemaking cycle:
 - *91 were measures under development (65%), and 50 were fully developed measures (35%).*
- Several stakeholders raised concern that the measures under development pathway recommendations may not be treated differently from recommendations for measures that are fully-developed.
- Thus, MAP may be making positive recommendations to “encourage continued development” for measures under development but this recommendation is received by CMS and the broader community as a “support” for these measure concepts without conditions.
- Conversely, some stakeholders have expressed concerns that having a measure go through the under development pathway will slow its implementation.

Reasons to revise the categories

- Confusion about how what was meant by “encourage continued development.”
- Desire to express support for a measure concept but show that the measure is not ready for rulemaking.

Proposed Revised Standard Decision Categories

Decision Category	Evaluation criteria
Support	The measure is fully developed and tested and meets criteria 1-6. If the measure is in current use, it also meets criterion 7. The measure should be NQF-endorsed or is ready to be submitted for NQF endorsement.
Conditional Support	The measure is fully developed and tested and meets criteria 1-5. Measures that do not meet criterion 6 can be classified in this decision category. The measure should meet a condition specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted.
Revise and Resubmit	The measure addresses a critical program objective but needs modifications before implementation. The measure meets criteria 1-3; however, it is not fully developed (e.g. specifications are not finalized) and tested OR there are opportunities for improvement under evaluation (e.g. creating an outcome measure rather than a process measure, needs harmonization, etc.). Measures that do not meet criteria 4 or 5 can be classified in this decision category. MAP will provide a rationale to explain the suggested modifications. Measures that do not meet criteria 6 are classified in this decision category.
Do Not Support	The measure under consideration does not meet one or all of the selection criteria.

Proposed Revised Standard Decision Categories

The revisions to the categories attempt to:

- Consolidate MAP reviews under one pathway
- Clarify whether MAP considers a measure ready for implementation
- Provides a mechanism for MAP to provide feedback on a measure that it conceptually supports but does not consider ready for use
- Provides a more analytic approach to MAP recommendations

Coordinating Committee Discussion

- Does the Coordinating Committee agree with the proposed decision categories?
- How should the Workgroups consider non-endorsed measures?

Public and Member Comment

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

71

Lunch

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

72



NATIONAL
QUALITY FORUM

Identifying Gaps

John Bernot, MD
Erin O'Rourke

September 27, 2016

73

Current Process to Identify Gaps

- When reviewing measures within each program MAP workgroups:
 - *consider the individual program goals and objectives*
 - *review the CMS identified gap areas*
 - *consider if the current gap areas need refinement*
- Individual programs will have different goals and objectives
 - *Measurement gaps identified should be specific and actionable to the care setting, level of analysis, and data source*
- MAP workgroups should consider the CMS identified measure gaps for each program, and recommend refinements if necessary
 - *Refinements should be agreed upon by a majority of the Workgroup*

Strategic Directions – Identifying Gaps

- Identifying measurement gaps in each program has been a fundamental part of the pre-rulemaking process
 - *MAP Workgroups are expected to identify gaps in program measures during the Fall web meetings.*
- However, Coordinating Committee guidance is needed on how Workgroups should interpret and prioritize gaps
- As part of strategic planning and gap identification, NQF developing gap construct and criteria for prioritization of gaps

Draft Definition:

A gap is defined as a lack of a measure in a topic area with a demonstrated quality problem that is likely to benefit from an accountability measure to drive improvements. An accountability measure gap should provide the following:

- *Description of how the measure fills a gap in NQF's accountability measures portfolio.*
- *What is the quality problem that needs to be addressed?*
- *What is the accountable healthcare entity to be measured?*
- *What is the population(s) to be measured-(denominator)?*
- *What aspect of care should be measured based on the quality problem (numerator)?*
- *What type of measure – process, outcome, PRO?*

Possible criteria:

- Measurement for accountability of healthcare entities is the right tool to address the problem.
- Aligned with and supports the National Quality Strategy.
- Significant potential impact of measurement to drive improvement determined by:
 - *Established gap/quality problem/significant variation in performance*
 - *Actionable/Improvability – there are known actions that will improve outcomes*
 - *Broadly applicable; affects large numbers*
- Outcomes, composites or process with strong and direct evidence of impact on outcomes (preferably in a composite)
- Value of the information outweighs burden of data collection
- Encourages effective use of HIT

Coordinating Committee Discussion

- How does MAP define a “gap”?
- Are there criteria to assist the Workgroups in identifying gaps?
- How can MAP build on NQF’s plan to prioritize gaps?



Opportunities to Strengthen MAP's Input

Kim Ibarra, MS

September 27, 2016

79

MAP provides feedback on 17 Federal Programs

MAP Hospital Workgroup

- ▣ *Hospital Inpatient Quality Reporting (IQR)*
- ▣ *Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)*
- ▣ *Hospital Value-Based Purchasing (VBP)*
- ▣ *Hospital Readmissions Reduction Program (HRRP)*
- ▣ *Hospital-Acquired Conditions Payment Reduction (HACRP)*
- ▣ *Hospital Outpatient Quality Reporting (OQR)*
- ▣ *Inpatient Psychiatric Facility Quality Reporting (IPFQR)*
- ▣ *Ambulatory Surgical Center Quality Reporting (ASCQR)*
- ▣ *PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)*
- ▣ *End-Stage Renal Disease (ESRD) QIP*

MAP Clinician Workgroup

- ▣ *Merit-based Incentive Payment System (MIPS)*
- ▣ *Medicare Shared Savings Program (Accountable Care Organizations)*

MAP PAC/LTC Workgroup

- ▣ *Nursing Home Quality Initiative*
- ▣ *Home Health Quality Reporting*
- ▣ *Inpatient Rehabilitation Facility Quality Reporting*
- ▣ *Long-Term Care Hospital Quality Reporting*
- ▣ *Hospice Quality Reporting*

Evolving nature of Federal Programs

- Some programs quite mature
 - *Hospital Inpatient Quality Reporting (IQR)*
 - *Hospital Outpatient Quality Reporting (OQR)*
- Some newer
 - *Inpatient Rehabilitation Facility Quality Reporting*
 - *Long-Term Care Hospital Quality Reporting*
- Some consolidated prior programs
 - *Merit-based Incentive Payment System (MIPS)*

2015 National Impact Assessment of the CMS Quality Measures Report

- Improved balance among the NQS priorities though Affordable Care and Care Coordination domains are the most underrepresented
- CMS measures and programs reach a wide range of patients with high-impact conditions but measures addressing these conditions are not evenly distributed among programs
- Less than half the measures studied aligned with other state and federal programs
- Over 40 percent of the measures used in CMS quality reporting programs include individuals whose healthcare is provided by Medicaid and over 30 percent include individuals with other payer sources

2015 National Impact Assessment of the CMS Quality Measures Report

- Among the quality measures, exclusions were varied in number and type, and provider discretion was allowed as an exclusion in over one fourth of the measures in the study.
- Literature evaluating unintended consequences of quality measurement was limited, of generally low quality, and inconclusive.
- Provider and facility characteristics reflective of available resources (e.g., practice size, size of population served, and location) appear to be associated with increased provider participation in quality reporting programs and higher performance on quality measures.

2015 National Impact Assessment of the CMS Quality Measures Report

- Process measures were most likely to be “high performing” (defined as measure rates > 90 percent in the 3 three final years for which data were available)
 - *Suggests process measures are more sensitive to provider quality improvement efforts than outcome measures.*
 - *Process measures may have a limited lifespan, since performance benchmarks are more rapidly achieved.*
 - *Few measures that addressed clinical outcomes were high performing, though most demonstrated consistent improvements*
- Approximately 35 percent of the 119 measures were classified as “high performing”
 - *Further improvement on these measures may provide marginal returns in terms of impact on patient outcomes.*

2015 National Impact Assessment of the CMS Quality Measures Report

- Widespread race and ethnicity disparities that existed at the beginning of the study period in 2006 were much less pronounced in 2012; however, disparities persist across select programs, settings, and demographic groups.
- A positive relationship was found between performance on a limited number of CMS measures and positive patient outcomes; however, the effects were variable, and a small number of process measures were estimated to have an impact on the health of the eligible Medicare population.

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

85

National Impact Assessment Actions to Consider

- Focus on Affordable Care and Care Coordination domains as high priorities for new measure development
- Evaluate existing measures addressing high-impact conditions across all measure domains
- Prioritize the high-impact conditions and develop a core set of measures across the continuum of care addressing the relevant measure domains
- Determine what degree of alignment with state and federal programs would benefit patients and providers.
- Review key sources of state and locally developed measures as a component of environmental scans conducted for new measure development efforts.

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

86

National Impact Assessment Actions to Consider

- With new measure development, emphasize data sources, such as EHRs and all-payer databases, to ensure measures have the widest reach across payers and populations.
- Explore the impact of measure exclusions and the effect of measure use on the proportion of the eligible population.
- Develop guidance concerning the use of measure exclusions in collaboration with the National Quality Forum (NQF) that aligns with new measure development and comprehensive review.
- Consider establishing a third-party data validation process specific to each program/setting performed by a CMS contractor or authorized vendor to ensure accurate reporting and to provide insight regarding potential unintended consequences of quality measurement.

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

87

National Impact Assessment Actions to Consider

- Emphasize the development of balancing measures in new measure development projects.
- Consider whether and to what extent the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs), as part of the 11th Scope of Work, can be directed to provide more focused technical assistance to smaller hospitals and physician practices and larger nursing homes.
- Reserve the development of process measures to those processes of care that link directly to patient outcomes and in which significant variation in performance exists across providers. Conversely retire existing process measures that do not meet these criteria.
- Develop clinically valid performance thresholds for high performing measures that take into account any identified disparities, above which individual provider rates would be publicly reported as “exceeding performance standards.”

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

88

National Impact Assessment Actions to Consider

- Develop standardized criteria in collaboration with NQF to retire quality measures.
- Standardize race and ethnicity data collection across CMS quality reporting programs to facilitate disparity analysis.
- Promote transparency and decrease the disparities in measure performance by publicly reporting and systematically monitoring the measure rates by race and ethnicity for all publicly reported measures.
- Develop more outcome measures, including patient-reported outcomes, since process measures are not uniformly achieving better health outcomes.
- Quantify and monitor process-outcome linkages during measure implementation.
- Conduct a qualitative and quantitative study to understand the characteristics of an organization or provider that are associated with high performance on outcome and cost measures.

Coordinating Committee Discussion

- How can MAP enhance the value of pre-rulemaking input?
- How should MAP address the evolving nature of federal programs in its work?
- How can MAP and NQF address the opportunities for improvement found in the 2015 Impact Assessment?



Process for January: Criteria for Pulling Measures

Erin O'Rourke

September 27, 2016

91

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations

NQF Staff / WG Chairs present measures and the programs evaluated

NQF Staff / WG Chairs will outline the strategic issues that emerged and relevant input from MAP Duals

MAP CC Chairs will ask CC members if any individual measures need to be pulled for discussion

CC member will identify which part of the WG recommendation they disagree with

All other measures will be considered ratified by the MAP CC

Challenges for MAP

- The current process to finalize recommendations takes up the majority of the Coordinating Committee's January meeting; however last year only one recommendation was changed by the Coordinating Committee
- With the continued move towards a more integrated system there are an increasing number of cross-cutting issues that would benefit from discussion.
- There has been limited time for these conversations as the group has been forced to spend most of its time re-litigating workgroup decisions.
- Clearer reasons to "pull" a measure for Coordinating Committee discussion could help alleviate these time concerns.

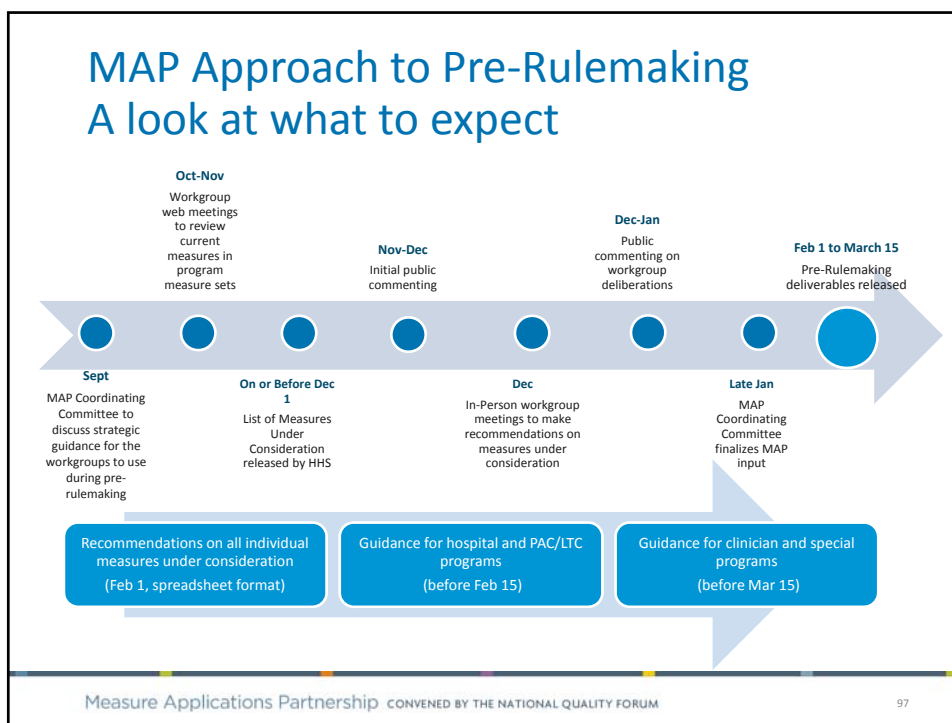
Potential New Process

- Coordinating Committee members will be asked to provide specific reasons for a vote:
 - *Potential Criteria for Pulling Measures for a Vote*
 - » Procedural concerns
 - » New information or evidence
- The agenda will allow time for Coordinating Committee comments if members wish to provide input on a measure but not call for a formal vote

Coordinating Committee Discussion

- Does the Coordinating Committee agree with the potential new process?
- Are there additional criteria for re-voting that should be added?

Public and Member Comment



Next Steps: Upcoming Activities

Web Meetings

- Clinician Workgroup – October 17, 3-5pm ET
- Hospital Workgroup – October 18, 3-5pm ET
- PAC/LTC Workgroup – October 19, 3-5pm ET
- All MAP Pre-Rulemaking Process Review- November 16, 12-2pm ET
- Dual Eligible Beneficiaries Workgroup – January 10, 12-2pm ET
 - *Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment*

In-Person Meetings

- Hospital Workgroup – **December 8-9**
- Clinician Workgroup – **December 12-13**
- PAC/LTC Workgroup – **December 14-15**
- Coordinating Committee – **January 24-25**

Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM 98