NATIONAL QUALITY FORUM

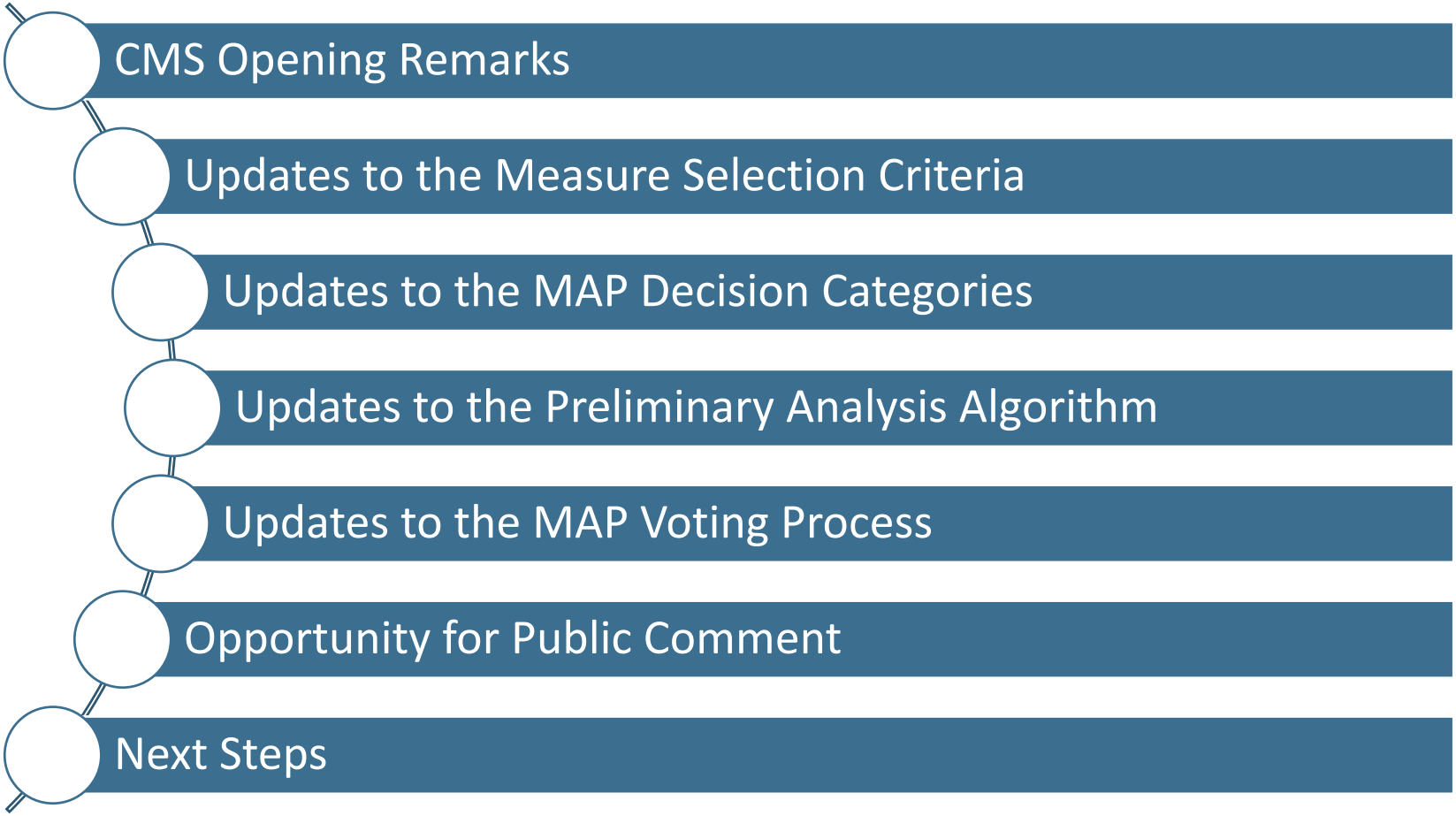
Measure Applications Partnership

MAP Coordinating Committee Web Meeting

November 7, 2018

Welcome

Agenda


CMS Opening Remarks
Updates to the Measure Selection Criteria
Updates to the MAP Decision Categories
Updates to the Preliminary Analysis Algorithm
Updates to the MAP Voting Process
Opportunity for Public Comment
Next Steps

MAP Coordinating Committee Members

Committee Chairs: Bruce Hall, MD, PhD, MBA, FACS; Charles Kahn, III, MPH

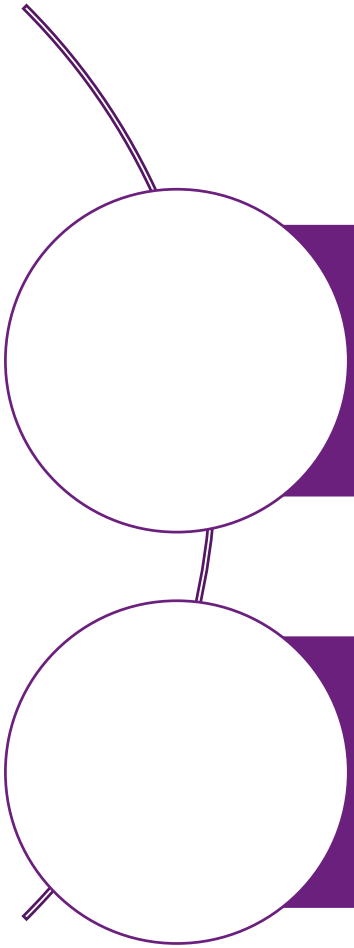
Organizational Members (voting)	
Academy of Managed Care Pharmacy	The Joint Commission
America's Health Insurance Plans	The Leapfrog Group
American Academy of Family Physicians	Medicare Rights Center
American Board of Medical Specialties	National Alliance for Caregiving
American College of Physicians	National Association of Medicaid Directors
American HealthCare Association	National Business Group on Health
American Hospital Association	National Committee for Quality Assurance
American Medical Association	Network for Regional Healthcare Improvement
American Nurses Association	Pacific Business Group on Health
AMGA	Patient & Family Centered Care Partners
Consumers Union	Pharmaceutical Research and Manufacturers of America (PhRMA)
Health Care Service Corporation	

MAP Coordinating Committee Members (cont.)

Individual Subject Matter Experts (Voting)
Harold Pincus, MD
Jeff Schiff, MD, MBA

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)

Meeting Objectives



Update on measurement strategy by NQF and CMS

Update MAP's decision making process

CMS Opening Remarks

Guidance on Coordinating Committee Process Changes

Coordinating Committee Role

- The Coordinating Committee is tasked with overseeing the process MAP uses to make its recommendations.

- Today we are seeking input on a number of potential updates to the process based on feedback from last year's work.

Updates to the Measure Selection Criteria

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 healthcare priorities, 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.

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

Suggested Edits

- Revise criteria #2 to “adequately addresses key national healthcare priorities”

Coordinating Committee Discussion

- Does the Coordinating Committee have any input to this potential edit?

Updates to the MAP Decision Categories

MAP Decision Categories

- MAP Workgroups must reach a decision about every measure under consideration
  - *Decision categories are standardized for consistency*
  - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*

Changes to MAP's Decision Categories

- Remove the refine and resubmit category
  - *Committee members noted that MAP does not have the ability require a measure to be resubmitted to MAP.*
  - *There was also confusion about the difference between conditional support and refine and resubmit and when each category should be applied.*
- Create a new category "do not support with potential for mitigation."
  - *Goal is to clarify MAP does not believe this measure is ready for use at this time*
  - *Measure would require a substantive change to gain MAP support*
  - *However, MAP retains the ability to show it is supportive of the concept and to suggest input on how the measure could be improved*
- Add definitions for each decision category

Potential Decision Categories for 2018-2019

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 listed below. 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. MAP will provide a rationale that outlines each suggested modification required for potential support.
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

- Does the Coordinating Committee agree with these revisions to the decision categories?

Updates to the 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.*

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.

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.

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)** *Old language: The measure is reliable and valid for the level of analysis, program, and/or setting(s) for which it is being considered.*	• 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

- Does the Coordinating Committee agree with these revisions to the preliminary analysis?

Updates to the MAP Voting Process

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the Committee.
  - *Quorum must be established prior to voting.*
  - *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 participants.
  - *Abstentions do not count in the denominator.*
- Every measure under consideration will receive a decision.
- 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.*

Workgroup Voting Procedures

- Step 1. Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives.
- Step 2. The co-chairs will ask for clarifying questions from the Workgroup. The 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 preliminary analysis.*
- Step 3. Voting on acceptance of the preliminary analysis decision.
  - *After clarifying questions have been resolved, the co-chair 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.*

Workgroup Voting Procedures

- Step 4. Discussion and Voting on the MUC
  - *Lead Discussants will review and present their findings.*
  - *The co-chair will then open for discussion among the Workgroup. Other 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-chair 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.

Workgroup Voting Procedures

- 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 Voting Procedure

- Step 1. Staff will review the Workgroup decision for each MUC.
- Step 2. The co-chairs will ask for clarifying questions from the Coordinating Committee. The chairs will compile all Committee 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 Workgroup decision.
  - *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the Workgroup decision. This vote will be framed as a yes or no vote to accept the result.*
  - *If greater than or equal to 60% of the Coordinating Committee members vote to accept the Workgroup decision, then the Workgroup decision will become the MAP recommendation. If less than 60% of the Coordinating Committee votes to accept the Workgroup decision, discussion will open on the measure.*

Coordinating Committee Voting Procedure

- Step 4. Discussion and Voting on the MUC
  - *Lead Discussants will review and present their findings.*
  - *The co-chair will then open for discussion among the Coordinating Committee. Other Committee members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.*
  - *After the discussion, the co-chair will open the MUC for a vote.*
    - NQF staff will summarize the major themes of the Committee's discussion.
    - The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions. If the co-chairs do not feel there is a consensus position to use to begin voting, the Committee will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support.

Coordinating Committee 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 a no decision category achieves greater than 60% to overturn the Workgroup decision, the Workgroup decision will stand.*

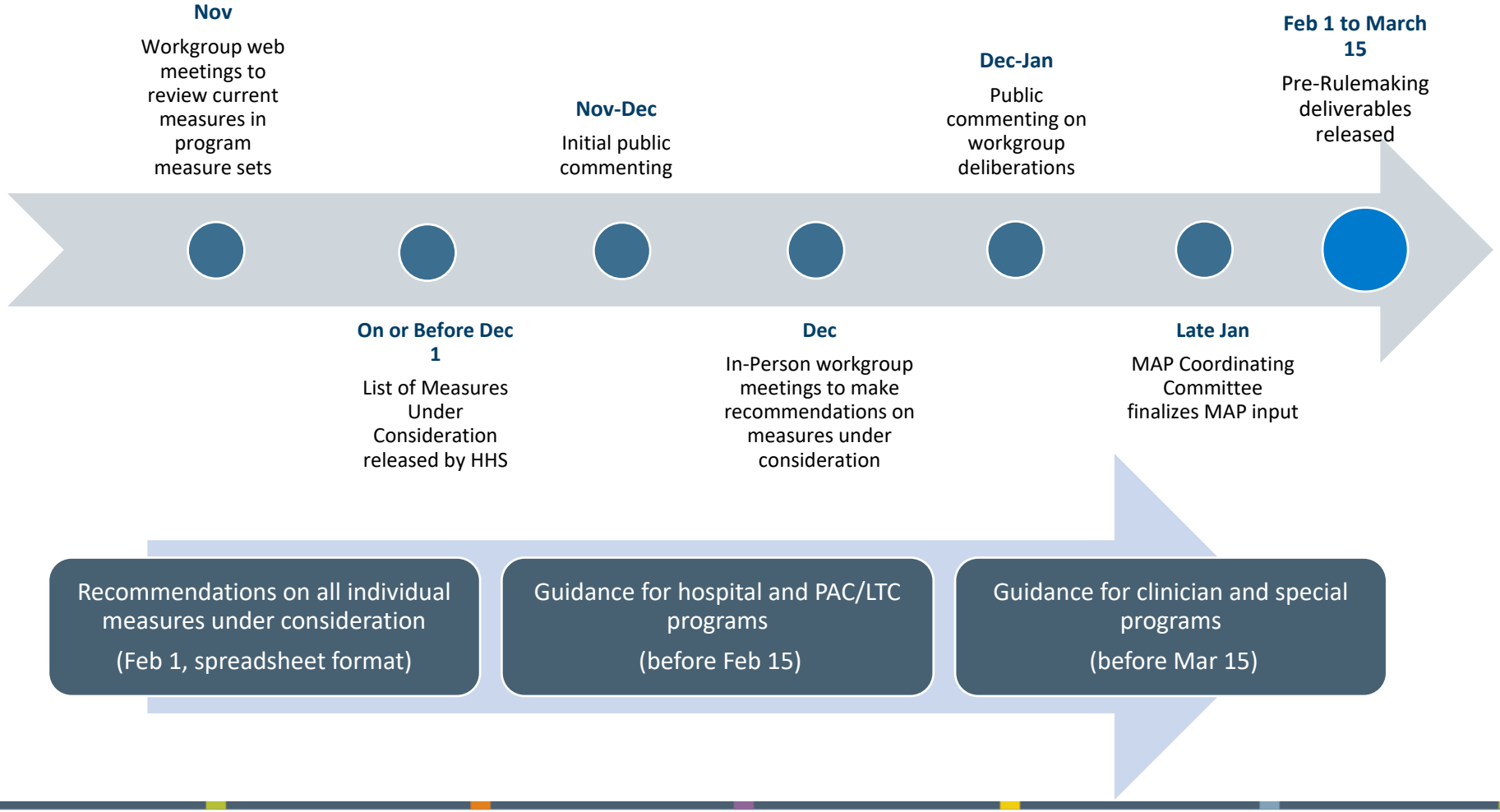
Coordinating Committee Discussion

- Does the Coordinating Committee have any input to the revised voting procedures?

Opportunity for Public and NQF Member Comment

Next Steps

MAP Approach to Pre-Rulemaking: A look at what to expect



Timeline of Upcoming Activities

Release of the MUC List – by December 1

Web Meetings

- Hospital Workgroup – **November 8, 1-3pm**
- PAC/LTC Workgroup – **November 14, 12-2pm**
- Clinician Workgroup – **November 14, 2-4pm**
- All MAP Orientation – **November 19, 1-3pm**

Public Comment Period #1 – Timing based on MUC list release

In-Person Meetings

- PAC/LTC Workgroup – **December 10**
- Hospital Workgroup – **December 11**
- Clinician Workgroup – **December 12**
- Coordinating Committee – **January 22-23**

Public Comment Period #2 – Following Workgroup In-Person Meetings

Contact Information

- Erin O'Rourke, Senior Director
- Shaconna Gorham, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- Taroon Amin, Consultant

- **Project email:** MAPCoordinatingCommittee@qualityforum.org

- **SharePoint site:** http://share.qualityforum.org/Projects/MAP%20Coordinating%20Committee/SitePages/Home.aspx

Adjourn