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Measure Applications Partnership (MAP)

Coordinating Committee In-Person Meeting

January 15, 2020

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

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks and Meaningful Measures Update
- MAP Pre-Rulemaking Approach
- Pre-Rulemaking Recommendations
 - ▣ Hospital Programs
 - ▣ Clinician Programs
 - ▣ PAC/LTC Programs
- Future Direction of the Pre-Rulemaking Process
- Closing Remarks and Next Steps
- Adjourn

MAP Coordinating Committee Members

Committee Chairs: Bruce Hall, MD, PhD, MBA, FACS and Charles Kahn, III, MPH

Organizational Members (voting)

American College of Physicians
Amir Qaseem, MD, PhD, MHA, FACP

National Business Group on Health
Steve Wojcik, MA

American HealthCare Association
David Gifford, MD, MPH

National Committee for Quality Assurance
Mary Barton, MD, MPP

American Hospital Association
To be confirmed

National Patient Advocate Foundation
Rebecca Kirch, JD

American Medical Association
Scott Ferguson, MD

Network for Regional Healthcare Improvement
Chris Queram, MA

American Nurses Association
Cheryl Peterson, MSN, RN

Pacific Business Group on Health
Emma Hoo

America's Health Insurance Plans
Elizabeth Goodman, JD, MSW, DrPH

Patient & Family Centered Care Partners
Libby Hoy

Health Care Service Corporation
Esther Morales, MBA

The Joint Commission
David Baker, MD, MPH, FACP

Humana
Misty Roberts, MSN

The Leapfrog Group
Leah Binder, MA, MGA

Medicare Rights Center
Frederic Riccardi, MSW

MAP Coordinating Committee Members

(continued)

Individual Subject Matter Experts (Voting)

Harold Pincus, MD

Jeff Schiff, MD, MBA

Ron Walters, MD, MBA, MHA, MS

Federal Government Liaisons (Nonvoting)

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)



NQF Staff

- Sam Stolpe, Senior Director
- Kate Buchanan, Senior Project Manager
- Taroon Amin, Consultant

CMS Opening Remarks and Meaningful Measures Update



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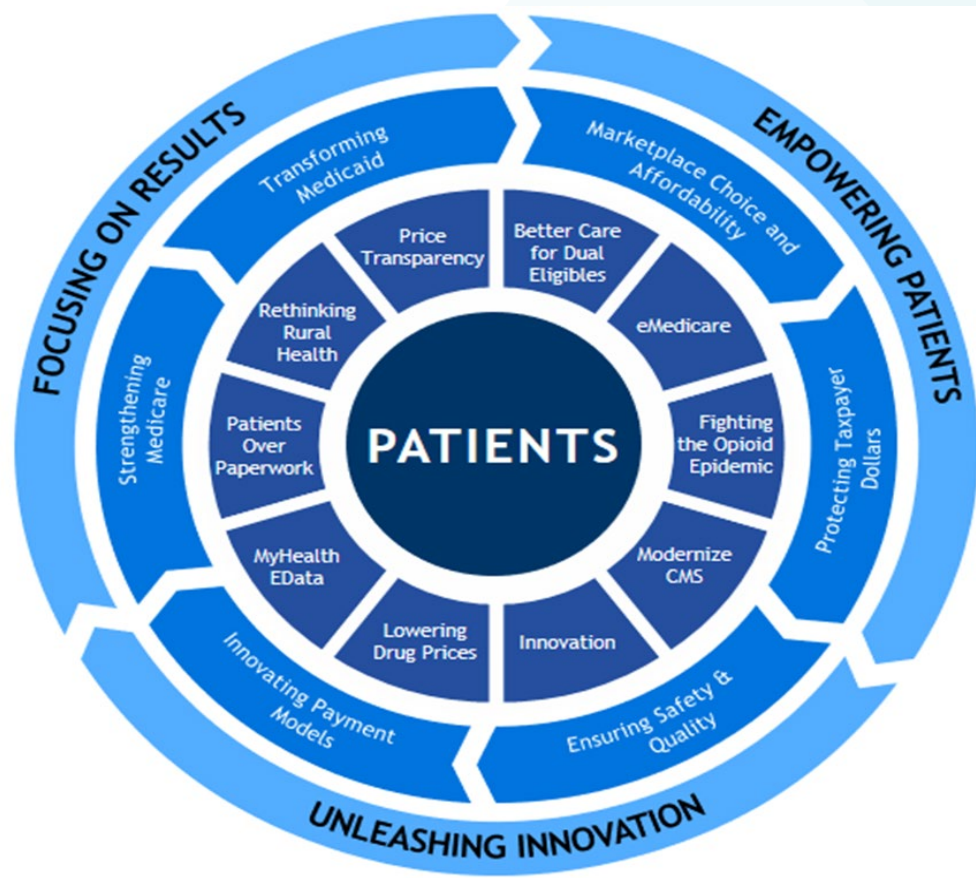
INTRODUCTION TO THE MEANINGFUL MEASURES INITIATIVE

Patients Over Paperwork

- **CMS's Primary Goal:** Remove obstacles that get in the way of the time clinicians spend with their patients
- **Patients Over Paperwork**
 - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
 - Includes several major tasks aimed at reducing burden for clinicians
 - Motivates CMS to evaluate its regulations to see what could be improved



CMS Strategic Priorities



A New Approach to Meaningful Outcomes

What is the Meaningful Measures Initiative?

- Launched in 2017, the purpose of the Meaningful Measures initiative is to:
 - ▣ Improve outcomes for patients
 - ▣ Reduce data reporting burden and costs on clinicians and other health care providers
 - ▣ Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients



Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

Meaningful Measures Framework



Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Promote Effective Prevention & Treatment of Chronic Disease



Meaningful Measures Areas:

Preventive Care Measures

Influenza Immunization Received for Current Flu Season - [HH QRP](#)
Timeliness of Prenatal Care (PPC) - Medicaid & CHIP
Well-Child Visits in the First 15 Months of Life (6 or More Visits) - Medicaid & CHIP

Management of Chronic Conditions Measures

Osteoporosis Management in Women Who Had a Fracture - [QPP](#)
Hemoglobin A1c Test for Pediatric Patients (eCQM) - Medicaid & CHIP

Prevention, Treatment, & Management of Mental Health Measures

Follow-up after Hospitalization for Mental Illness - [IPFQR](#)

Prevention & Treatment of Opioid & Substance Use Disorders Measures

Alcohol Use Screening - [IPFQR](#)
Use of Opioids at High Dosage - Medicaid & CHIP

Risk Adjusted Mortality Measures

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization - [HVBP](#)

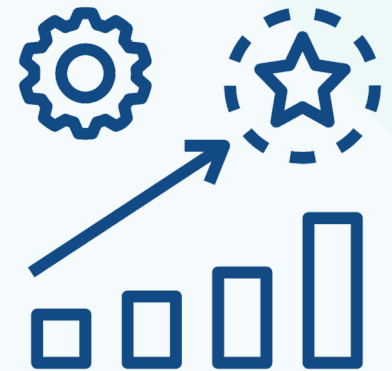


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FUTURE OF THE MEANINGFUL MEASURES INITIATIVE AND NEXT STEPS

Meaningful Measure Development Priorities

- Patient-reported outcome measures
- Electronic clinical quality measures (eCQMs)
- Appropriate use of opioids and avoidance of harm
- Nursing home infections and safety measures
- Maternal mortality
- Sepsis



Considerations for Future Meaningful Measures

- Developing more APIs for quality measure data submission
- Prototype the use of the FHIR standard for quality measurement
- Interoperable electronic registries – incentivizing use
- Harmonizing measures across registries
- Timely and actionable feedback to providers
- Working across CMS on the use of artificial intelligence to predict outcomes





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DISCUSSION

Appendix: Meaningful Measure Areas

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Overview of Pre-Rulemaking Approach

Preliminary Analyses



Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure in light of MAP's previous guidance.
 - ▣ This algorithm was approved by the MAP Coordinating Committee.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	<ul style="list-style-type: none"> The measure addresses the key healthcare improvement priorities; or The measure is responsive to specific program goals and statutory or regulatory requirements; or The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition. 	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>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>
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	<ul style="list-style-type: none"> For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s). For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures. 	<p>Yes: Review can continue</p> <p>No: Measure will receive a Do Not Support</p> <p>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>
3) The measure addresses a quality challenge.	<ul style="list-style-type: none"> The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e., a safety event that should never happen); or The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge. 	<p>Yes: Review can continue</p> <p>No: Measure will receive a Do Not Support.</p> <p>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>

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	<ul style="list-style-type: none"> • The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or • The measure captures a broad population; or • The measure contributes to alignment between measures in a particular program set (e.g. the measure could be used across programs or is included in a MAP “family of measures”); or • The value to patients/consumers outweighs any burden of implementation. 	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p><i>Old language: Highest rating can be refine and resubmit</i></p> <p>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>
5) The measure can be feasibly reported.	<ul style="list-style-type: none"> • The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.) 	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p><i>Old language: Highest rating can be refine and resubmit</i></p> <p>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>

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
6) The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s)	<ul style="list-style-type: none"> • The measure is NQF-endorsed; or • The measure is fully developed and full specifications are provided; and • Measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered. 	<p>Yes: Measure could be supported or conditionally supported.</p> <p>No: Highest rating can be Conditional support</p> <p>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>
7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.	<ul style="list-style-type: none"> • Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or • Feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and • Feedback is supported by empirical evidence. 	<p>If no implementation issues have been identified: Measure can be supported or conditionally supported.</p> <p>If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

MAP Voting Decision Categories



Decision Categories for 2019-2020

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

MAP Voting Process

Key Voting Principles

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



Key Voting Principles (cont.)

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
 - ▣ Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - ▣ The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.



Coordinating Committee Voting Procedure

- **Step 1.** Staff will review the Workgroup decision for each MUC.
- **Step 2.** The co-chairs will ask for clarifying questions from the Coordinating Committee. The chairs will compile all Committee questions.
 - ▣ Measure developers will respond to the clarifying questions on the specifications of the measure.
 - ▣ NQF staff will respond to clarifying questions on the Workgroup decision.
- **Step 3.** Voting on acceptance of the Workgroup decision.
 - ▣ After clarifying questions have been resolved, the co-chair will open for a vote on accepting the Workgroup decision. This vote will be framed as a yes or no vote to accept the result.
 - ▣ If greater than or equal to 60% of the Coordinating Committee members vote to accept the Workgroup decision, then the Workgroup decision will become the MAP recommendation. If less than 60% of the Coordinating Committee votes to accept the Workgroup decision, discussion will open on the measure.



Coordinating Committee Voting Procedure

- **Step 4.** Discussion and Voting on the MUC
 - ▣ Lead discussants will review and present their findings.
 - ▣ The co-chair will then open for discussion among the Coordinating Committee. Other Committee members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
 - ▣ After the discussion, the co-chair will open the MUC for a vote.
 - » NQF staff will summarize the major themes of the Committee's discussion.
 - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions. If the co-chairs do not feel there is a consensus position to use to begin voting, the Committee will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support.

Coordinating Committee Voting Procedure

- **Step 5: Tallying the Votes:**
 - ▣ If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
 - ▣ If a no decision category achieves greater than 60% to overturn the Workgroup decision, the Workgroup decision will stand.

MAP Rural Health Workgroup Charge

MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume
- Rural liaison for Clinician Workgroup: Kimberly Rask, Alliant Health

Rural Health Workgroup Review of MUCs

The Rural Health Workgroup will review the MUCs and provide the following feedback to the setting-specific Workgroups:

- Relative priority/utility of MUC measures in terms of access, cost, or quality issues encountered by rural residents
- Data collection and/or reporting challenges for rural providers
- Methodological problems of calculating performance measures for small rural facilities
- Potential unintended consequences of inclusion in specific programs
- Gap areas in measurement relevant to rural residents/providers for specific programs



Rural Health Workgroup Review (cont.)

Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:

- Measure discussion guide
 - ▣ A qualitative summary of Rural Health Workgroup's discussion of the MUCs
 - ▣ Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUCs for various programs
- In-person attendance of a Rural Health Workgroup liaison at all three pre-rulemaking meetings in December

BREAK

Opportunity for Public Comment on Hospital Programs

Finalize Pre-Rulemaking Recommendations for Hospital Programs

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Hospital Programs

CMS Program	Number of Measures Under Consideration
Ambulatory Surgical Center Quality Reporting Program	0
End-Stage Renal Disease Quality Incentive Program	1
Hospital-Acquired Condition Reduction Program	0
Hospital Inpatient Quality Reporting (IQR) Program and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)	2
Hospital Outpatient Quality Reporting Program	0
Hospital Readmissions Reduction Program	0
Hospital Value-Based Purchasing Program	0
Inpatient Psychiatric Facility Quality Reporting Program	1
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program	2
Total	6



Hospital Workgroup Meeting Themes

- Patient Safety
 - ▣ MAP emphasized that patients and consumers value patient safety measures in public accountability programs, and facilities can improve patient safety through quality improvement programs.
- System View of Measurement Across Settings
 - ▣ Measures specified for a single care setting that address system-level issues with shared accountability pose challenges in determining which entity that should be measured and how.
 - ▣ MAP stated that while it is necessary to review measures using a setting-specific approach, there is also a need to examine measures from a system-level perspective.
- Meaningful Measures Initiative Considerations for Hospitals
 - ▣ Recommended CMS consider priorities across programs and settings, including workforce availability, provider burnout, licensure expansions and standardization across states, staffing standards, and training.
 - ▣ Potential gaps include specialty care, changes in functional status measures, measures that improve the usability and safety of EHRs, among others.



Coordinating Committee Discussion and Vote: PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR) Measures

- **MUC19-18 National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 2
- **MUC19-19 National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 2



Coordinating Committee Discussion and Vote: Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) Measure

- **MUC19-22 Follow-Up After Psychiatric Hospitalization**
 - ▣ Workgroup Recommendation: Do Not Support for Rulemaking
 - ▣ Public Comments Received: 4



Coordinating Committee Discussion and Vote: End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Measure

- **MUC19-64 Standardized Transfusion Ratio for Dialysis Facilities**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 1



Coordinating Committee Discussion and Vote: Hospital Inpatient Quality Reporting Program (IQR) and Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals Measures

- **MUC19-114 Maternal Morbidity**
 - ▣ Workgroup Recommendation: Do Not Support for Rulemaking with Potential for Mitigation
 - ▣ Public Comments Received: 10
- **MUC19-26 Hospital Harm— Severe Hyperglycemia**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 13

LUNCH

Opportunity for Public Comment on Clinician Programs

Pre-Rulemaking Recommendations for Clinician Programs



MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Clinician Programs

Program	# of Measures
Merit-Based Incentive Payment System (MIPS)	4
Medicare Shared Savings Program (SSP)	1
Part C & Part D Star Rating	5
Total	10

Clinician Workgroup Meeting Themes

- Care Coordination and Attribution
 - ▣ Emphasized the importance of shared accountability for performance measures of hospital admissions, readmissions, and emergency department use that are incorporated into public reporting and payment programs.
 - ▣ Recognized that addressing social determinants of health is a major priority for the health system but also noted the challenges with addressing through measurement.
- Appropriate Opioid Measurement
 - ▣ Acknowledged an important shared responsibility for individual providers, health systems, and health plans to address issues of pain management as well identify and address issues associated with opioid use disorder (OUD).
 - ▣ Emphasized that the proper metrics need to be applied across the U.S. healthcare system such that opioid overdose deaths continue to decline in a manner that is verifiable.

Clinician Workgroup Meeting Themes (cont.)

Meaningful Measures Initiative Considerations for Clinicians

- Encouraged CMS to continue to its efforts to optimize predictive analytics and artificial intelligence to understand opportunities for quality improvement. These efforts should prioritize increased feedback to providers through actionable quality measurement and clinical decision support.
- Encouraged CMS to focus on patient safety in public reporting, allowing beneficiaries to choose healthcare providers who perform especially well. Consumers find these types of measures more intuitive and useful than many other types.
- Supported efforts by local communities, health systems, specialty societies, and others to develop new types of performance measures using emerging data sources.



Coordinating Committee Discussion and Vote: Merit-Based Incentive Payment System (MIPS) Measures

- **MUC19-27 Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 17
- **MUC19-28 Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS) Eligible Clinicians and Eligible Clinician Groups**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 6



Coordinating Committee Discussion and Vote: Merit-Based Incentive Payment System (MIPS) Measures (cont.)

- **MUC19-66 Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 6
- **MUC19-37 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions; in the Medicare Shared Savings Program, the score would be at the MIPS provider (or provider group) level**
 - ▣ Workgroup Recommendation: Do Not Support for Rulemaking with Potential for Mitigation
 - ▣ Public Comments Received: 13



Coordinating Committee Discussion and Vote: Medicare Shared Savings Program (SSP) Measure

- **MUC19-37 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions; in the Medicare Shared Savings Program, the score would be at the ACO level**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 8



Coordinating Committee Discussion and Vote: Part C & Part D Star Rating Measures

- **MUC19-14 Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 6
- **MUC19-21 Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 4



Coordinating Committee Discussion and Vote: Part C & Part D Star Rating Measures (cont.)

- **MUC19-57 Use of Opioids at High Dosage in Persons without Cancer (OHD)**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 8
- **MUC19-60 Use of Opioids from Multiple Providers in Persons without Cancer (OMP)**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 8
- **MUC19-61 Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)**
 - ▣ Workgroup Recommendation: Do Not Support for Rulemaking
 - ▣ Public Comments Received: 6

BREAK

Opportunity for Public Comment on PAC/LTC Programs

Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs



MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

Program	# of Measures
Home Health Quality Reporting Program (HH QRP)	1
Hospice Quality Reporting Program (HQRP)	1
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	0
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	0
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	0
Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)	0
Total	2

PAC/LTC Workgroup Meeting Themes

Meaningful Measures Initiative Consideration for PAC/LTC

- Supported CMS's inclusion of PROs in its Meaningful Measures Update. MAP identified PROs as one of the most important priorities for PAC/LTC programs. Thoughtfully soliciting and incorporating the voice of the patient into quality measurement will contribute to the alignment of care with patient goals and preferences.
- Identified care coordination as the highest priority measure gap for PAC/LTC programs. Patients who receive care from PAC and LTC providers frequently transition among multiple sites of care. Patients may move among their home, the hospital, and other PAC or LTC settings as their health and functional status change.
- Emphasized the need for alignment of measurement across the full continuum of care and developed an overarching list of concepts and priorities for performance measurement in PAC/LTC programs



Coordinating Committee Discussion and Vote: Home Health Quality Reporting Program (HH QRP) Measure

- **MUC19-34 Home Health Within-Stay Potentially Preventable Hospitalization Measure**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 5



Coordinating Committee Discussion and Vote: Home Health Quality Reporting Program (HH QRP) Measure

- **MUC19-33 Hospice Visits in the Last Days of Life**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 3

Future Direction of the Pre-Rulemaking Process



Coordinating Committee Discussion

- What worked well during this year's cycle?
- Where is there opportunity for improvement?

Opportunity for Public Comment

Closing Remarks and Next Steps

Adjourn

THANK YOU.

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