NATIONAL QUALITY FORUM
Driving measurable health improvements together

Measure Applications Partnership (MAP)

MAP Coordinating Committee Strategic Web Meeting

September 8, 2020

Welcome

Agenda

- Welcome and Review of Meeting Objectives
- CMS Opening Remarks
- MAP Implementation Results
- MAP Processes
- MAP Voting Process and Representation
- Measure Selection Criteria
- Preliminary Analysis Algorithm
- MAP Decision Categories
- Opportunity for Public Comment
- Next Steps

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NQF Staff

- **Samuel Stolpe, PharmD, MPH,** Senior Director
- **Katie Berryman, MPAP,** Project Manager
- **Chris Dawson, MHA,** Manager
- **Carolee Lantigua, MPA,** Manager
- **Teja Vemuganti, MPH,** Analyst

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)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)

CMS Opening Remarks

MAP Implementation Results

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2017-2018 MAP Recommendations

Support for Rulemaking (6 Measures)	
Measures supported by MAP (NQF endorsed)	6 Measures
Finalized for Rulemaking	*3 Measures*
Not Finalized for Rulemaking	*3 Measures*

Conditional Support for Rulemaking (25 Measures)	
Already NQF endorsed prior to MAP review (None proposed or Finalized for Rulemaking)	4 Measures
Recommended for NQF endorsement prior to rulemaking	21 Measures
Finalized Into Rulemaking	**6 Measures**
Received NQF Endorsement	*1 Measure*
Not Submitted to NQF	*3 Measures*
Not recommended for endorsement by NQF Standing Committees	*2 Measures*
Not Finalized Into Rulemaking	**15 Measures**
Received NQF Endorsement	*5 Measures*
Submitted but did not pass NQF SMP / NQF Standing Committee	*5 Measures*
Not submitted to NQF (One submitted and withdrawn)	*5 Measures*

2017-2018 MAP Recommendations

Refine and Resubmit Prior to Rulemaking (3 Measures)	
Recommended for retesting for reliability and validity at individual clinician and group/practice clinician levels. *Was submitted for Fall 2019 – endorsement not finalized. Finalized for rulemaking and slated for October 2020.*	1 Measure
Not sent for NQF endorsement review nor finalized/proposed for rulemaking	2 Measures

Do Not Support for Rulemaking (1 Measure)
Already implemented into rulemaking in 2014. Revisions caused HHS to bring to MAP for consideration. Not removed from federal rules. New specifications implemented following MAP review.

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2018-2019 MAP Recommendations

Support for Rulemaking (Not Applicable)	
Conditional Support for Rulemaking (31 Measures)	
Already NQF endorsed prior to MAP review (None proposed or Finalized for Rulemaking)	3 Measures
Recommended for NQF endorsement prior to rulemaking	28 Measures
Finalized Into Rulemaking	**6 Measures**
Received NQF Endorsement	*1 Measure*
Not Submitted to NQF	*5 Measures*
Proposed for Rulemaking (1 submitted for NQF review / 3 not submitted)	*4 Measures*
Not Finalized Into Rulemaking	***18 Measures***
Submitted for NQF Endorsement	*2 Measures*
Not Submitted for NQF Endorsement	*16 Measures*

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2018-2019 MAP Recommendations

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)	
Finalized for rulemaking (Did not pass SMP review and has not been resubmited)	1 Measure
Proposed for Rulemaking but since rescinded (Currently under NQF Standing Committee reivew)	1 Measure
Not reviewed by NQF nor proposed / finalized for rulemaking	4 Measures

Do Not Support for Rulemaking (2 Measures)
Neither proposed nor finalized within federal rules

MAP Processes

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Coordinating Committee Role

- The Coordinating Committee is tasked with overseeing the process MAP uses to make its recommendations.
- Today we are seeking input based on feedback from last year's work.

Voting Process & Representation

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Representation

- MAP governance rules related to co-chairs
  - Co-chairs are expected to focus on facilitating the discussion
  - Organizational representatives asked to represent themselves; not their organization
    - » Convert to SMEs during co-chair tenure
    - » Organization's term on MAP suspended
- This may present challenges in capturing the stakeholders' view
- Options for Committee discussion
  - Allow ex officio representative from the organization
    - » Vote stays with the co-chair
    - » Organization may participate in the discussion but does not vote
  - Meeting discussions to be facilitated by staff
  - Other approaches
  - No changes necessary

Coordinating Committee Discussion

- Will this approach to the Coordinating Committee representation result in better MAP input to CMS?
- Is this a more equitable approach for organizational representatives?

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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 is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

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Key Voting Principles (continued)

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

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Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings.
- **Step 2.** The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
  - Measure developers will respond to the clarifying questions on the specifications of the measure.
  - NQF staff will respond to clarifying questions on the Workgroup decision.
  - Lead Discussants will respond to questions on their analysis.

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Voting Procedure

- **Step 3.** Voting on acceptance of the preliminary analysis decision
  - After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a “yes” or “no” vote to accept the result.
  - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

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Voting Procedure

- **Step 4.** Discussion and Voting on the MUC
  - The co-chairs will open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
  - After the discussion, the co-chairs will open the MUC for a vote.
    - » NQF staff will summarize the major themes of the Workgroup'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 Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

Voting Procedure

- **Step 5:** Tallying the Votes:
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

Coordinating Committee Discussion

- The Committee was satisfied with this procedural approach for the 2019-20 cycle. Is there anything that the Committee would like to consider for modifications to this approach?

Measure Selection Criteria

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MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs.
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address the NQS's three aims, fill measurement gaps, and increase alignment.
- Reference for:
  - Evaluating the relative strengths and weaknesses of a program measure set
  - How the addition of an individual measure would contribute to the set
- MAP uses the MSC to guide its recommendations. The MSC are the basis of the preliminary analysis algorithm.

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MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Coordinating Committee Discussion

- Is MAP comfortable with the measure selection criteria?

Preliminary Analysis Algorithm

Preliminary Analysis of Measures Under Consideration

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

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MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	• The measure addresses the key healthcare improvement priorities; or • The measure is responsive to specific program goals and statutory or regulatory requirements; or • The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.	Yes: Review can continue. No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	• For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s). • For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.	Yes: Review can continue No: Measure will receive a Do Not Support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
3) The measure addresses a quality challenge.	• The measure addresses a 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.	Yes: Review can continue No: Measure will receive a Do Not Support. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

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MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	• 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.	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation Old language: Highest rating can be refine and resubmit MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
5) The measure can be feasibly reported.	• The measure can be operationalized (e.g. the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)	Yes: Review can continue No: Highest rating can be do not support with potential for mitigation Old language: Highest rating can be refine and resubmit MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

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MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
6) The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s)	• The measure is NQF-endorsed; or • The measure is fully developed and full specifications are provided; and • Measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.	Yes: Measure could be supported or conditionally supported. No: Highest rating can be Conditional support MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.
7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.	• Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or • Feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and • Feedback is supported by empirical evidence.	If no implementation issues have been identified: Measure can be supported or conditionally supported. If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.

Coordinating Committee Discussion

- The Committee was satisfied with the algorithm for the 2019-20 cycle. Are there any modifications the Committee should consider for 2020-2021?

MAP Decision Categories

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Decision Categories for 2020-2021

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

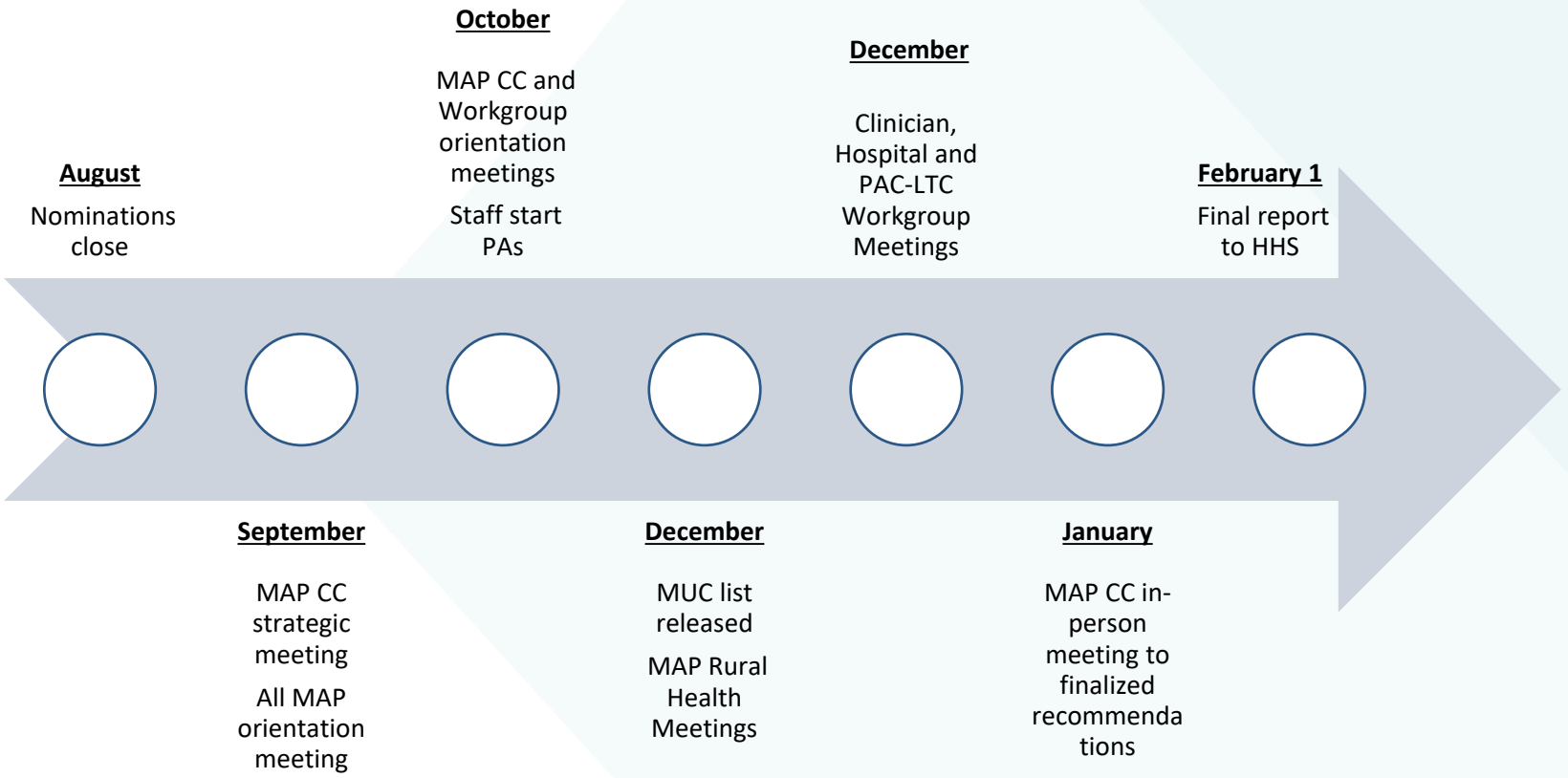
Coordinating Committee Discussion

- MAP was comfortable with the 2019-20 decision categories. Are there changes that need to be considered for 2020-2021?

Opportunity for Public Comment

Next Steps

Timeline of MAP Activities



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Timeline of Upcoming Activities

- **Release of the MUC List** – by December 1
- **Public Comment Period 1** – Timing based on MUC List release
- **Rural Workgroup Web Meetings**
  - December 4, 7, 9
- **Virtual In-Person Meeting**
  - PAC/LTC, Hospital, Clinician Workgroup – **December 17**
  - Coordinating Committee – **January 19**
- **Public Comment Period 2** – December 28, 2020 – January 13, 2020

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Resources

- **CMS' Measurement Needs and Priorities Document:**
  - https://www.cms.gov/files/document/cms-measurement-priorities-and-needs.pdf
- **Pre-Rulemaking URL:**
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html
- **MAP Member Guidebook:**
  - http://staff.qualityforum.org/Projects/MAP%20Coordinating%20Committee/CommitteeDocuments/MAP%20Member%20Guidebook%202020.docx

THANK YOU.

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