

Welcome to Today's Virtual Review Meeting!

■ Housekeeping reminders:

- ▣ Please mute your computer or line when you are not speaking
- ▣ Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- ▣ We encourage you to turn on your video, especially during the measure discussions and when speaking
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 - » *»To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
- ▣ Feel free to use the chat feature to communicate with the NQF Host or IT Support
- ▣ For this meeting, we will be using Zoom for presentations and discussion, and will use Poll Everywhere for voting. Please ensure you have access to both platforms.

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MAPCoordinatingCommittee@qualityforum.org



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QUALITY FORUM**

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Measure Applications Partnership (MAP)

Coordinating Committee Virtual Review Meeting

January 25, 2021

Welcome, Introductions, Disclosure 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
- Overview of Pre-Rulemaking Approach
- Pre-Rulemaking Recommendations
 - Hospital Programs
 - Clinician Programs
 - PAC/LTC Programs
- COVID-19 Measures Under Consideration
- Future Direction of the Pre-Rulemaking Process
- Closing Remarks and Next Steps
- Adjourn

Coordinating Committee Membership

Workgroup Co-Chairs: Charles Khan, III, MPH; Misty Roberts, MSN

Organizational Members (Voting)

- American Academy of Hospice and Palliative Medicine
- AmeriHealth Caritas
- American College of Physicians
- American Health Care Association
- American Medical Association
- American Nurses Association
- America's Health Insurance Plans
- BlueCross BlueShield Association
- HCA Healthcare
- The Joint Commission
- The Leapfrog Group
- National Business Group on Health
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- Network for Regional Healthcare Improvement
- Pacific Business Group on Health
- Patient & Family Centered Care Partners

Individual Subject Matter Experts (Voting)

- Harold Pincus, MD
- Jeff Schiff, MD, MBA
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

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)

Workgroup Staff

- **Samuel Stolpe, PharmD, MPH**, Senior Director
- **Katie Berryman, MPAP**, Project Manager
- **Udara Perera, DrPHc, MPH**, Senior Manager
- **Chris Dawson, MHA, CPHQ, CPPS, LSSBB**, Manager
- **Rebecca Payne, MPH**, Senior Analyst
- **Michael Haynie**, Senior Managing Director

CMS Opening Remarks and Meaningful Measures Update

CMS Quality Action Plan

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This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulation.

We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Our Vision

Use impactful quality measures to improve health outcomes and deliver value by empowering patients to make informed care decisions while reducing burden to clinicians.

Goals of the CMS Quality Action Plan



Use Meaningful Measures to Streamline Quality Measurement



Leverage Measures to Drive Value and Outcome Improvement



Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics



Empower Patients to Make Best Healthcare Choices Through Person-Centered Quality Measures and Public Transparency

Meaningful Measures 1.0



● 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

Meaningful Measures 1.0 Accomplishments

- Since its inception in 2017, the Meaningful Measures Framework 1.0 has been utilized to review, reduce, and align measures.
- Meaningful Measures 1.0 highlighted 6 strategic domains and 17 strategic focus areas.
- This has resulted in a 15% reduction of the overall number of measures in the CMS Medicare FFS programs (from 534 to 460 measures).
- Overall, the measures portfolio has demonstrated a 25% increase in percentage of outcome measures; the percentage of process measures has dropped from 52% in 2017 to 37% in 2021.
- Streamlining measures has a projected savings of an estimated \$128M and a reduction of 3.3M burden hours through 2020.*

*Seema Verma's Speech at the 2020 CMS Quality Conference: <https://www.cms.gov/newsroom/press-releases/speech-remarks-cms-administrator-seema-verma-2020-cms-quality-conference>

Meaningful Measures 2.0

Goals of MM 2.0
Utilize only quality measures of highest value and impact focused on key quality domains
Align measures across value-based programs and across partners, including CMS, federal, and private entities
Prioritize outcome and patient reported measures
Transform measures to fully digital by 2025, and incorporate all-payer data
Develop and implement measures that reflect social and economic determinants



Use Meaningful Measures to Streamline Quality Measurement

Objective

Align measures across CMS, federal programs, and private payers

Reduce number and burden of measures

- Leverage Meaningful Measures 2.0 framework to reduce burden and align measures across the Agency and federal government
- Develop (as needed), prioritize, and utilize measures for high priority targeted areas, such as socioeconomic status, maternal mortality, and kidney care
- Align quality measures to quality improvement activities
- Increase the proportion of outcome measures by 50% by 2022
- Continue work of the Core Quality Measures Collaborative to align measures across all payers

Leverage Measures to Drive Value and Outcome Improvement

Objective

Accelerate ongoing efforts to streamline and modernize value-based programs, reducing burden and promoting strategically important focus areas

- Introduce 5-10 MIPS Value Pathways (MVPs)
- Continue to examine programs across CMS for modernization and alignment, as appropriate
- Provide additional confidential feedback reports on measure performance
- Incorporate robust quality measurement into all value-based payment models

Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics

Objective

Use data and information as essential aspects of a healthy, robust healthcare infrastructure to allow for payment and management of accountable, value-based care and development of learning health organizations

- Transform to all digital quality measures by 2025
- Accelerate development and testing eCQMs using FHIR API technology for transmitting and receiving quality measurement
- Transform data collection to use FHIR API technology and all CMS data (all-payer data)
- Accelerate expanded and timely performance feedback reports
- Leverage centralized data analytic tools to examine programs and measures, and develop capacity for using all CMS (or all-payer) data
- Evaluate new technologies of AI and machine learning to innovate new concepts in quality measures

Empower Patients to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency

Objective

Empower patients through transparency of data and public reporting, so that patients can make the best-informed decisions about their healthcare

- Expand and prioritize patient and caregiver engagement during the measure development process
- Increase Patient Reported Outcome Measures (PROMs) by 50%
- Continue to modernize Compare Sites
- Advance use of FHIR API to allow patients to receive their health information electronically
- Expand the availability of public use files for CMS data by 2021
- Leverage quality measures to identify health disparities

Leverage Quality Measures to Highlight Disparities and Close Performance Gaps

Objective

Commit to a patient-centered approach in quality measure and value-based incentives programs to ensure that quality and safety measures address healthcare equity

- Expand confidential feedback reports stratified by dual eligibility in all CMS value-based incentive programs as appropriate by the end of 2021.
- Introduce plans to close equity gaps through leveraging the pay-for-performance incentive programs by 2022.
- Ensure equity by supporting development of Socioeconomic Status (SES) measures and stratifying measures and programs by SES or dual eligibility as appropriate. Partner with OMH regarding HESS measures (health equity).

Expanding the CMS Disparity Methods to Include Stratified Reporting Using Indirect Estimation of Race and Ethnicity

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Health Equity: Stratified Reporting

The National Academy of Medicine¹ and Assistant Secretary for Planning and Evaluation² have recommended stratified reporting of health care quality measures by social factors

CMS confidentially reports stratified results for 6 condition hospital readmission measures using dual eligibility

Limitations in the accuracy³ of demographic information in CMS data has hindered stratification by race and ethnicity:

	White	Black	Hispanic	API	AI/AN
Sensitivity	97.1	93.8	30.1	56.7	17.6
Specificity	91.5	99.7	99.9	99.9	99.9

1- The National Academies of Science, Engineering, and Medicine. Accounting for Social Risk Factors in Medicare Payment. Washington DC: The National Academies Press; 2017

2- Office of the Assistant Secretary for Planning and Evaluation. Report to Congress: Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs. 2016

3- Zaslavsky AM, Ayanian JZ, Zaboriski LB. The validity of race and ethnicity in enrollment data for Medicare beneficiaries.. Health Serv Res. 2012 Jun;47(3 Pt 2):1300-21. doi: 10.1111/j.1475-6773.2012.01411.x. Epub 2012 Apr 19.

Health Equity: Indirect Estimation

CMS is considering confidential, hospital-level, stratified reporting by race and ethnicity using *indirect estimation*

Statistical method for inferring race and ethnicity from names and census data when directly reported information is missing or incorrect

National Quality Forum⁴ and Institute Of Medicine⁵ have supported indirect estimation for population-based equity measurement when self-reported data are not available

Validation testing suggests high correlation with self-report among White, Black, Hispanic and API patients⁶:

	White	Black	Hispanic	API	AI/AN
Correlation	90.2	94.6	87.6	91.6	53.8

4- NQF. 2008. National voluntary consensus standards for ambulatory care—measuring healthcare disparities. Washington, DC: National Quality Forum.
5- IOM. 2009. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press.
6- Haas A, Elliott MN, Dembosky JW, et al. Imputation of race/ethnicity to enable measurement of HEDIS performance by race/ethnicity. Health Serv Res. 2019;54(1):13-23.

Health Equity: Indirect Estimation (Cont.)

Systematic initiatives to improve data collection across the health care system are often lengthy and resource-intensive

Use of indirect estimation of race and ethnicity has potential to support more timely reporting and quality improvement

Medicare Bayesian Improved Surname Geocoding developed by RAND is currently in use for reporting contract-level Part C & D performance data (HEDIS) stratified by race and ethnicity⁷

No previous use in risk-adjusted quality outcome measures

National confidential reporting and stakeholder engagement would be necessary to monitor usage and acceptability

7- <https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/statistics-and-data/stratified-reporting>

Overview of Pre-Rulemaking Approach

Preliminary Analyses

Preliminary Analysis of Measures Under Considerations

- 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 key healthcare improvement priorities such as CMS's Meaningful Measures Framework; 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 may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential 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 may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential 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 may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.</p>

MAP Preliminary Analysis Algorithm (Cont.)

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>MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential 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 are 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>MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.</p>

MAP Preliminary Analysis Algorithm (Cont.)²

Assessment	Definition	Outcome
6) The measure is applicable to and appropriately tested 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 testing has demonstrated reliability and validity 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 may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.</p>
7) If a measure is in current use, no negative unintended issues to the patient have been identified.	<ul style="list-style-type: none"> Feedback from implementers or end users has not identified any negative unintended consequences to patients (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.</p> <p>MAP can also choose to not support the measure, with or without the potential for mitigation. MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.</p>

MAP Voting Decision Categories

MAP Decision Categories 2020-2021

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified.	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. Ideally, the modifications suggested by MAP would be made before the measure is proposed for use.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. MAP agrees with the importance of the measure and has suggested material changes to the measure specifications.	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 review meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - ▣ The preliminary analysis shows the results (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.

Committee Voting Procedure

- **Step 1.** Staff will review the Workgroup decision for each MUC
 - ▣ Co-chairs 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 or concerns from the Committee. The co-chairs will compile all Committee questions and expressed concerns.
 - ▣ Measure developers will respond to the clarifying questions or expressed concerns on the measure.
 - ▣ NQF staff will respond to clarifying questions or expressed concerns on the Workgroup decision.
- **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.

Committee Voting Procedure (Cont.)

- **Step 4. Discussion and Voting on the MUC**
 - ▣ Lead discussants will review and present their findings.
 - » Coordinating Committee member(s) assigned as lead discussant(s) for the measure will be asked to respond to the workgroup decision. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
 - ▣ 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 with the potential for mitigation, then do not support.

Committee Voting Procedure (Cont.)²

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

MAP Rural Health Workgroup Charge Overview

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 recommendations for the measures on the MUC List
- To help address priority rural health issues, including the challenge of low case-volume

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 Preliminary Analysis**
 - » 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
 - ▣ Attendance of a Rural Health Workgroup liaison at all three workgroup pre-rulemaking meetings in January

Break

Hospital Programs

Opportunity for Public Comment on Hospital Programs

Pre-Rulemaking Recommendations for Hospital Programs

Finalize Pre-Rulemaking Recommendations for Hospital Program

CMS Program	Number of Measures Under Consideration
Ambulatory Surgical Center Quality Reporting Program	1
End-Stage Renal Disease Quality Incentive Program	3
Hospital-Acquired Condition Reduction Program	0
Hospital Inpatient Quality Reporting Program	3
Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs)	1
Hospital Outpatient Quality Reporting Program	3
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	1
Total	13

Hospital Workgroup Meeting Themes

- Transition of services from the inpatient setting to the outpatient setting
 - ▣ During the gap discussions, Workgroup members encouraged CMS to be mindful of the relevance of measures used for the inpatient setting due to the transition of services being offered within the inpatient setting to the ambulatory setting.
- Measuring culture obstacles for quality improvement
 - ▣ The Workgroup suggested that CMS identify opportunities to measuring culture obstacles to quality improvement that can further promote a commitment to doing quality improvement and a culture of knowledge sharing.
- Burden of measure collection and reporting
 - ▣ The Workgroup underscored the need for mitigating measurement burden and recognized that the use of electronic clinical quality measures could reduce data collection and reporting burden.

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

- **MUC20-0039: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 3

Coordinating Committee Discussion and Vote: Hospital Outpatient Quality Reporting Program (Hospital OQR Program)

- **MUC20-0004: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 11
- **MUC20-0005: Breast Screening Recall Rates**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 10

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

- **MUC20-0003: Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)**
 - ▣ Workgroup Recommendation: Support for Rulemaking
 - ▣ Public Comments Received: 13
- **MUC20-0032: Global Malnutrition Composite Score**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 20

Coordinating Committee Discussion and Vote: **Medicare and Medicaid Promoting Interoperability Programs for** **Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs)**

- **MUC20-0032: Global Malnutrition Composite Score**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 8

Lunch

Clinician Programs

Opportunity for Public Comment on Clinician Programs

Pre-Rulemaking Recommendations for Clinician Programs

Finalize Pre-Rulemaking Recommendations for Clinician Program

Program	# of Measures
Merit-Based Incentive Payment System (MIPS)	10
Medicare Shared Savings Program (SSP)	1
Part C & Part D Star Rating	0
Total	11

Clinician Workgroup Meeting Themes

- Correlating quality measures with cost measures
 - ▣ The Clinician Workgroup expressed concerns related to stinting of care associated with cost measures.
 - ▣ The Workgroup was concerned that doing the best thing clinically for a patient may result in higher episode-based costs even with long-term global cost savings.
 - ▣ The Workgroup was also concerned about clear connections to upstream interventions that result in downstream cost savings.
- Balancing PRO-PMs within programs
 - ▣ The Clinician Workgroup noted the importance of capturing the voice of the patient.
 - ▣ The Workgroup also noted the additional burden associated with adding too many PRO-PMs.
 - ▣ The Workgroup further highlighted the potential of diluting the impact of a given PRO-PM if other PRO-PMs directly compete for patient attention.



MIPS Cost Measures

MUC 20-0015: Asthma/COPD
MUC 20-0016: Colon and Rectal Resection
MUC 20-0017: Diabetes
MUC 20-0018: Melanoma Resection
MUC 20-0019: Sepsis

Measure Applications Partnership
Coordinating Committee Review Meeting

January 25, 2021



Cost Measures Address Needs in MIPS

- Currently, MIPS has 20 cost measures:
 - ▣ 18 episode-based cost measures for specific procedures and acute conditions
 - ▣ 2 population-based cost measures that assess the overall cost of care
- As required by statute, CMS must develop care episode and patient condition groups to be used to conduct comparative cost analyses for physicians and other applicable practitioners.
 - ▣ These are selected to address measurement gaps and Meaningful Measures priorities
 - ▣ Development process has included extensive expert stakeholder input through TEP, clinician subject matter expert panels, patient and family voice, and national field testing
- These 5 new measures would allow more clinicians to be assessed by episode-based measures and support MIPS Value Pathway (MVP) development



Measure Framework Focuses on Capturing Clinician Role in Care

- Measures are constructed using the same framework as other cost measures reviewed by MAP in previous years
 - ▣ Procedure: Melanoma Resection, and Colon and Rectal Resection
 - ▣ Acute inpatient medical condition: Sepsis
- Chronic condition measures use a familiar framework
 - ▣ Shares elements from other episode-based measures and NQF #3575 TPCC
 - » Attribution requires 2 visits to identify start of clinician-patient relationship
 - ▣ Features to account for chronic condition management were developed with stakeholder input through multiple meetings over 18 month period
 - » Costs measured for at least one year to reflect ongoing nature of care and encourage care coordination
 - ▣ Tailored to capture care specific to the management of Diabetes and Asthma/COPD
 - » Stratifies patient cohort into smaller groups, includes only clinically related costs, accounts for risk factors specific to that condition

Thank You

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

- **MUC20-0015: Asthma-Chronic Obstructive Pulmonary Disease (COPD) Episode-Based Cost Measure**
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 12
- **MUC20-0016: Colon and Rectal Resection Episode-Based Cost Measure**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 11
- **MUC20-0017: Diabetes Episode-Based Cost Measure**
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 13

Coordinating Committee Discussion and Vote: MIPS Program Measures

- **MUC20-0018: Melanoma Resection Episode-Based Cost Measure**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 8
- **MUC20-0019: Sepsis Episode-Based Cost Measure**
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 9
- **MUC20-0034: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 13

Coordinating Committee Discussion and Vote: MIPS Program Measures (Cont.)

- **MUC20-0040: Intervention for Prediabetes**
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 18
- **MUC20-0042 Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 5
- **MUC20-0043: Preventive Care and Wellness (composite)**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 9

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

- **MUC20-0033 ACO-Level Days at Home for Patients with Complex, Chronic Conditions**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 13

Break Continued

PAC/LTC Programs

Opportunity for Public Comment on PAC/LTC Programs

Pre-Rulemaking Recommendations for PAC/LTC Programs

Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for PAC/LTC Program

Program	# of Measures
Home Health Quality Reporting Program (HH QRP)	0
Hospice Quality Reporting Program (HQRP)	1
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 Program (SNF VBP)	0
Total	5

PAC/LTC Workgroup Meeting Themes

- Care coordination
 - ▣ During gap discussions, Workgroup members noted the importance of care coordination for patients in post-acute and long-term care settings and included this as a measure gap for all programs. Care coordination is vital to safe and effective care transitions. Coordination across and among all providers helps enable the most effective team-based care for patients.
- Patient and family involvement in care design, goal setting
 - ▣ The Workgroup cited “Care aligned with and meeting patient goals” as a gap across all programs. Members noted that involving patient and family in goal setting is foundational to developing patient-centered goals. The Workgroup strongly supported expanding patient and family involvement to include design of the care itself.
- Getting to measures and results that matter to patients
 - ▣ While Workgroup members appreciated the opportunity to provide input to gaps, they urged CMS to engage patients directly in discussions of what measures and results would be most meaningful and useful to patients as they navigate the healthcare system.

Coordinating Committee Discussion and Vote: Hospice Quality Reporting Program (HQRP) Measures

- **MUC20-0030: Hospice Care Index**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 9

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

- **MUC20-0002 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization**
 - ▣ Workgroup Recommendation: Conditional Support for Rulemaking
 - ▣ Public Comments Received: 7

NQF Remarks on COVID-19 Measures

CMS Presentations on COVID-19 Measures

MUC20-0044 and MUC20-0048: SARS-CoV-2 Vaccination Coverage Measures



*Alan Levitt M.D.
Michelle Schreiber M.D.*

*MAP Coordinating
Committee Review meeting*

January 25, 2021

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, End-Stage Renal Disease (ESRD) facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities (SNFs), and PPS-exempt cancer hospitals.
- **Measure Type:** Process
- **Measure steward:** Centers for Disease Control and Prevention

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

Use in Federal Program: Home Health Value Based Purchasing, Hospital Inpatient Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting

Portfolios	Compare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add to Compare	Add to Portfolio	Export	?
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0431

VIEW THE NEW SPEC - There is a new version under consideration.

INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL
STEWARDS: Centers for Disease Control and Prevention

Measure Description:

Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

Numerator Statement:

HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- (c) declined influenza vaccination

Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Denominator Statement:

Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:

- (a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- (b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- (c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

Exclusions:

None.

Risk Adjustment:

No

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel (Cont.)

Medication reconciliation				▼
Infections				▼
Prevention				^
Influenza vaccination coverage among healthcare personnel	85.6%	83.3%	96.1%	
↑ Higher percentages are better				
National average: 88.3%				
Readmissions				▼
Successful return to home & community				▼
Payment & value of care				▼

(From: <https://www.medicare.gov/care-compare/>)

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel (Cont.)²

- **MAP Hospital Workgroup**
 - Ambulatory Surgical Center Quality Reporting
 - End-Stage Renal Disease (ESRD) QIP
 - Hospital Outpatient Quality Reporting
 - Hospital Inpatient Quality Reporting
 - Inpatient Psychiatric Facility Quality Reporting Program
 - PPS-Exempt Cancer Hospital Quality Reporting
- **MAP Post-Acute Care and Long-Term Care Workgroup**
 - Inpatient Rehabilitation Facility Quality Reporting Program
 - Long-Term Care Hospital Quality Reporting Program
 - Skilled Nursing Facility Quality Reporting Program

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel (Cont.)³

- **Numerator:** Cumulative number of HCP eligible to work in the hospital or facility for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used.

Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.

- **Denominator:** Number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to SARS-CoV-2 vaccination.

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel (Cont.)⁴

- **Exclusions:** HCP with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among patients in End-Stage Renal Disease (ESRD) facilities.
- **Measure Type:** Process
- **Measure Steward:** Centers for Disease Control and Prevention
- **CMS Program:** End-Stage Renal Disease (ESRD) QIP

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities

- **Numerator:** Cumulative number of patients eligible for vaccination during the reporting time-period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval if revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.
- **Denominator:** Number of patients under care for first 2 working days of reporting month in the ESRD facility eligible for vaccination during the reporting time-period, excluding persons with contraindications to SARS-CoV-2 vaccination.

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities (Cont.)

- **Exclusions:** Patients with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

SARS-CoV-2 Vaccination by Clinicians

Measure Applications Partnership

Centers for Medicare & Medicaid Services

Mathematica

National Committee for Quality Assurance

January 25, 2021

SARS-CoV-2 Vaccination by Clinicians

/ Denominator: All patients aged 18 years and older seen for a visit during the measurement period.

/ Exclusions/exceptions:

- Exclusion: Patient received hospice services any time during the measurement period
- Exceptions: 1) patient contraindication, 2) patient refusal, or 3) vaccine unavailable

/ Numerator: Patients who have ever received or reported having ever received a SARS-CoV-2 vaccination dose OR who have ever received or reported having ever received a full SARS-CoV-2 vaccination course

Measure development process

- / **CMS identified concept as a priority in response to current public health crisis**
- / **CMS convened an expert work group to inform development and to provide guidance on how the measure can maximize reach while minimizing the potential for harm**
- / **CMS is not seeking NQF endorsement prior to submitting this measure for consideration because this measure has been developed in response to the public health emergency that requires a rapid response**

Rationale for measure development

- / **CMS wants a measure in place as soon as possible after vaccine approval and publication of guidelines**
- / **CMS already includes several vaccination measures in the Merit-based Incentive Payment System (MIPS); this measure is part of larger federal efforts to promote and track vaccine uptake**
- / **CMS has taken into consideration how list of approved vaccines might change between now and implementation, and designed a flexible measure**

Implementation

/ **How can the measure be utilized in the program?**

- The earliest CMS would be able to propose this measure for implementation in MIPS would be performance year 2022
- CMS is still discussing best way to incorporate the measure into MIPS to promote patient well-being and balance clinician burden
- CMS is considering the appropriate approach for using this measure to inform future policy making; welcomes MAP feedback on the implications of measure implementation

Pathway to implementation

/ What is a reasonable pathway to implementing measures around emergent healthcare issues?

- Measure has been designed to be flexible, to mitigate potential unintended consequences of implementation and to maximize data attained from measure reporting
 - Measure assesses administration of full course of vaccine or at least one dose
 - Measure allows for patient self-report of vaccine so reporting clinician does not have to be the one administering the vaccine
 - Measure has exception for patient contraindication; this allows measure to flex as contraindications become known or specific to a given vaccine
- CMS can revise the measure in future years to be consistent with available data and evidence as it develops

Opportunity for Public Comment on COVID-19 Measures Under Consideration

COVID-19 Measures Under Consideration

Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for COVID-19 Measures

Workgroup	Program	# of Measures
Clinician	Merit-Based Incentive Payment System (MIPS)	1
Hospital	Hospital Outpatient Quality Reporting Program (Hospital OQR Program)	1
Hospital	Hospital Inpatient Quality Reporting Program (Hospital IQR Program)	1
Hospital	Ambulatory Surgical Center Quality Reporting Program (ASCQR)	1
Hospital	Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)	1
Hospital	PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)	1
Hospital	End-Stage Renal Disease Quality Incentive Program (ESRD QIP)	2
PAC/LTC	Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	1
PAC/LTC	Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	1
PAC/LTC	Skilled Nursing Facility Quality Reporting Program (SNF QRP)	1
	Total	11

Coordinating Committee Discussion and Vote: Clinician COVID-19 Measures

- **MUC20-0045: SARS-CoV-2 Vaccinations by Clinicians**
 - ▣ Program: Merit-Based Incentive Payment System (MIPS)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 12

Coordinating Committee Discussion and Vote: Hospital COVID-19 Measures

- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Hospital Outpatient Quality Reporting Program (Hospital OQR Program)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 8
- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Hospital Inpatient Quality Reporting Program (Hospital IQR Program)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 11
- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Ambulatory Surgical Center Quality Reporting (ASCQR)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 9

Coordinating Committee Discussion and Vote: Hospital COVID-19 Measures (Cont.)

- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Inpatient Psychiatric Facility Quality Reporting (IPFQR)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 8
- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 8

Coordinating Committee Discussion and Vote: Hospital COVID-19 Measures (Cont.)¹

- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: End-Stage Renal Disease Quality Incentive (ESRD QIP)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 10
- **MUC20-0048: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities**
 - ▣ Program: End-Stage Renal Disease Quality Incentive (ESRD QIP)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 7

Coordinating Committee Discussion and Vote: PAC/LTC COVID-19 Measures

- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 8
- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 6
- **MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**
 - ▣ Program: Skilled Nursing Facility Quality Reporting Program (SNF QRP)
 - ▣ Workgroup Recommendation: Do Not Support with Potential for Mitigation
 - ▣ Public Comments Received: 5

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

THANK YOU.

NATIONAL QUALITY FORUM

<http://www.qualityforum.org>