Welcome to Today's Meeting!

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  - » We encourage you to keep the video on throughout the event
  - » Please ensure your first and last name is listed correctly in your video
  - » 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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Measure Applications Partnership (MAP) Coordinating Committee Strategic and Measure Set Review (MSR) Web Meeting

February 23, 2022

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

Agenda

- Welcome, Review of Meeting Objectives, and Roll Call

- CMS Opening Remarks

- MAP 2022 Measure Set Review (MSR) Cycle

- MAP 2021-2022 Measures Under Consideration (MUC) Cycle Review

- Coordinating Committee Discussion about Federal Program Measure Sets

- Opportunity for Public Comment

- Next Steps

Welcome and Review of Meeting Objectives

Meeting Objectives

- Measure Applications Partnership (2 cycles):

  1. Seek Committee feedback on the process and documents provided by NQF staff during the MAP measures under consideration (MUC) 2021-2022 cycle

  2. Review and refine approach to the scope of work, timeline, and activities for the 2022 MAP measure set review (MSR)

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
- BlueCross BlueShield 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

Individual Subject Matter Experts (Voting)

- Dan Culica, MD, PhD
- 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)

Committee Staff

- **Elizabeth Drye, MD, MS,** Chief Scientific Officer

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

- **Jenna Williams-Bader, MPH,** 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,** Manager

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

- **Joelencia LeFlore,** Associate

- **Gus Zimmerman, MPP,** Associate

CMS Staff

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

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

CMS Opening Remarks

MAP 2022 Measure Set Review (MSR) Cycle Scope of Work and Process

Importance of Multistakeholder Engagement

- Consolidated Appropriations Act grants the consensus-based entity providing input on the selection of quality and efficiency measures used in various Medicare programs the authority to **provide input on the removal and quality and efficiency measures** as well.

- This presents an opportunity for CMS to:
  » Receive additional stakeholder feedback on potential measure removals in their quality programs
  » Increase transparency about measures being considered for removal

- CMS looks forward to the robust discussion by MAP to provide meaningful feedback on measures used in federal programs.

Federal Programs Prioritized by CMS/NQF for MAP Hospital WG Review

Federal Programs for MAP Hospital	CMIT: Number of Active Measures (06/30/21)	Programs Reviewed during MSR Pilot	Programs to be Reviewed for 2022 MSR
Hospital Inpatient Quality Reporting Program (Hospital IQR Program)	57	X	**
Medicare Promoting Interoperability Program for Hospitals	9	**	X
Hospital Value-Based Purchasing (VBP) Program	19	X	**
Hospital Readmissions Reduction Program (HRRP)	6	X	**
Hospital-Acquired Conditions Reduction Program (HACRP)	10	X	**
Hospital Outpatient Quality Reporting (HOQR) Program	18	**	X
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	18	X	**
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	10	X	X
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	18	**	X
End-Stage Renal Disease Quality Improvement Program (ESRD QIP)	20	**	**

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Federal Programs Prioritized by CMS/NQF for MAP PAC/LTC WG Review

Federal Programs for MAP PAC/LTC	CMIT: Number of Active Measures (06/30/21)	Programs to be Reviewed for 2022 MSR
Home Health Quality Reporting Program (HHQRP)	29	X
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	19	**
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	17	**
Hospice Quality Reporting Program (HQRP)	21	X
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	12	**
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	1	**

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Federal Programs Prioritized by CMS/NQF for MAP Clinician WG Review

Federal Programs for MAP Clinician	CMIT: Number of Active Measures (06/30/21)	Programs to be Reviewed for 2022 MSR
Merit-based Incentive Payment System (MIPS)	274	1/3 of measures will be reviewed for 2022 MSR*
Medicare Shared Savings Program (SSP)	41	1/3 of measures will be reviewed for 2022 MSR*
Medicare Part C and D Star Ratings	37 (Part C) 19 (Part D)	**

*To obtain 1/3 of measures for review, measures will be grouped by clinical topic or meaningful measure area.
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Summary of 2022 MSR Process for Coordinating Committee's Review and Discussion

Prioritize
- Completed: CMS and NQF prioritized programs for discussion
- NQF staff refines the list of measures by program and creates survey

Survey
- Workgroup (WG) and Advisory Group (AG) members nominate measures for removal via survey; use measure review criteria as rationale for nomination
- NQF staff selects measures with the most votes for WG discussion, aiming for 10-12 measures per WG

Prepare
- NQF staff posts narrowed list of measures for public comment
- NQF staff prepares measure summary sheets, including summary of public comment, for review by WG/AG prior to WG meetings; measures will be assessed against measure review criteria

Discuss
- Each WG to discuss 10-12 measures and vote for removal of measure or to maintain measure, based on measure review criteria; AG members will be integrated into each WG
- CC to discuss 30-36 measures and vote to uphold WG recommendations or to change recommendation category

Summary of Post-Pilot Feedback on Multistakeholder Input

- Committee members encouraged increased representation of consumer (e.g., patient, family, and caregiver or advocate) voices.

- Committee members encouraged continued or increased representation of nurses and social workers.

- Committee members strongly appreciated the voices of impacted patients and families during public comment and would appreciate the continuation or expansion of these voices.

Revisions to Seeking Multistakeholder Input for MSR for Coordinating Committee's Review and Discussion

- NQF/CMS is proposing for Advisory Group members to participate in the Workgroups.

- NQF staff will reach out to patient advisory groups, patients, and other stakeholders as identified by the Coordinating Committee feedback.

Pilot Measure Review Criteria

1. Measure does not contribute to the overall goals and objectives of the program.

2. Performance or improvement on the measure does not result in better patient outcomes.

3. Measure is not endorsed by a CMS Consensus-Based Entity (CBE).

4. Evidence base for measure has changed and measure no longer reflects current evidence.

5. Measure performance is uniformly high and lacks variation in performance overall and by subpopulation.

6. Measure is not feasible to implement.

7. Measure is duplicative of other measures.

8. Measure has negative unintended consequences.

Summary of Post-Pilot Feedback on and Revisions to Measure Selection Criteria for Coordinating Committee's Review and Discussion

CC Feedback	How NQF Addressed Feedback for 2022 MSR
Criteria should be added to evaluate measures as part of the overall set of measures in a program and to explicitly address gaps.	Information will be incorporated into the Measure Summary Sheet.
Criteria should be added to determine whether a measure differentiates between excellence and adequacy of performance.	See new criteria #9 (next slide).
Criterion #8 (measure has negative unintended consequences) should be split to create criteria explicitly assessing how a measure diminishes inequities or promotes equity.	Update to criteria #8 (next slide).
Criterion #8 could also be used to ask about positive unintended consequences.	Added to criteria #8 (next slide).
NQF should look at how many criteria were used during discussions as part of considerations for future iterations.	NQF staff completed review.

Revised Measure Review Criteria for Coordinating Committee Review and Discussion

1. Measure does not contribute to the overall goals and objectives of the program

2. Performance or improvement on the measure does not result in better patient outcomes

3. Measure is not endorsed by a CMS Consensus-Based Entity (CBE), **or lost endorsement**

4. Evidence base for measure has changed and measure no longer reflects current evidence

5. Measure performance is uniformly high and lacks variation in performance overall and by subpopulation

6. Measure is not feasible to implement, or **measure is in a program but not used**

7. Measure is duplicative of other measures **within the same program**

8. Measure has negative unintended consequences, **including Rural Health and Health Equity negative unintended consequences**

9. **Measure does not differentiate between excellence and adequacy of performance**.

Pilot Measure Overview Example

CMIT 2584: Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)

- **Description:** Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements.

- **Reporting Level:** Facility

- **Endorsement Status:** Endorsement removed

- **MSR Selection Count:** 4

- **Lead Discussants:** AmeriHealth Caritas, The Leapfrog Group, National Patient Advocate Foundation, Network for Regional Health Improvement

- **Criteria/Rationale:** NQF endorsement removed, measure is a process measure that does not ensure care coordination with PCP or post-discharge behavioral health provider

Post-Pilot Feedback on Measure Information Provided by NQF Staff

- More data are needed in advance of measure selection and review, including trends, performance data, gaps and variation across subpopulations, endorsement status and rationales, and any recent literature or initiatives discussing the measures.

- More information should be provided on the context of the programs housing the measures, including other measures in the program, to identify gaps or possibilities for gaps pending measure removal.

- Information on similar measures in the development or implementation pipeline could help Committee members understand the impact of removing or continuing measures.

- *NQF has developed a Measure Summary Sheet to address the requests for additional information to the extent possible.*

Revisions to Measure Information Provided by NQF Staff (Measure Summary Sheet) for Coordinating Committee Review and Discussion

- The measure summary sheet is intended to provide MAP members with a succinct profile of each measure selected for review.

- MAP members will utilize the measure review criteria to evaluate each measure considering MAP's previous guidance.

- To facilitate MAP's discussions, NQF staff will distribute the measure summary sheets prior to each review meeting.

- NQF staff will provide the data available for the measure summary sheet; however, some data (e.g., performance by subpopulation) or information (e.g., feasibility of measure to implement) may be difficult to find.

Measure Summary Sheet Draft Data Points for Coordinating Committee Review and Discussion

- Any available publicly reported data

- Endorsement status

- Alignment with current priorities of the program

- Implementation (reporting and use)

- Competing and/or relating measures, if applicable and available

- Unintended consequences, if applicable and available

- Public comments

MSR Pilot Voting Process

- After the discussion of a measure during the MSR pilot, the co-chair opened a vote on each individual measure.

- Committee members voted, indicating support for removal from the program – yes (remove) or no (do not remove).

Post-Pilot Feedback on MSR Voting Process

- MSR voting should include gradations of support, possibly in a similar matrix to MAP pre-rulemaking voting. Possible gradations may include support for removal that is contingent upon the availability of replacement measures, timing of removal (i.e., "okay to wait"), and continuation of the measure with recommended changes, among others.
    - » NQF staff are proposing the addition of "conditional support for removal" (next slide).

- Voting abstention should be allowed; however, Committee members debated its inclusion as a voting category versus a notification process.
    - » Does the Committee think abstention should be allowed as a voting category?

MSR Proposed Decision Categories for Coordinating Committee Review and Discussion

Decision Category	Definition	Evaluation Criteria
Support for Removal	MAP supports removal of the measure from a specified program.	The measure meets at least 1 measure selection criteria for removal.
Conditional Support for Removal	MAP supports removal of the measure for a specified program, but there are conditions for removal. **Question for CC: How should NQF define the Conditional Support category?**	Examples of conditions for removal: • The WG recommends the measure should stay in place until an eCQM is developed • The WG recommends the measure should stay in place until it can be placed in a composite
Do Not Remove	MAP does not support removal of the measure for a specified program.	The measure cannot be removed from a program(s) due to the creation of a measurement gap, or the measure continues to meet the needs of the population being measured. This recommendation suggests keeping the measure in the program despite meeting any removal criteria.

Questions for Coordinating Committee Discussion

- Does the Coordinating Committee have any additional questions or feedback about the 2022 MSR process?

- Does the Coordinating Committee foresee any challenges with this approach that NQF staff can help to mitigate?

Questions?

Break

MAP 2021-2022 MUC Cycle Review

Summary of Federal Programs Reviewed

- **Clinician Workgroup**
  - » Merit-based Incentive Payment System (MIPS)
  - » Medicare Part C and D Star Ratings Program

- **Hospital Workgroup**
  - » Hospital Inpatient Quality Reporting Program (Hospital IQR Program)
  - » Medicare Promoting Interoperability Program for Hospitals
  - » Hospital Value-Based Purchasing (VBP) Program
  - » Hospital-Acquired Conditions Reduction Program (HACRP)
  - » Prospective Payment System Exempt Cancer Hospital Quality Reporting (PCHQR) Program
  - » End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

Summary of Federal Programs Reviewed (continued)

- **Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup**
  - » Skilled Nursing Facility Quality Reporting Program (SNF QRP)
  - » Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
  - » Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
  - » Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Summary of 2021-2022 MAP MUC Recommendations

Clinician Workgroup Measures	Number
Support for Rulemaking	2
Conditional Support for Rulemaking	10
Do Not Support for Rulemaking with Potential for Mitigation	1
Do Not Support for Rulemaking	0
Total Measures	**13**
Hospital Workgroup Measures	**Number**
Support for Rulemaking	5
Conditional Support for Rulemaking	17
Do Not Support for Rulemaking with Potential for Mitigation	0
Do Not Support for Rulemaking	1
Total Measures	**23**

Summary of 2021-2022 MAP MUC Recommendations (continued)

PAC/LTC Workgroup Measures	Number
Support for Rulemaking	3
Conditional Support for Rulemaking	5
Do Not Support for Rulemaking with Potential for Mitigation	0
Do Not Support for Rulemaking	0
Total Measures	**8**

Summary of MUC 2021-2022 Feedback and Questions for Coordinating Committee Discussion

- Consent agenda
  - » Used consent agenda for Clinician and PAC/LTC WG measures
    - Was this approach effective?
    - Any downsides that should be considered?
    - Should the approach be used for MSR (if needed)?

- Public Comment
  - » Public comment opportunities occurred at the beginning of program discussions and end of day
    - Was this approach effective?
    - Any downsides that should be considered?
    - Should the approach be used for MSR?

Summary of Update to NQF Policy

- Recording of Workgroup Voting
  - » Issue arose as part of MAP Hospital WG review; two measures received a "Do Not Support for Rulemaking" recommendation due to concerns that the measures did not meet programmatic requirements.
  - » After the call, NQF received clarification on the interpretation of the statuary requirement.
  - » Given this clarification, NQF staff changed the decision status "To Be Determined" for public comment; NQF staff informed the MAP but did not seek feedback on this change.
  - » New NQF Policy: NQF staff will not change the decision status. NQF staff will highlight new information received and add discussion item to appropriate agendas.

2021-2022 MAP MUC Project Update

- NQF completed the Final Recommendations Spreadsheet.
  - » CMS published the Final Recommendations Spreadsheet on February 1, 2022.

- NQF will complete the Final Recommendations Report.
  - » CMS will publish the Final Recommendations Report on March 2, 2022.

Question for Coordinating Committee Discussion

- Does the Coordinating Committee foresee any challenges from the pre-rulemaking MUC process that NQF staff can use to inform the MSR process?

Coordinating Committee Discussion about Federal Program Measure Sets

Question for Coordinating Committee Discussion

- Is there anything else you wanted to discuss about the 2021-2022 MUC measures or the programs that we didn't discuss?

Opportunity for Public Comment

Timeline and Next Steps for 2022 MSR Cycle

Timeline

February 23rd: CC Strategic and MSR Web Meeting

March: CMS Planning Meeting

April: All MAP Education Meeting

June: MSR meetings for WGs and AGs

August: MSR meeting for CC

September: Final Recommendation Spreadsheet and Report Published

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Next Steps

- Calendar invitations will be distributed soon for the All MAP Education Meeting on **April 19, 2022** and the MAP MSR Meetings in **June and August 2022.**

- Contact MAPCoordinatingCommittee@qualityforum.org with any additional thoughts, concerns, or questions.

Resources

- **CMS' Measurement Needs and Priorities Document:**
  - » 2021 Needs and Priorities (PDF)
- **CMS' Pre-Rulemaking Overview:**
  - » Pre-Rulemaking Webpage

THANK YOU.

NATIONAL QUALITY FORUM

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