

Welcome to Today's Meeting!

- Housekeeping reminders:
 - ▣ Please mute your computer when not speaking
 - ▣ The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
 - ▣ We encourage you to keep the video on throughout the event
 - ▣ 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

If you are experiencing technical issues, please contact the project team via chat on the Webex platform or at MAPCoordinatingCommittee@qualityforum.org



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Measure Applications Partnership (MAP)

MAP Coordinating Committee Strategic Web Meeting

September 15, 2021

Agenda

- Welcome, Review of Meeting Objectives, and Roll Call
- CMS Opening Remarks
- MAP Implementation Results
- MAP Voting Principles and Voting Process
- MAP Pre-Rulemaking Measure Selection Criteria
- Preliminary Analysis Algorithm
- MAP Decision Categories
- MAP Measure Set Review Pilot Debrief
- Opportunity for Public Comment
- Next Steps

Welcome and Review of Meeting Objectives

Coordinating Committee Membership

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

Organizational Members (Voting)

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

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

- **Tricia Elliott, MBA, CPHQ, FNAHQ**, Senior Managing Director
- **Katie Berryman, MPAP, PMP**, Senior Project Manager
- **Udara Perera, DrPHc, MPH**, Senior Manager
- **Ivory Harding, MS**, Manager
- **Susanne Young, MPH**, Manager
- **Ashlan Ruth, BS IE**, Project Manager
- **Rebecca Payne, MPH**, Senior Analyst
- **Victoria Freire, MPH, CHES**, Analyst
- **Joelencia LeFlore**, Coordinator
- **Gus Zimmerman, MPP**, Coordinator

CMS Opening Remarks

MAP Implementation Results

2017-2018 MAP Recommendations

Support for Rulemaking (6 Measures)	
Measures supported by MAP (NQF endorsed)	6 Measures
<i>Finalized for Rulemaking</i>	<i>3 Measures</i>
<i>Not Finalized for Rulemaking</i>	<i>3 Measures</i>
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
<i>Received NQF Endorsement</i>	<i>1 Measure</i>
<i>Not Submitted to NQF</i>	<i>3 Measures</i>
<i>Not recommended for endorsement by NQF Standing Committees</i>	<i>2 Measures</i>
Not Finalized Into Rulemaking	15 Measures
<i>Received NQF Endorsement</i>	<i>5 Measures</i>
<i>Submitted but did not pass NQF SMP / NQF Standing Committee</i>	<i>5 Measures</i>
<i>Not submitted to NQF (One submitted and withdrawn)</i>	<i>5 Measures</i>

2017-2018 MAP Recommendations (continued)

Refine and Resubmit Prior to Rulemaking (3 Measures)	
Recommended for retesting for reliability and validity at individual clinician and group/practice clinician levels. <i>Was submitted for Fall 2019 – endorsement not finalized. Finalized for rulemaking and slated for October 2020.</i>	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.	

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
<i>Received NQF Endorsement</i>	<i>1 Measure</i>
<i>Not Submitted to NQF</i>	<i>5 Measures</i>
<i>Proposed for Rulemaking</i> <i>(1 submitted for NQF review / 3 not submitted)</i>	<i>4 Measures</i>
Not Finalized Into Rulemaking	18 Measures
<i>Submitted for NQF Endorsement</i>	<i>2 Measures</i>
<i>Not Submitted for NQF Endorsement</i>	<i>16 Measures</i>

2018-2019 MAP Recommendations (continued)

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)	
Finalized for rulemaking (Did not pass SMP review and has not been resubmitted)	1 Measure
Proposed for Rulemaking but since rescinded (Currently under NQF Standing Committee review)	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

2019-2020 MAP Recommendations

Support for Rulemaking (5 Measures)	
<i>Finalized for Rulemaking (All Already NQF endorsed prior to MAP review)</i>	1 Measure
<i>Not Finalized Into Rulemaking (All Not Submitted to NQF)</i>	4 Measures
Conditional Support for Rulemaking (11 Measures)	
Already NQF endorsed prior to MAP review	1 Measure
Recommended for NQF endorsement after rulemaking	1 Measure
Not recommended for endorsement by NQF Standing Committees prior to MAP review	1 Measure
Not recommended for endorsement by NQF Standing Committees after MAP review	1 Measure
Currently under NQF consideration for endorsement	1 Measure
Not Submitted to NQF	6 Measures
Finalized Into Rulemaking	5 Measures
<i>Recommended for NQF endorsement after rulemaking</i>	1 Measure
<i>Not recommended for endorsement by NQF Standing Committees prior to MAP review</i>	1 Measure
<i>Not Submitted to NQF</i>	2 Measure
<i>Currently under NQF consideration for endorsement</i>	1 Measure
Not Finalized Into Rulemaking	6 Measures
<i>Already NQF endorsed prior to MAP review</i>	1 Measure
<i>Not recommended for endorsement by NQF Standing Committees after MAP review</i>	1 Measure
<i>Not submitted to NQF</i>	4 Measures

2019-2020 MAP Recommendations (continued)

Do Not Support for Rulemaking with Potential for Mitigation (1 Measure)	
Not submitted to NQF and proposed for rulemaking in 2021	1 Measure
Do Not Support for Rulemaking (1 Measure)	
Not submitted to NQF nor finalized for rulemaking	1 Measure
Removed from Consideration (2 Measures)	
Not submitted to NQF nor finalized for rulemaking	2 Measures

MAP Coordinating Committee Processes

Coordinating Committee Role

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

MAP Voting Principles & Voting Process

Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Committee present in person or virtually for live voting to take place.
 - ▢ Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
 - ▢ Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

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 co-chairs to give context to each programmatic discussion, voting will begin.
- The Review Meeting agenda will organize content as follows:
 - ▣ Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting.
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - ▣ MAP participants will receive a copy of the detailed preliminary analysis and staff decisions (i.e., support, do not support, or conditional support) and rationale to support how that conclusion was reached.

Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each measure under consideration (MUC) using the MAP selection criteria and programmatic objectives.
- **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.
- **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.

Voting Procedure²

- **Step 4. Discussion and voting on the MUC**
 - ▣ Lead Discussants will review and present their findings.
 - ▣ The co-chairs will then 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 Procedure³

■ 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 – Procedural Approach

- The Committee was satisfied with this procedural approach for the 2020-21 cycle. Is there anything that the Committee would like to consider for modifications to this approach?

MAP Pre-Rulemaking Measure Selection Criteria

MAP Pre-Rulemaking 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 key national healthcare priorities.
- Preference 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.

MAP Pre-Rulemaking MSC (continued)

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 national healthcare priorities
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types with an emphasis on outcome, patient reported outcome, and digital measures
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 – Measure Selection Criteria

- Is the Committee 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 based on the MAP's previous guidance.
 - ▣ This algorithm was approved by the MAP Coordinating Committee.

MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	<ul style="list-style-type: none"> The measure addresses key healthcare improvement priorities; or The measure is responsive to specific program goals and statutory or regulatory requirements; or The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition. 	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	<ul style="list-style-type: none"> For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s). For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures. 	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
3) The measure addresses a quality challenge.	<ul style="list-style-type: none"> The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e., a safety event that should never happen); or The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge. 	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

MAP Preliminary Analysis Algorithm²

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	<ul style="list-style-type: none"> The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or The measure captures a broad population; or The measure contributes to alignment between measures in a particular program set (e.g. the measure could be used across programs or is included in a MAP “family of measures”) or The value to patients/consumers outweighs any burden of implementation. 	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
5) The measure can be feasibly reported.	<ul style="list-style-type: none"> The measure can be operationalized (e.g. the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.) 	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

MAP Preliminary Analysis Algorithm³

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).	<ul style="list-style-type: none"> • 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. 	<p>Yes: Measure could be supported or conditionally supported.</p> <p>No: Highest rating can be Conditional support.</p> <p>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.</p>
7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.	<ul style="list-style-type: none"> • 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. 	<p>If no implementation issues have been identified: Measure can be supported or conditionally supported.</p> <p>If implementation issues are identified: The highest rating can be Conditional Support. 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.</p>

MAP Decision Categories

Decision Categories for 2021-2022

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>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).</p> <p>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.</p>
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

Coordinating Committee Discussion – MAP Algorithm and Decision Categories

- Following the 2020-21 MAP Cycle, NQF received suggested changes and feedback on the MAP Algorithm
 - ▣ NQF received feedback asking what the difference is between the two bullets (performance gap and variation) in the definition of Assessment 3. The stakeholder asked if this definition could be reworded for clarity.
 - ▣ NQF received feedback on the definition of Assessment 4 recommending the removal of the language referencing families of measures as this is outdated.
- Does the Committee support these changes for the 2021-22?
- The Committee was comfortable with the 2020-21 decision categories and NQF did not receive any requests for changes. Are there changes that need to be considered for 2021-22?

MAP Measure Set Review (MSR) Pilot Debrief

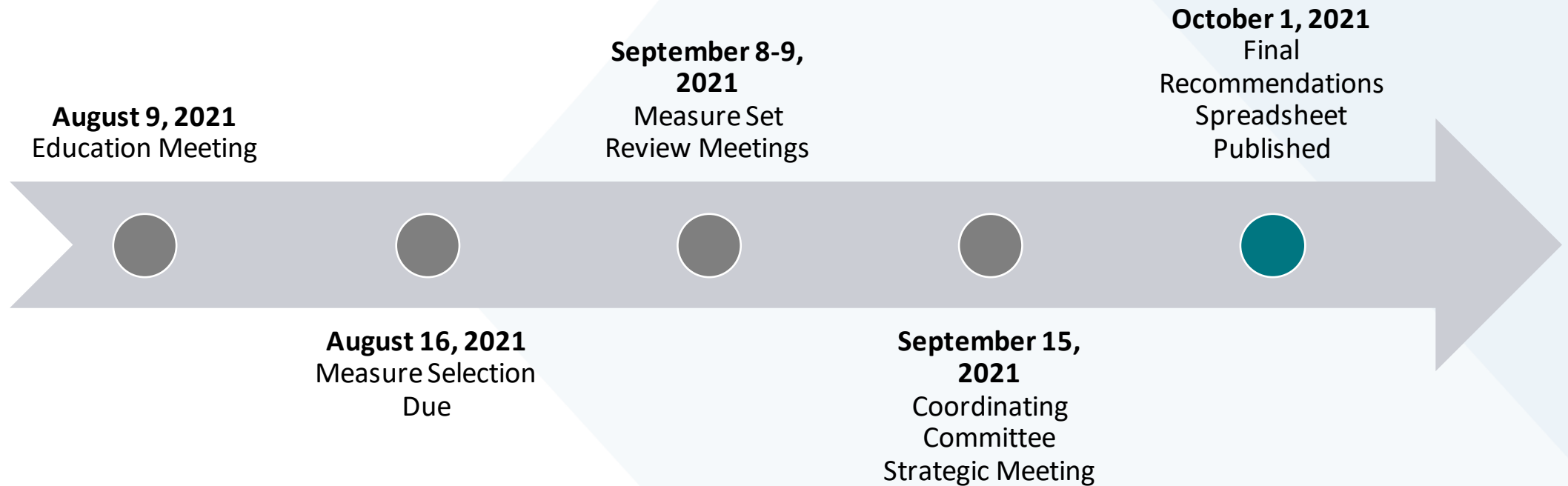
Coordinating Committee Discussion – MSR Pilot Debrief

- What worked well during the pilot of the MSR process?
- What would help the MSR process be even better?
- What worked well with the measure review criteria (MRC)?
- What could work even better with the MRC?

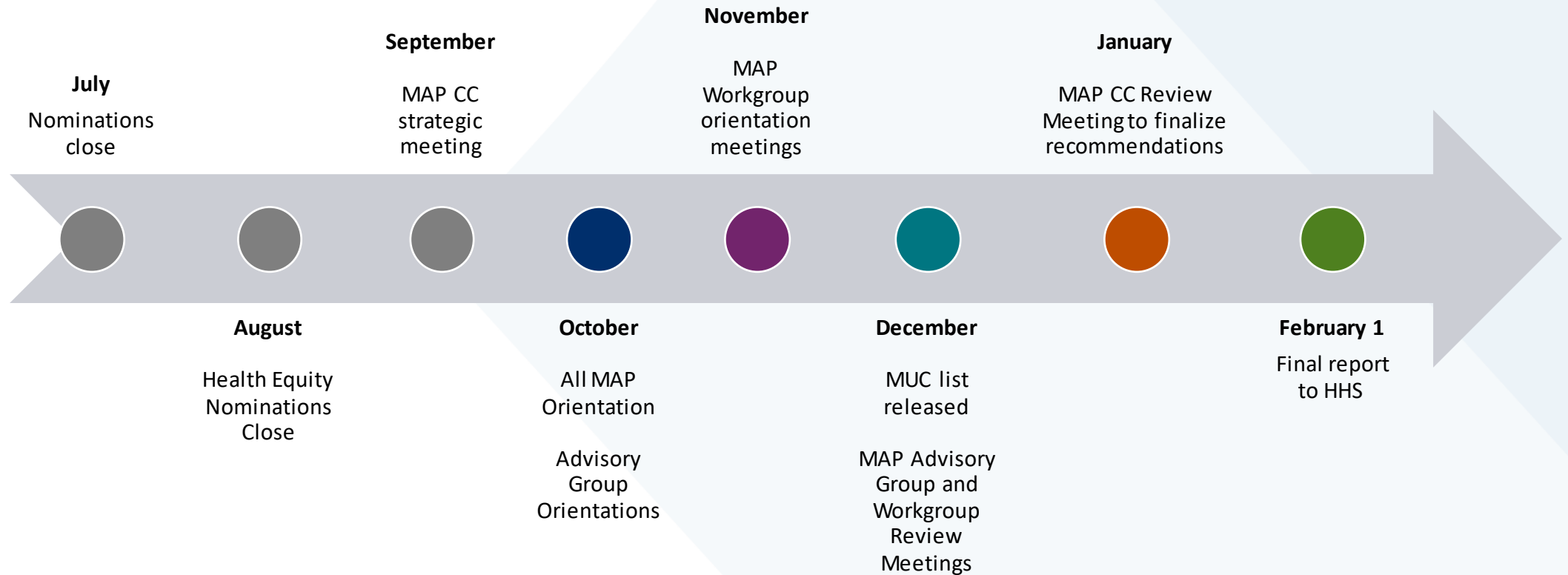
Opportunity for Public Comment

Next Steps

Timeline: MSR Pilot Year



Timeline: MAP Pre-Rulemaking Activities



Timeline of Upcoming Activities

- **Release of the MUC List** – by December 1
- **Public Comment Period 1** – Timing based on MUC List release
- **Advisory Group Review Meetings**
 - ▣ Rural Health Advisory Group: **December 8**
 - ▣ Health Equity Advisory Group: TBD
- **Workgroup Review Meetings**
 - ▣ Clinician Workgroup – **December 14**
 - ▣ Hospital Workgroup – **December 15**
 - ▣ Post-Acute/Long-Term Care (PAC/LTC) Workgroup – **December 16**
 - ▣ Coordinating Committee – **January 19, 2022**
- **Public Comment Period 2** – December 30, 2020 – January 13, 2021

Resources

- **CMS' Measurement Needs and Priorities Document:**
 - [2021 Needs and Priorities](#) (PDF)
- **CMS' Pre-Rulemaking Overview:**
 - [Pre-Rulemaking Webpage](#)
- **MAP Member Guidebook:**
 - All MAP members will receive a copy of the 2021 MAP Member Guidebook via email

THANK YOU.

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