

Welcome to Today's Meeting!

- Housekeeping reminders:

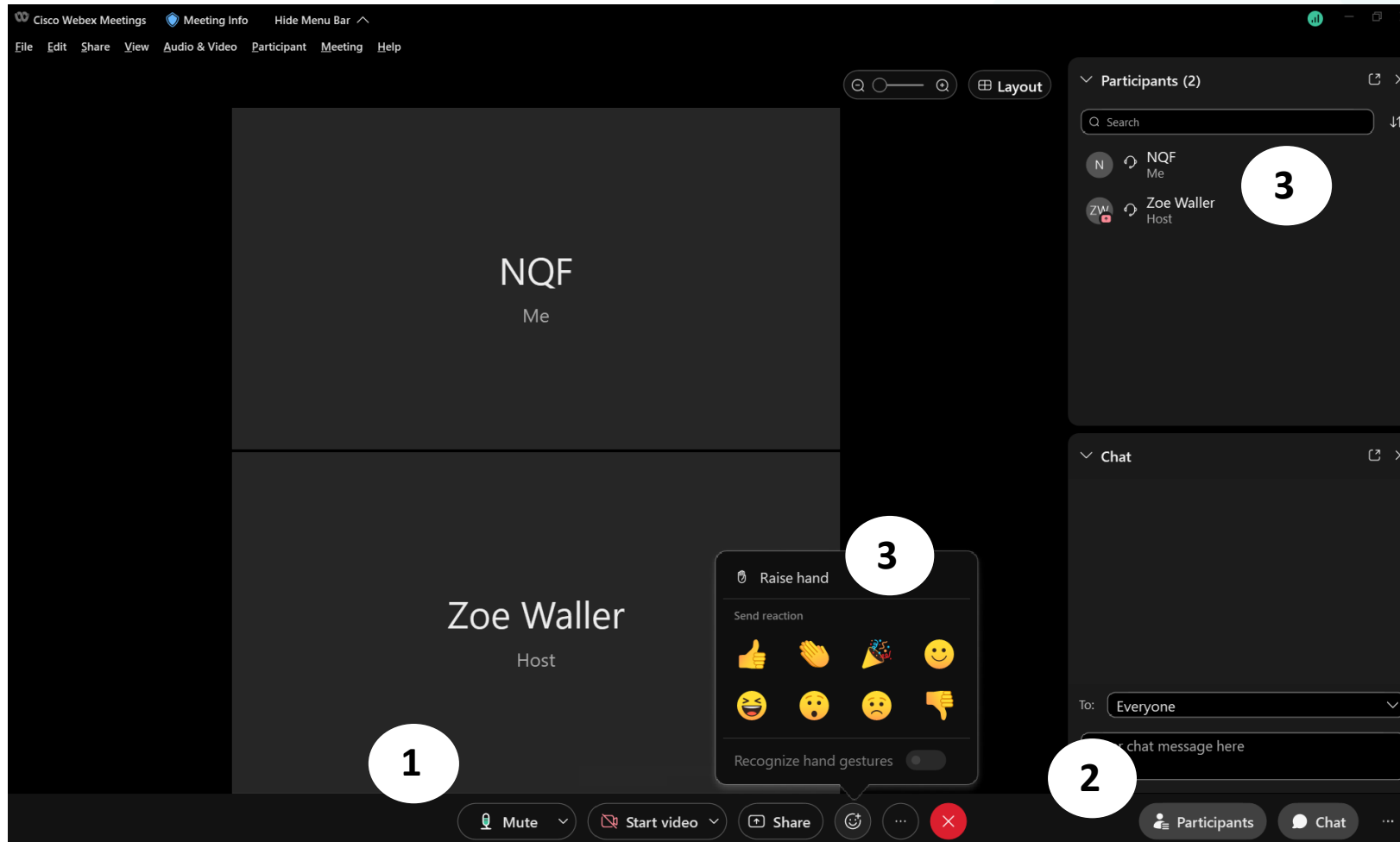
- ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
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- ▣ Please state your first and last name if you are a Call-In-User
- ▣ We encourage you to keep your video on throughout the event
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If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at MAPCoordinatingCommittee@qualityforum.org

Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure review criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Using the WebEx Platform



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Measure Applications Partnership (MAP) Coordinating Committee 2022 Measure Set Review (MSR) Meeting

Day One

August 24, 2022

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

Agenda Day One

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Review of MSR Process and Measure Review Criteria (MRC)
- Opportunity for Public Comment on MSR Recommendations for the Hospital Outpatient Quality Reporting (Hospital OQR) Program
- Measure Set Review Recommendations for the Hospital OQR Program
- Break
- Measure Set Review Recommendations for the Hospital OQR Program - Continued
- Next Steps
- Adjourn

Welcome, Introductions, and Disclosures of Interest (DOIs)

Opening Remarks



Dana Gelb Safran, Sc.D.

President and CEO, National Quality Forum (NQF)

Welcoming Remarks from Co-Chairs



Chip Kahn, MPH
Federation of American Hospitals



Misty Roberts, MSN, RN, NEA-BC, CPHQ
onehome

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project*:
 - ▣ Engagement with project sponsors (*Centers for Medicare & Medicaid Services*)
 - ▣ Research funding, consulting/speaking fees, honoraria
 - ▣ Ownership interest
 - ▣ Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

Coordinating Committee Membership

Committee 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
- Civitas Networks for Health
- Covered California
- HCA Healthcare
- The Joint Commission
- The Leapfrog Group
- National Committee for Quality Assurance
- National Patient Advocate Foundation
- 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 (Nonvoting)

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of National Coordinator for Health Information Technology (ONC)

National Quality Forum MAP Staff

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ**, Senior Managing Director
- **Jenna Williams-Bader, MPH**, Senior Director
- **Katie Berryman, MPAP, PMP**, Director, Project Management
- **Ivory Harding, MS**, Manager
- **Susanne Young, MPH**, Manager
- **Ashlan Ruth, BS IE**, Project Manager
- **Gus Zimmerman, MPP**, Analyst
- **Joelencia LeFlore**, 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

Meeting Objectives

- For the 2022 Measure Set Review (MSR), the Coordinating Committee Meeting will:
 1. Review the 2022 MSR process and measure review criteria (MRC)
 2. Finalize recommendations on measures selected for potential removal from federal programs for clinical, hospital, and post-acute care long-term care (PAC/LTC) settings
 3. Seek feedback from the Coordinating Committee on the MSR process

CMS Welcoming Remarks

Opening Remarks



Michelle Schreiber, MD

Deputy Director of the Centers for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)

Review of MSR Process and Measure Review Criteria (MRC)

Summary of 2022 MSR Process

Prioritize

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

Survey

- Completed: Workgroup (WG) and advisory group (AG) members nominate measures for removal via survey; use measure review criteria as rationale for nomination
- Completed: NQF staff selects measures with the most votes for AG and WG discussion

Prepare

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

Discuss

- Completed: AGs discuss measures under review
- Completed: Each WG discusses 10-12 measures and votes for removal of measure or to maintain measure, based on measure review criteria; AG volunteers will be integrated into each WG
- In progress: CC discusses 30-36 measures and votes to uphold WG recommendations or to change recommendation category

2022 MSR Measure Review Criteria

1. Measure does not contribute to the overall goals and objectives of the program
2. Measure is duplicative of other measures within the same program
3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
4. Performance or improvement on the measure does not result in better patient outcomes
5. Measure does not reflect current evidence
6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

2022 MSR Measure Review Criteria (Continued)

8. Measure leads to a high level of reporting burden for reporting entities
9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
 - Feedback from end users or implementers identified negative unintended consequences (e.g., premature discharges, overuse and/or inappropriate use of care or treatment)
 - The measure does not support rural health by negatively impacting issues relevant to the rural population (e.g., access, costs, data collection and/or reporting challenges)
 - The measure does not support health equity by negatively impacting disparities (e.g., race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, geographical consideration)

2022 MSR Decision Categories

Support for Retaining

Conditional Support for Retaining

Conditional Support for Removal

Support for Removal

2022 MSR Decision Categories (Continued)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Retaining	MAP supports retaining the measure, as specified, for a particular program.	After discussion, MAP determines the measure does not meet review criteria for removal OR the measure meets at least one review criterion, but MAP thinks the benefits of retaining it in the program outweigh the met criterion. Additionally, MAP has not identified any changes for the measure.	<p>MAP supports retaining the measure despite it meeting a review criterion; for example:</p> <ul style="list-style-type: none"> • The measure is a PRO-PM that is associated with reporting burden, but it is an important measure to patients • The measure is not reported by some entities due to low volume, but it is a meaningful measure for those entities that can report it

2022 MSR Decision Categories (Continued-1)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Retaining	MAP supports retaining the measure for a particular program but has identified certain conditions or modifications that would ideally be addressed.	The measure meets at least one review criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. However, MAP support for retaining is based on certain conditions or modifications being addressed.	<p>MAP supports retaining the measure if certain conditions or modifications are addressed; for example, if the measure:</p> <ul style="list-style-type: none"> • Receives CBE endorsement • Is aligned to the evidence • Is respecified as an electronic clinical quality measure (eCQM) • Is modified so that it no longer meets review criteria

2022 MSR Decision Categories (Continued-2)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Removal	MAP supports removal of the measure from a particular program but has identified certain conditions that would ideally be addressed before removal.	The measure meets at least two review criteria, but MAP thinks that removing the measure will create a measurement gap. Therefore, MAP does not support removal until a new measure is introduced to the program.	<p>MAP supports removal once a new measure is introduced that can replace the existing measure; for example:</p> <ul style="list-style-type: none"> • The measure is integrated into a composite • A process measure is replaced by an outcome measure or PRO-PM

2022 MSR Decision Categories (Continued-3)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Removal	MAP supports removal of the measure from a particular program.	The measure meets at least two review criteria. MAP does not think that removal of the measure will create a measurement gap.	The workgroup determines that the measure no longer meets program priorities and removing it will not lead to a measurement gap; for example, the measure is topped out.

Coordinating Committee Review Meetings and Key Voting Principles

- **Quorum** is defined as **66 percent** of the **voting members** 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 or workgroup, 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 review will receive a recommendation.

Process for Today's Meeting: Non-Consent Calendar Measures

- **Step 1.** NQF staff will introduce the program in which the measure is currently included.
- **Step 2.** A workgroup representative will review the workgroup decision for the measure under review. A lead discussant will provide a summary of public comment on the workgroup's recommendation and highlight any information from the measure summary sheet that provides context to the public comment. Lead discussant will review and present their findings on the measure.
- **Step 3.** A co-chair will ask for clarifying questions from the committee.
 - CMS leads will respond to clarifying questions on the specifications of the measure.
 - The workgroup representative will respond to clarifying questions or expressed concerns on the workgroup's decision.
- **Step 4.** A co-chair will facilitate discussion of the measure under review.
 - A co-chair will open the floor for discussion among Coordinating Committee members.
- **Step 5.** The committee will vote on acceptance of the workgroup's decision.
 - The vote will be framed as a "yes" or "no" vote to accept the decision.

Process for Today's Meeting: Non-Consent Calendar Measures (Continued)

- **Step 6.** NQF staff will tally the votes.
 - If greater than or equal to 60 percent of the committee members vote to accept the workgroup's decision, then the workgroup's recommendation will become MAP's recommendation.
 - If less than 60 percent of the committee members vote to accept the workgroup's decision, the committee will vote on a new decision category.
 - A co-chair will determine what decision category will be put to a vote first based on the potential consensus emerging from the committee discussion. If the co-chair does 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 conditional support for retaining, then conditional support for removal, then support for removal, and lastly support for retaining.
 - If a decision category put forward by a co-chair 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's decision, the measure will be assigned the decision "support for retaining."

Process for Today's Meeting: Consent Calendar

- **Step 1.** A co-chair will ask Coordinating Committee members if they would like to pull any measures from the consent calendar.
 - ▣ If a member requests a measure be pulled for consideration, the member is to provide a clear and compelling rationale based on the key considerations criteria.
 - ▣ The member requesting the measure pulled from the consent calendar will serve as lead discussant for that measure during the discussion.
- **Step 2.** NQF staff will present the measures on the consent calendar.
- **Step 3.** A co-chair will ask if there are any objections to the consent calendar.
- **Step 4.** If there are no objections, the consent calendar decision categories will become MAP's recommendations.
- **Step 5.** If there are measures pulled from the consent calendar, the process will continue as dictated by the non-consent calendar measures steps.

Questions on 2022 MSR Process?

Voting Test

Hospital Programs

Hospital Outpatient
Quality Reporting
(Hospital OQR)
Program

Ambulatory
Surgical Center
Quality Reporting
(ASCQR) Program

Opportunity for Public Comment on MSR Recommendations for the Hospital OQR Program

Hospital OQR Program Measures

- 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain
- 00922-C-HOQR: Left Without Being Seen
- 00930-C-HOQR: Median time for ED Arrival to ED Departure for Discharged ED Patients
- 02599-C-HOQR: Abdomen Computed Tomography (CT) – Use of Contrast Material
- 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery

Hospital OQR Program

00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain

- **Description:** This measure evaluates the percentage of magnetic resonance imaging (MRI) of the lumbar spine studies for patients with low back pain performed in the outpatient setting where antecedent conservative therapy was not attempted prior to the MRI. Antecedent conservative therapy may include claim(s) for physical therapy in the 60 days preceding the lumbar spine MRI, claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the lumbar spine MRI, and/or claim(s) for evaluation and management at least 28 days but no later than 60 days preceding the lumbar spine MRI. The measure is calculated based on a one-year window of Medicare claims. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare & Medicaid Services (CMS), since 2009, as a component of its Hospital Outpatient Quality Reporting (HOQR) Program.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7

Coordinating Committee Discussion and Vote: 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain

- **Workgroup Recommendation:** Consensus not reached due to lack of quorum
- **Workgroup Rationale:** The workgroup agreed to start with decision category of support for removal. The workgroup noted the CBE's standing committee declined to re-endorse the measure in 2016. The workgroup also acknowledged in 2018 MAP did not support the measure for rulemaking with the rationale from MAP relating to the CBE's standing committee decision from 2016. Lastly, the workgroup noted the measure may have addressed an important topic (overuse) when it was first developed, but that the measure may have served its purpose.
- **Public Comments Received:** 1

00922-C-HOQR: Left Without Being Seen

- **Description:** Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA).
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7

Coordinating Committee Discussion and Vote: 00922-C-HOQR: Left Without Being Seen

- **Workgroup Recommendation:** Consensus not reached due to lack of quorum
- **Workgroup Rationale:** The workgroup agreed to start with decision category of support for removal. The workgroup noted the measure by itself may not be providing useful information to patients. The workgroup also noted the measure may not have enough granularity to give value.
- **Public Comments Received:** 0

Break

Hospital OQR Program (Continued)

00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients

- **Description:** This measure calculates the median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department (ED). The measure is calculated using chart-abstracted data, on a rolling quarterly basis, and is publicly reported in aggregate for one calendar year. The measure has been publicly reported since 2013 as part of the ED Throughput measure set of the CMS Hospital Outpatient Quality Reporting (HOQR) Program.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 5

Coordinating Committee Discussion and Vote: 00930-C-HOQR: Median time for ED Arrival to ED Departure for Discharged ED Patients

- **Workgroup Recommendation:** Consensus not reached due to lack of quorum
- **Workgroup Rationale:** The workgroup agreed to start with decision category of conditional support for removal. The workgroup noted the measure may not be burdensome, but there may be inaccuracies. The workgroup also suggested stratification for case complexity. The workgroup acknowledged removing the measure may create a gap in the program.
- **Public Comments Received:** 0

02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material

- **Description:** This measure calculates the percentage of abdomen and abdominopelvic computed tomography (CT) studies that are performed without and with contrast, out of all abdomen and abdominopelvic CT studies performed (those without contrast, those with contrast, and those with both) at each facility. The measure is calculated based on a one-year window of Medicare claims. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare & Medicaid Services (CMS), since 2009, as a component of its Hospital Outpatient Quality Reporting (HOQR) Program.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 6

Coordinating Committee Discussion and Vote: 02599-C-HOQR: Abdomen Computed Tomography (CT) – Use of Contrast Material

- **Workgroup Recommendation:** Consensus not reached due to lack of quorum
- **Workgroup Rationale:** The workgroup agreed to start with decision category of conditional support for retaining with a condition of CBE endorsement. The workgroup acknowledged the initial CBE endorsement attempt was in 2008 and there have been changes to the measure since that date. The workgroup noted removing the measure may create a gap in the program.
- **Public Comments Received:** 0

02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery

- **Description:** Facility-level, post-surgical risk-standardized hospital visit ratio (RSHVR) of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD) among Medicare fee-for-service (FFS) patients aged 65 years and older.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 5

Coordinating Committee Discussion and Vote: 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery

- **Workgroup Recommendation:** Consensus not reached due to lack of quorum
- **Workgroup Rationale:** The workgroup agreed to start with decision category of conditional support for retaining with a condition of CBE endorsement. The workgroup acknowledged having information across settings can be useful for consumers and for quality improvement.
- **Public Comments Received:** 1

Next Steps

THANK YOU.

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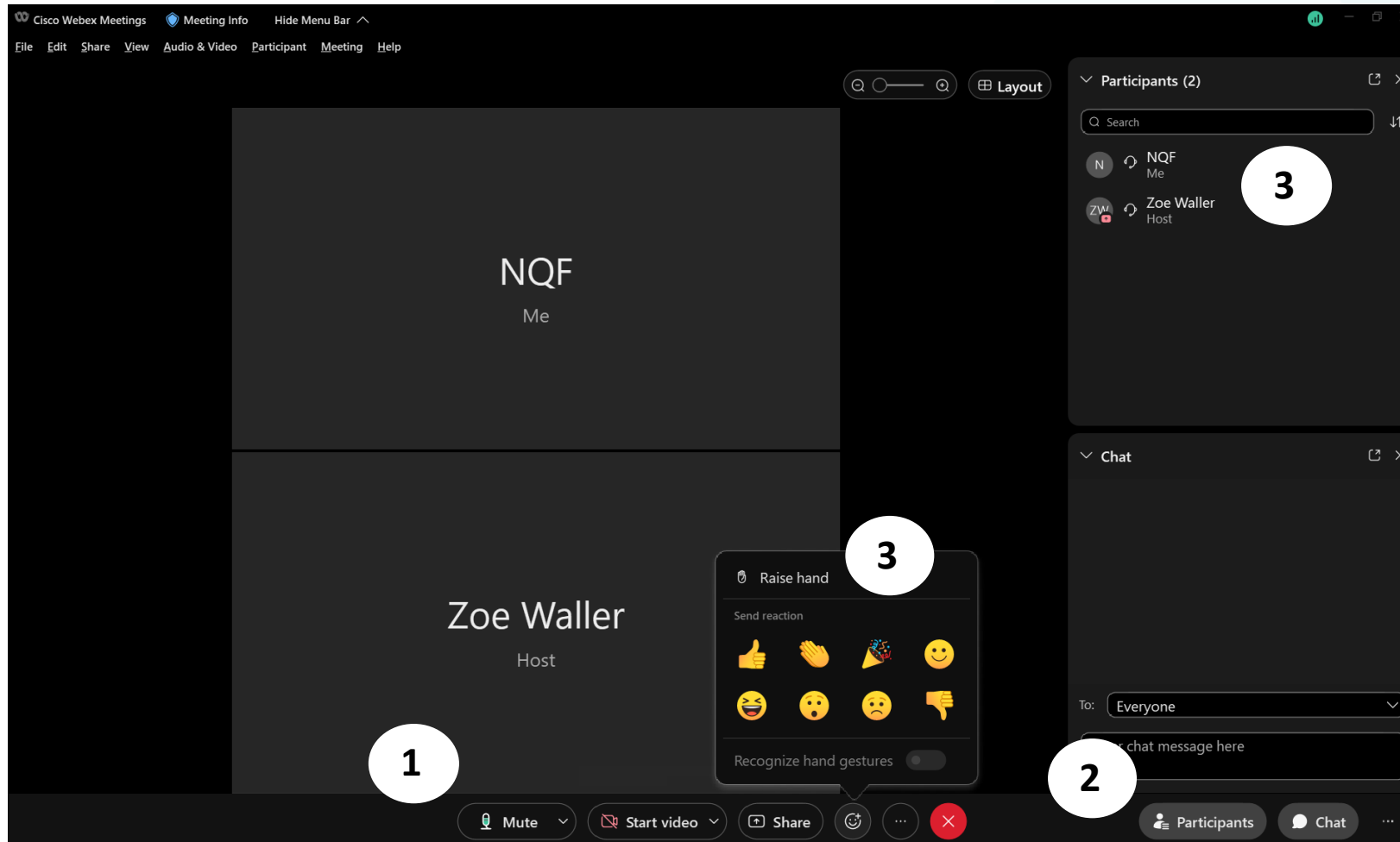
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Measure Applications Partnership (MAP) Coordinating Committee 2022 Measure Set Review (MSR) Meeting

Day Two

August 25, 2022

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

Agenda Day Two

- Welcome, Summary of Day One, and Roll Call
- Opportunity for Public Comment on MSR Recommendations for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- Measure Set Review Recommendations for the ASCQR Program
- Opportunity for Public Comment on MSR Recommendations for the Medicare Shared Savings Program (MSSP)
- Measure Set Review Recommendations for MSSP
- Opportunity for Public Comment on MSR Recommendations for the Consent Calendar
- Present the Measure Set Review Recommendations for the Consent Calendar

Agenda Day Two (Continued)

- Break
- Discuss the Recommendations of Measures Pulled from the Consent Calendar
- Opportunity for Public Comment
- Discussion of Gaps in Clinician, Hospital, and Post-Acute Care/Long-Term Care (PAC/LTC) Programs
- Coordinating Committee Feedback on MSR Process
- Next Steps and Adjourn

Summary of Day One

Roll Call

Coordinating Committee Membership

Committee 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
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- Covered California
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- The Joint Commission
- The Leapfrog Group
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- National Patient Advocate Foundation
- 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
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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 National Coordinator for Health Information Technology (ONC)

Opportunity for Public Comment on MSR Recommendations for the ASCQR Program

ASCQR Program Measure

- 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

ASCQR Program

Coordinating Committee Discussion and Vote: 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: (1) measure developer integrates the new survey instrument and (2) measure aligns to use the same survey version across programs. The workgroup discussed survey burden and reporting burden. The workgroup acknowledged this measure is a PRO-PM and measures patient functioning, not visual acuity. As this measure is used in multiple programs, the workgroup recommended alignment across measures regarding which version of the survey is used.
- **Public Comments Received:** 1

Clinician Programs

Medicare Shared Savings Program (MSSP)

Opportunity for Public Comment on MSR Recommendations for MSSP

MSSP Measure

- 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

MSSP

Coordinating Committee Discussion and Vote: 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** Workgroup members noted the measure is important as it promotes the identification of depression, which may not always be apparent to clinicians. They also noted removing the measure could create a gap in the program, as there is only one other clinical measure in MSSP. However, workgroup members expressed concerns about the difficulty in determining if poor performance is due to the patient not being screened or if the follow-up plan was difficult to document.
- **Public Comments Received:** 0

Consent Calendar Programs

PPS-Exempt Cancer
Hospital Quality
Reporting (PCHQR)
Program

Medicare Shared
Savings Program
(MSSP)

Merit-Based
Incentive Payment
System (MIPS)

Home Health
Quality Reporting
Program (HH QRP)

Opportunity for Public Comment on MSR Recommendations for the Consent Calendar

Consent Calendar Measures: PCHQR

- 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice

Consent Calendar Measures: MSSP

- CMS eCQM ID: CMS2v11, MIPS Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- 01246-C-MSSP: Controlling High Blood Pressure
- CMS eCQM ID: CMS165v10: Controlling High Blood Pressure
- 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
- 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey

Consent Calendar Measures: MIPS

- 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
- 01101-C-MIPS: Barrett's Esophagus
- 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 00641-C-MIPS: Functional Outcome Assessment
- 05837-E-MIPS: Children Who Have Dental Decay or Cavities

Consent Calendar Measures: HH QRP

- 00185-C-HHQR: Improvement in Bathing
- 00187-C-HHQR: Improvement in Dyspnea
- 00189-C-HHQR: Improvement in Management of Oral Medications
- 00196-C-HHQR: Timely Initiation of Care
- 00212-C-HHQR: Influenza Immunization Received for Current Flu Season
- 01000-C-HHQR: Improvement in Bed Transferring
- 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP
- 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
- 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
- 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Measures Pulled from the Consent Calendar

- 02936-C-ASCQR: Normothermia Outcome
- 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)

Opportunity for Public Comment on MSR Recommendations for the Consent Calendar

Measure Set Review Recommendations for the Consent Calendar

Process for Today's Meeting: Consent Calendar

- **Step 1.** A co-chair will ask Coordinating Committee members if they would like to pull any measures from the consent calendar.
 - If a member requests a measure be pulled for consideration, the member is to provide a clear and compelling rationale based on the key considerations criteria.
 - The member requesting the measure pulled from the consent calendar will serve as lead discussant for that measure during the discussion.
- **Step 2.** NQF staff will present the measures on the consent calendar.
- **Step 3.** A co-chair will ask if there are any objections to the consent calendar.
- **Step 4.** If there are no objections, the consent calendar decision categories will become MAP's recommendations.
- **Step 5.** If there are measures pulled from the consent calendar, the process will continue as dictated by the non-consent calendar measures steps.

Consent Calendar: PCHQR Program

- **Workgroup Recommendation: Conditional Support for Retaining**
 - ▣ 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice

Consent Calendar: MSSP

■ **Workgroup Recommendation: Support for Retaining**

- ❑ CMS eCQM ID: CMS2v11, MIPS Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- ❑ 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
- ❑ Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey

■ **Workgroup Recommendation: Conditional Support for Retaining**

- ❑ 01246-C-MSSP: Controlling High Blood Pressure
- ❑ CMS eCQM ID: CMS165v10: Controlling High Blood Pressure
- ❑ 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Consent Calendar: MIPS

- **Workgroup Recommendation: Support for Retaining**
 - ▣ 00641-C-MIPS: Functional Outcome Assessment
- **Workgroup Recommendation: Conditional Support for Retaining**
 - ▣ 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
 - ▣ 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
 - ▣ 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- **Workgroup Recommendation: Conditional Support for Removal**
 - ▣ 01101-C-MIPS: Barrett's Esophagus
 - ▣ 05837-E-MIPS: Children Who Have Dental Decay or Cavities

Consent Calendar: HH QRP

- **Workgroup Recommendation: Support for Retaining**
 - ▣ 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
- **Workgroup Recommendation: Conditional Support for Retaining**
 - ▣ 00185-C-HHQR: Improvement in Bathing
 - ▣ 00187-C-HHQR: Improvement in Dyspnea
 - ▣ 00189-C-HHQR: Improvement in Management of Oral Medications
 - ▣ 00196-C-HHQR: Timely Initiation of Care
 - ▣ 00212-C-HHQR: Influenza Immunization Received for Current Flu Season
 - ▣ 01000-C-HHQR: Improvement in Bed Transferring

Consent Calendar: HH QRP (Continued)

- **Workgroup Recommendation: Conditional Support for Removal**

- ▣ 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP
- ▣ 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- **Workgroup Recommendation: Support for Removal**

- ▣ 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Break

Discussion and Recommendations of Measures Pulled from the Consent Calendar

ASCQR Program

Coordinating Committee Discussion and Vote: 02936-C-ASCQR: Normothermia Outcome

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. The workgroup noted this measure has overall high performance, but there are outliers and room for improvement. The workgroup questioned whether the measure data could be captured by something other than manual review.
- **Public Comments Received:** 0

MIPS

Coordinating Committee Discussion and Vote: 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. Workgroup members noted the measure has value in improving care coordination and the importance of referrals being completed for a patient's care. Workgroup members, however, noted the difference in performance results for clinicians reporting via registries versus electronic health records, and suggested that it is important to understand why this difference exists.
- **Public Comments Received:** 0

Opportunity for Public Comment

Discussion of Gaps in Clinician, Hospital, and PAC/LTC Programs

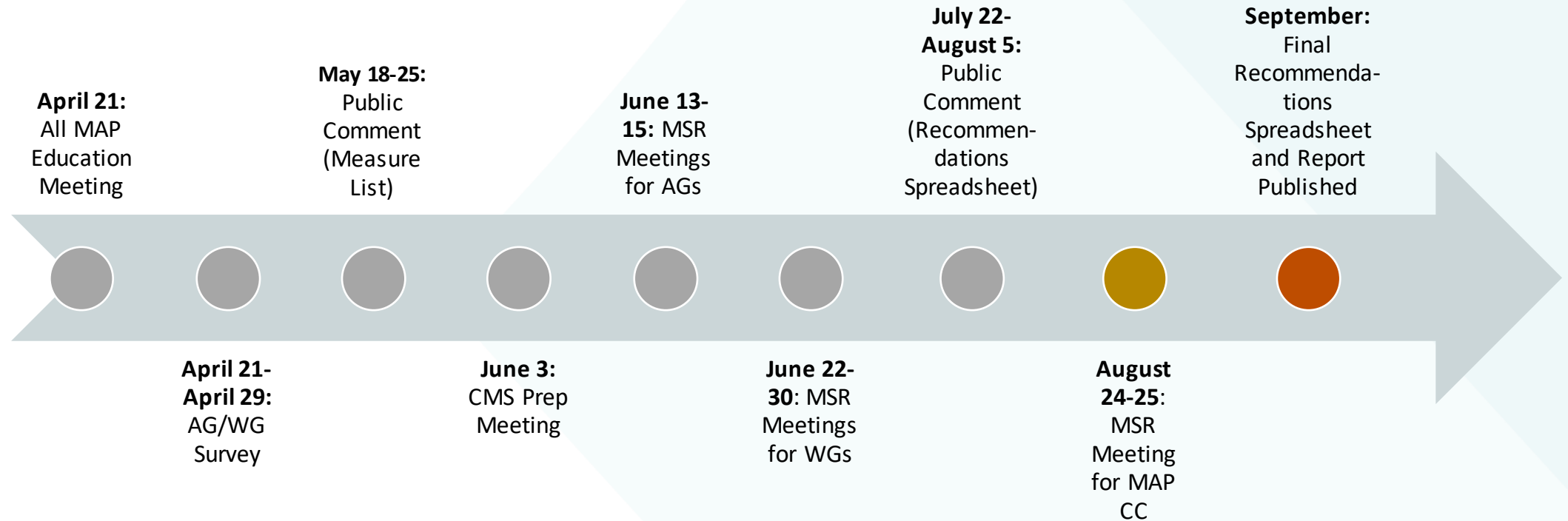
Coordinating Committee Feedback on MSR Review Process

Feedback on Coordinating Committee Review Process

- Poll Question:
 - ▣ The Coordinating Committee review of the measures under review worked well.
 - ▣ The use of a consent calendar for the Coordinating Committee meeting worked well.
- Discussion Questions:
 - ▣ What worked well during the Coordinating Committee's discussion and review of the workgroup recommendations?
 - ▣ What would help the Coordinating Committee review process be even better?
 - ▣ What worked well with the consent calendar process?
 - ▣ Do you have any suggested improvements to the criteria used to review the measures under review, meeting processes and logistics, consent calendar process, etc.?

Next Steps

2022 MSR Timeline



Timeline of Upcoming Activities

- **Coordinating Committee Meeting:** August 24-25, 2022
- **Final Recommendations Spreadsheet to CMS:** September 16, 2022
- **Final Recommendations Report to CMS:** September 22, 2022

Contact Information

- **Project page:** [MAP Coordinating Committee](#)
- **Email:** mapcoordinatingcommittee@qualityforum.org

THANK YOU.

NATIONAL QUALITY FORUM

<https://www.qualityforum.org>

Appendix

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

Federal Programs for MAP Clinician	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Merit-Based Incentive Payment System (MIPS)	200	1/3 of measures will be reviewed for 2022 MSR*
Medicare Shared Savings Program (SSP)	13	X
Medicare Part C and D Star Ratings	40 (38 unique measures)	**

*To obtain 1/3 of measures for review, measures will be grouped by clinical topic or meaningful measure area.

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

Federal Programs for MAP Hospital	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Hospital Outpatient Quality Reporting (HOQR) Program	15	X
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	8	X
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	15	X
Medicare Promoting Interoperability Program for Hospitals	9	**
Hospital Value-Based Purchasing (VBP) Program	13	**
Hospital Inpatient Quality Reporting Program (Hospital IQR Program)	25	**
Hospital Readmissions Reduction Program (HRRP)	6	**
Hospital-Acquired Conditions Reduction Program (HACRP)	6	**
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	14	**
End-Stage Renal Disease Quality Improvement Program (ESRD QIP)	14	**

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

Federal Programs for MAP PAC/LTC	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Home Health Quality Reporting Program (HH QRP)	20	X
Hospice Quality Reporting Program (HQRP)	4	X
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	18	**
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	18	**
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	15	**
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	1	**

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PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** MAP supported retaining the measure in the program with the following conditions: (1) CBE endorsement, (2) encourage the measure to be paired or harmonized with other measures in the program related to hospice and intensive care units, and (3) consider the health equity and rural health implications. The workgroup recognized this is a new claims-based version of the measure and it may be premature to remove it. The workgroup also noted removing the measure may create a gap in the program. The workgroup acknowledged concerns from the Rural Health Advisory Group that hospice services may not always be available in rural settings. The workgroup also acknowledged concerns from the Health Equity Advisory Group that hospice, in its current form, may not be appropriate for all populations and there may be equity issues related to hospice care.
- **Public Comments Received:** 1

Medicare Shared Savings Program (MSSP)

CMS eCQM ID: CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. Workgroup members noted that this version of the measure can reduce reporting burden when compared to the non-eCQM version of the measure.
- **Public Comments Received:** 0

01246-C-MSSP: Controlling High Blood Pressure

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) having multiple encounters is important, 2) change the last reading requirement to an average or a therapeutic window, and 3) allow ambulatory or at-home blood pressure readings to be included in measure. Workgroup members included these conditions to bring the measure in line with recent literature and allow for documentation of home reading of blood pressures.
- **Public Comments Received:** 0

CMS eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM)

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) having multiple encounters is important, 2) change the last reading requirement to an average or a therapeutic window, and 3) allow ambulatory or at-home blood pressure readings to be included in measure. Workgroup members included these conditions to bring the measure in line with recent literature and allow for documentation of home reading of blood pressures.
- **Public Comments Received:** 0

02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) re-evaluating the definitions of readmissions for uniformity across the MIPS and MSSP measure sets and 2) evaluating the validity of a 10-day buffer rule at the accountable care organization (ACO) level. Workgroup members noted that if the purpose of the measure is care coordination, the definition of readmissions should be the same across the MIPS and MSSP measure sets. Workgroup members also noted that the exclusion of readmissions that occur 10 days after discharge may not be appropriate for ACOs given their focus on care coordination, and urged the measure developer to re-evaluate that exclusion for the ACO version of the measure.
- **Public Comments Received:** 0

06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. Workgroup members noted the importance of the measure for physician and public accountability.
- **Public Comments Received:** 0

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. Workgroup members noted that the measure is one of few measures that captures patient feedback on their healthcare and improves patient outcomes. Workgroup members also noted the possibility for the measure to address and mitigate disparities within patient experience.
- **Public Comments Received:** 0

Merit-Based Incentive Payment System (MIPS)

02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) lengthen the follow-up period, 2) add additional exclusions (e.g., macular involvement) and 3) CBE endorsement. Workgroup members recommended lengthening the follow-up period to allow for additional corrections to visual acuity and adding exclusions in order to account for starting visual acuity. Workgroup members also indicated that review of the measure by a CBE would be useful.
- **Public Comments Received:** 0

01101-C-MIPS: Barrett's Esophagus

- **Workgroup Recommendation:** Conditional Support for Removal
- **Workgroup Rationale:** The workgroup supported removing the measure from the program on the condition that a replacement measure entered the program. Workgroup members noted the small number of pathology measures in the MIPS program and how removing the measure could create a gap. Workgroup members noted that the measure is topped out with no role for continuous improvement.
- **Public Comments Received:** 1

00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) there needs to be a look at the evidence to see if there are processes with clearer links to outcomes, and 2) coordination with the American Diabetes Association on their work to improve the evidence base. Workgroup members included those conditions to ensure the measure improves patient outcomes and incorporates the latest ongoing work to improve the evidence base for the measure.
- **Public Comments Received:** 0

05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: 1) there needs to be a look at the evidence to see if there are processes with clearer links to outcomes, and 2) coordination with the American Diabetes Association on their work to improve the evidence base. Workgroup members included those conditions to ensure the measure improved patient outcomes and incorporated the latest work ongoing to improve the evidence base of the measure.
- **Public Comments Received:** 0

00641-C-MIPS: Functional Outcome Assessment

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. Workgroup members noted that the measure was appropriate for specialties like physical therapists who regularly use functional assessments in their practice and the optional reporting nature of the MIPS program ensures that clinicians who do not use functional assessments do not have to report the measure.
- **Public Comments Received:** 1

05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)

- **Workgroup Recommendation:** Conditional Support for Removal
- **Workgroup Rationale:** The workgroup supported removing the measure from the program on the condition that a replacement measure entered the program. Workgroup members noted the small number of dental measures in the MIPS program and removing the measure could create a gap. Workgroup members had significant concerns about the measure's value and design and suggested a measure designed around preventing cavities might be a better fit for the program. The workgroup also noted the measure should focus on incidence, rather than prevalence, of cavities.
- **Public Comments Received:** 0

Home Health Quality Reporting Program (HH QRP)

00185-C-HHQR: Improvement in Bathing

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: (1) address patients where maintenance is the goal rather than improvement, potentially with exclusions for certain populations, and (2) review the measure for redundancy once the cross-setting functional measure is finalized. The workgroup noted bathing is one part of a whole functional assessment. The workgroup acknowledged concern from the Health Equity Advisory Group about lack of access and referrals to home health for historically marginalized populations.
- **Public Comments Received:** 1

00187-C-HHQR: Improvement in Dyspnea

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: (1) CBE endorsement, (2) reassess the measure components within OASIS, and (3) reevaluate the measure's reliability and how dyspnea is reported. The workgroup noted the potential for subjectivity in the measure as assessment scores are established by observation. The workgroup acknowledged concern from the Health Equity Advisory Group about inequities in referrals to home health.
- **Public Comments Received:** 1

00189-C-HHQR: Improvement in Management of Oral Medications

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the condition to address patient populations who would not exhibit improvement, potentially through exclusions. The workgroup acknowledged the importance of the measure for safety and adherence. The workgroup acknowledged concerns from the Health Equity Advisory group about lack of access and referrals to home health for historically marginalized populations.
- **Public Comments Received:** 0

00196-C-HHQR: Timely Initiation of Care

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: (1) clarifying the definition of a valid referral and referral start time, and (2) CBE endorsement. The workgroup acknowledged the importance of timely home health care, but agreed there are challenges finding home health agencies to provide services during the COVID-19 public health emergency. The workgroup acknowledged the concern raised by a member of the Health Equity Advisory Group at the workgroup meeting about lack of access and referrals to home health for historically marginalized populations.
- **Public Comments Received:** 0

00212-C-HHQR: Influenza Immunization Received for Current Flu Season

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the following conditions: (1) CBE endorsement, and (2) review how the measure addresses patients who do not receive the vaccine, as covered by items 4, 5, and 7 in the survey. The workgroup acknowledged the importance of vaccines, but questioned if this was the right measure. The workgroup acknowledged comments from the Rural Health Advisory Group about potential lack of vaccine accessibility in rural settings.
- **Public Comments Received:** 0

01000-C-HHQR: Improvement in Bed Transferring

- **Workgroup Recommendation:** Conditional Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program with the condition to evaluate populations where there would not be an expectation of improvement, but rather maintenance. The workgroup noted no issues with variability of the measure's data, but differences in overall outcomes indicating there may be disparities for patients who are non-White, younger, lower income, and living in the western United States. The workgroup noted the concern raised by a member of the Rural Health Advisory Group at the workgroup meeting regarding the correct standard for an individual with a disability.
- **Public Comments Received:** 1

02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP

- **Workgroup Recommendation:** Support for Removal
- **Workgroup Rationale:** The workgroup supported removing the measure from the program. The workgroup noted the CBE's standing committee's decision to not endorse the measure based on lack of scientific acceptability. The workgroup suggested connecting cost with outcomes, such as moving towards a value-based metric. The workgroup acknowledged the concerns raised by a member of the Rural Health Advisory Group at the workgroup meeting about the validity of the measure and the small sample size in rural populations.
- **Public Comments Received:** 0

02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)

- **Workgroup Recommendation:** Support for Retaining
- **Workgroup Rationale:** The workgroup supported retaining the measure in the program. The workgroup noted the value of this measure's use across post-acute care settings. The workgroup noted although the measure was risk adjusted, there may be benefit in stratifying the data by dual eligible and non-dual eligible patients.
- **Public Comments Received:** 0

03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- **Workgroup Recommendation:** Conditional Support for Removal
- **Workgroup Rationale:** The workgroup supported removing the measure from the program with the condition that a replacement measure be entered in the program. The workgroup acknowledged falls are significant, but questioned whether this is the right measure for the program. The workgroup noted concern with the use of a measure in home health that was developed in a setting where patients have 24-hour care. The workgroup questioned whether the measure should be indicated as a rate per thousand patient days as it is in other post-acute care settings.
- **Public Comments Received:** 0

05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- **Workgroup Recommendation:** Support for Removal
- **Workgroup Rationale:** The workgroup supported removing the measure from the program. The workgroup noted the performance scores are high, lack variation, and may have topped out. The workgroup acknowledged there are no other measures in the home health program that address functional goals in the program.
- **Public Comments Received:** 1