Welcome to Today's Meeting!

- Housekeeping reminders:
  - Please mute your computer when not speaking
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - We encourage you to keep the video on throughout the event
  - We will do a full roll call once the meeting begins
  - Feel free to use the chat feature to communicate with NQF staff
  - We will be using the hand raising feature during open discussion

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MAPCoordinatingCommittee@qualityforum.org

Measure Applications Partnership (MAP)

Coordinating Committee Virtual Review Meeting

January 19, 2022

Funding provided by the Centers for Medicare & Medicaid Services (CMS), Task Order HHSM-500-T0003 Option Year 3

Agenda

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

- Centers for Medicare & Medicaid Services (CMS) Opening Remarks

- Overview of Pre-Rulemaking Approach

- Pre-Rulemaking Recommendations

- Lunch

- Pre-Rulemaking Recommendations Continued

- Opportunity for Public Comment

- Closing Remarks and Next Steps

- Adjourn

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

Coordinating Committee Membership

Workgroup Co-Chairs: *Chip Kahn, MPH; Misty Roberts, MSN*

Organizational Members (Voting)

- American Academy of Hospice and Palliative Medicine
- American Association on Health and Disability
- American College of Physicians
- American Health Care Association
- American Medical Association
- American Nurses Association
- America's Health Insurance Plans
- AmeriHealth Caritas
- Blue Cross Blue Shield Association

- Covered California
- HCA Healthcare
- The Joint Commission
- The Leapfrog Group
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- Network for Regional Healthcare Improvement
- Patient & Family Centered Care Partners
- Purchaser Business Group on Health

Coordinating Committee Membership (Continued)

Individual Subject Matter Experts (Voting)

- Dan Culica, MD, PhD
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

Federal Government Liaisons (Non-voting)

- 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)

Committee Staff

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Senior Managing Director

- **Matthew Pickering, PharmD,** Senior Director

- **Katie Berryman, MPAP, PMP,** Director, Project Management

- **Udara Perera, DrPHc, MPH,** Senior Manager

- **Ivory Harding, MS,** Manager

- **Susanne Young, MPH,** Manager

- **Ashlan Ruth, BS IE,** Project Manager

- **Rebecca Payne, MPH,** Senior Analyst

- **Victoria Freire, MPH, CHES,** Analyst

- **Joelencia LeFlore,** Associate

- **Gus Zimmerman, MPP,** Associate

CMS Staff

- **Kimberly Rawlings,** Task Order Contracting Officer's Representative (TO COR)

- **Gequincia Polk,** Indefinite Delivery/Indefinite Quantity Contracting Officer's Representative (IDIQ COR)

Objectives for Today's Meeting

- Finalize recommendations on measures for use in federal programs for the Clinician, Hospital, and Post-Acute Care/Long-Term Care (PAC/LTC) settings
- Consider strategic issues that span across the MAP Workgroups and Advisory Groups

CMS Opening Remarks

Overview of Pre-Rulemaking Approach

MAP Coordinating Committee Charge

- Provide input to HHS on the coordination of performance measurement strategies and measure set review across public sector programs, across settings of care, and across public and private payers

- Set the strategic direction for the MAP

- Give direction to and ensure alignment among the MAP setting-specific and advisory workgroups
  - Hospital Workgroup
  - Post-Acute Care Long-Term Care (PAC/LTC) Workgroup
  - Clinician Workgroup
  - Rural Health Advisory Group
  - Health Equity Advisory Group

Role of the 2021-2022 MAP Coordinating Committee Review Meeting

- Ensure that measures crossing settings are evaluated using the same standards

- Identifying and correcting procedural mistakes or inconsistencies

- Accounting for public comment in the recommendations of measures

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 considering MAP's previous guidance.

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.	• The measure addresses 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.	Yes: Review can continue. No: Measure will receive a Do Not Support. 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.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	• 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.	Yes: Review can continue. No: Measure will receive a Do Not Support. 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.
3) The measure addresses a quality challenge.	• The measure addresses a serious reportable event (i.e., a safety event that should never happen); or • The measure addresses unwarranted or significant variation or a gap in care that is evidence of a quality challenge.	Yes: Review can continue. No: Measure will receive a Do Not Support. 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.

MAP Preliminary Analysis Algorithm (Continued)

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	• 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 • The value to patients/consumers outweighs any burden of implementation.	Yes: Review can continue No: Highest rating can be do not support with 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.
5) The measure can be feasibly reported.	• 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.)	Yes: Review can continue No: Highest rating can be do not support with 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.

MAP Preliminary Analysis Algorithm (Continued 2)

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).	• 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.	Yes: Measure could be supported or conditionally supported. No: Highest rating can be Conditional support. 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.
7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.	• 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.	If no implementation issues have been identified: Measure can be supported or conditionally supported. 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.

MAP Voting Decision Categories

MAP Decision Categories 2021-2022

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.	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). 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.
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 virtually for live voting to take place.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of (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 (MUC) will receive a decision.

Voting Procedure

- **Step 1.** Staff will review the Workgroup decision for each MUC using the MAP selection criteria and programmatic objectives.
  - Co-chairs and NQF staff may choose to present methodologically or clinically similar measures as a group in the interest of time or to prevent redundant conversations.
  - Coordinating Committee members can request any item to be removed from the group and discussed individually

- **Step 2.** The co-chairs will ask for clarifying questions from the Committee.
  - 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.

Voting Procedure (continued)

- **Step 3.** Voting on acceptance of the Workgroup decision
  - After clarifying questions have been resolved, the co-chairs 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 Committee members vote to accept the Workgroup decision, then the Workgroup recommendation will become the MAP recommendation. If less than 60% of the Committee votes to accept the Workgroup decision, discussion will open on the measure.

Voting Procedure (continued 2)

- **Step 4.** Discussion and Voting on the MUC
  - Lead Discussants will review and present their findings.
    - Coordinating Committee members assigned as lead discussants for the measure will be asked to respond to the Workgroup decision. Lead Discussants should state their own point of view, whether or not it is in agreement with the Workgroup recommendation or the divergent opinion.
  - The co-chairs will then open for discussion among the Coordinating Committee. 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-chairs will open the MUC for a vote.
    - » Co-chairs 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 with potential for mitigation, then do not support.

Voting Procedure (continued 3)

- **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 no decision category achieves greater than 60% to overturn the Workgroup decision, the Workgroup decision will stand.

Review of Measures Under Consideration (MUCs) by MAP Advisory Groups

MAP Rural Health Advisory Group Charge

- To help address priority rural health issues, including the challenge of low case-volume

- To provide:
  - Timely input on measurement issues to other MAP Workgroups and committees
  - Rural perspectives on the selection of quality measures in MAP

Rural Health Advisory Group Review of MUCs

- The Rural Health Advisory Group reviewed all the MUCs and provided feedback to the setting-specific Workgroups on:
  - Relative priority/utility 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 related to rural health if the measure is included in specific programs
  - Gap areas in measurement relevant to rural residents/providers for specific programs
- The Rural Health Advisory Group was polled on whether the measure is suitable for use with rural providers within the specific program of interest

MAP Health Equity Advisory Group Charge

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals

- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

Health Equity Advisory Group Review of MUCs

- The Health Equity Advisory Group reviewed all the MUCs and provided feedback to the setting-specific Workgroups on:
  - Relative priority in terms of advancing health equity for all
  - Data collection and/or reporting challenges regarding health disparities
  - Methodological problems of calculating performance measures adjusting for health disparities
  - Potential unintended consequences related to health disparities if the measure is included in specific programs
  - Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs

- The Health Equity Advisory Group was polled on the potential impact on health disparities if the measure is included within the specific program of interest

Feedback from the Advisory Groups' Review of MUCs

- Feedback from both Advisory Groups is provided to the setting-specific Workgroups through the following mechanisms:
  - The preliminary analyses (PAs):
    - » A qualitative summary of the discussion of the MUCs
    - » Average polling results that quantify:
      - *The Rural Health Advisory Group's perception of suitability from a rural perspective of including the measure within the program*
      - *The Health Equity Advisory Group's perception of the potential impact on health disparities if the measure is included within the program*
  - A summary of each Advisory Group's discussion will be provided during the review of the MUC during the setting-specific Workgroup pre-rulemaking meetings

Review of Programs and MUCs

Hospital Programs

Opportunity for Public Comment on Hospital Programs and MUCs

Finalize Pre-Rulemaking Recommendations for Hospital Programs

Hospital Program	Number of Measures Under Consideration
Hospital Inpatient Quality Reporting Program	11*
Medicare Promoting Interoperability Program for Hospitals	4*
Hospital Value-Based Purchasing Program	2
Hospital-Acquired Condition Reduction Program	2*
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program	3*
End-Stage Renal Disease Quality Improvement Program	1
Ambulatory Surgical Center Quality Reporting Program	0
Hospital Outpatient Quality Reporting Program	0
Hospital Readmissions Reduction Program	0
Inpatient Psychiatric Facility Quality Reporting Program	0
Total	**23**

MUCs crossing Workgroup settings will be reviewed individually

Hospital Workgroup Meeting Themes

- Measures for health equity that inspire action

  - The MAP Hospital Workgroup members expressed enthusiasm for the focus on health equity in the 2021 MUC List. The Workgroup encouraged CMS to consider measures for health equity that show strong connections to outcomes or that would ensure action by accountable entities.

- Risk-adjusting and stratification of measures

  - The Workgroup emphasized the need for measures that include risk adjustment and stratification, and the importance of providing results of this information back to facilities.

- Implementation of measures into the Hospital Inpatient Quality Reporting (IQR) Program before use within the Hospital Value-Based Purchasing (VBP) Program

  - The MAP Hospital Workgroup and CMS clarified that by statutory requirement, any measure intended for the VBP Program must be implemented for at least one year in the Hospital IQR Program first. The MAP noted that since older versions of the measures are currently implemented in federal programs, it may be helpful for hospitals to receive communications to clarify why there may be performance changes in the future.

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

- **MUC2021-101 Standardized Readmission Ratio (SRR) for dialysis facilities**

  - Workgroup Recommendation: Do Not Support for Rulemaking

  - Public Comments Received: 5

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

- **MUC2021-091 Appropriate Treatment for Patients with Stage I (T1c) through III HER2 Positive Breast Cancer**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 6

Coordinating Committee Discussion and Vote:
Hospital Inpatient Quality Reporting (IQR) Program

- **MUC2021-122 Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)**

  - Workgroup Recommendation: Support for Rulemaking

  - Public Comments Received: 6

- **MUC2021-106 Hospital Commitment to Health Equity**

  - Workgroup Recommendation: Do Not Support for Rulemaking

  - Public Comments Received: 17

- **MUC2021-120 Hospital-level, risk-standardized payment associated with an episode of care for primary elective total hip and/or knee arthroplasty (THA/TKA)**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 5

National Quality Forum
Driving measurable health improvements together

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-118 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 5

- **Program: Hospital Value-Based Purchasing (VBP) Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 4

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-131 Medicare Spending Per Beneficiary (MSPB) Hospital

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Support for Rulemaking

  - Public Comments Received: 7

- **Program: Hospital VBP Program**

  - Workgroup Recommendation: Support for Rulemaking

  - Public Comments Received: 6

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-084 Hospital Harm – Opioid-Related Adverse Events

- **Program: Hospital IQR Program**
  - Workgroup Recommendation: Support for Rulemaking
  - Public Comments Received: 6
- **Program: Medicare Promoting Interoperability Program for Hospitals**
  - Workgroup Recommendation: Support for Rulemaking
  - Public Comments Received: 5

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-104 Hospital Harm –
Severe Obstetric Complications eCQM

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 10

- **Program: Medicare Promoting Interoperability Program for Hospitals**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 6

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-100 National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 5

- **Program: Hospital-Acquired Condition Reduction Program (HACRP)**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 7

Coordinating Committee Discussion and Vote:
Hospital Cross-Cutting Measures: MUC2021-100 National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure (Continued)

- **Program: PCHQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 2

- **Program: Medicare Promoting Interoperability Program for Hospitals**

  - Workgroup Recommendation: *To Be Determined*

  - Public Comments Received: 7

Lunch

Cross-Setting Measure: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure

Opportunity for Public Comment: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure

Finalize Pre-Rulemaking Recommendations for MUC2021-098

Care Setting	Program
Post-Acute Care/Long-Term Care (PAC/LTC)	Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
PAC/LTC	Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
PAC/LTC	Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital	Hospital Inpatient Quality Reporting (IQR) Program
Hospital	Hospital-Acquired Condition Reduction Program (HACRP)
Hospital	Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
Hospital	Medicare Promoting Interoperability Program for Hospitals

Coordinating Committee Discussion and Vote:
Cross-Setting Measure: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure

- **Program: Long-Term Care Hospital Quality Reporting Program (LTCH QRP)**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 1

- **Program: Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 3

- **Program: Skilled Nursing Facility Quality Reporting Program (SNF QRP)**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 3

Coordinating Committee Discussion and Vote:
Cross-Setting Measure: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure (Continued)

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 3

- **Program: HACRP**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 5

Coordinating Committee Discussion and Vote:
Cross-Setting Measure: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure (Continued 2)

- **Program: PCHQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 1

- **Program: Medicare Promoting Interoperability Program for Hospitals**
  - Workgroup Recommendation: *To Be Determined*

  - Public Comments Received: 6

PAC/LTC Programs

Opportunity for Public Comment on PAC/LTC Programs and MUCs

Finalize Pre-Rulemaking Recommendations for PAC/LTC Programs

Post-Acute Care/Long-Term Care (PAC/LTC) Program	Number of Measures Under Consideration
Home Health Quality Reporting Program (HH QRP)	0
Hospice Quality Reporting Program (HQRP)	0
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	1*
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	1*
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	2*
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	4
Total	**8**

*MUCs crossing Workgroup settings will be reviewed individually

PAC/LTC Workgroup Meeting Themes

- Patient Reported Outcome Measures (PROMs)

  - MAP PAC/LTC Workgroup members commented on the need for person-centered and person-reported goals. Workgroup members also agreed with the importance of the family/caregiver perspective and patient experience.

- Infection control

  - Workgroup members noted the COVID-19 pandemic uncovered an under preparedness and lack of resources related to infection control. Workgroup members agreed with the need to align ongoing measurement that reflects overall infection control performance.

Coordinating Committee Discussion and Vote:
Skilled Nursing Facility Value Based Purchasing (SNF VBP) Program

- **MUC2021-124 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 8

- **MUC2021-137 Total nursing hours per resident day**

  - Workgroup Recommendation: Conditional Support for Rulemaking
  - Public Comments Received: 5

Coordinating Committee Discussion and Vote:
SNF VBP Program (Continued)

- **MUC2021-130 Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)**
  - Workgroup Recommendation: Support for Rulemaking
  - Public Comments Received: 4

- **MUC2021-095 CoreQ: Short Stay Discharge Measure**
  - Workgroup Recommendation: Support for Rulemaking
  - Public Comments Received: 9

Coordinating Committee Discussion and Vote:
Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- **MUC2021-123 Influenza Vaccination Coverage among Healthcare Personnel**
  - Workgroup Recommendation: Support for Rulemaking
  - Public Comments Received: 4

Break

Clinician Programs

Opportunity for Public Comment on Clinician Programs

Finalize Pre-Rulemaking Recommendations for Clinician Programs

Clinician Program	Number of Measures Under Consideration
Medicare Part C and D Star Ratings	3
Merit-Based Incentive Payment System (MIPS)	10*
Medicare Shared Savings Program (SSP)	0
Total	**13**

MUCs crossing Workgroup settings will be reviewed individually

Clinician Workgroup Meeting Themes

- Alignment of the Shared Savings Program (SSP) with the APM Performance Pathway (APP)
    - The MAP Clinician Workgroup expressed concern for unintended consequences by reporting on all-payer data in SSP, particularly for FQHCs or those that care for a disproportionately disadvantaged population.
    - The workgroup noted that the social driver measures would fit well within the SSP.

- Feedback on Measurement Approach
    - The workgroup expressed a desire to evaluate measure performance across programs. The rates of performance across programs at the clinician-level versus the ACO-level are of particular interest.

Coordinating Committee Discussion and Vote:
Medicare Part C and D Star Ratings Program

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

  - Workgroup Recommendation: Support for Rulemaking

  - Public Comments Received: 13

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 6

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 5

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

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 2

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 1

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

  - Workgroup Recommendation: Do Not Support for Rulemaking

  - Public Comments Received:7

Coordinating Committee Discussion and Vote:
MIPS Program (Continued)

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 7

- **MUC2021-090 Kidney Health Evaluation**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 11

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

  - Workgroup Recommendation: Support for Rulemaking

  - Public Comments Received: 4

Coordinating Committee Discussion and Vote:
MIPS Program (Continued 1)

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received:17

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

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 8

Cross-Setting Measures: Social Drivers of Health Measures

Opportunity for Public Comment: Social Drivers of Health Measures

Finalize Pre-Rulemaking Recommendations for MUC2021-136

Care Setting	Program
Clinician	Merit-Based Incentive Payment System (MIPS)
Hospital	Hospital Inpatient Quality Reporting (IQR) Program

Coordinating Committee Discussion and Vote:
Cross-Setting Measure: MUC2021-136 Screening for Social Drivers of Health

- **Program: MIPS**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 87

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 71

Finalize Pre-Rulemaking Recommendations for MUC2021-134

Care Setting	Program
Clinician	Merit-Based Incentive Payment System (MIPS)
Hospital	Hospital Inpatient Quality Reporting (IQR) Program

Coordinating Committee Discussion and Vote:
Cross-Setting Measure: MUC2021-134 Screen Positive Rate for Social Drivers of Health

- **Program: MIPS**

  - Workgroup Recommendation: Conditional Support for Rulemaking

  - Public Comments Received: 78

- **Program: Hospital IQR Program**

  - Workgroup Recommendation: Do Not Support with Potential for Mitigation

  - Public Comments Received: 62

Opportunity for Public Comment

Next Steps

Next Steps (Cont.)

- **Final MAP recommendations** will be sent to the U.S. Department of Health and Human Services (HHS) by February 1, 2022

- Meeting summary, transcript, and recording will be posted to the MAP Coordinating Committee Project Page

- Save the date for the **2022 MAP Coordinating Committee Strategic Meeting:** February 23, 2022
  - If you have not received a calendar invitation for this event, please reach out to NQF staff

- Please reach out to the team with any questions, comments, or concerns at MAPCoordinatingCommittee@qualityforum.org

THANK YOU.

NATIONAL QUALITY FORUM

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