



Measure Applications Partnership Coordinating Committee 2021-2022 Review Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Coordinating Committee on January 19, 2022.

Welcome, Introductions, and Review of Web Meeting Objectives

Dr. Tricia Elliott, NQF Senior Managing Director, began by welcoming participants to the web meeting and reviewing the day's agenda. Dr. Dana Gelb Safran, NQF President and CEO, provided opening remarks to welcome participants and emphasized the importance of the input provided by MAP members to the Centers for Medicare & Medicaid Services (CMS). Dr. Gelb Safran shared that MAP Advisory Groups and Workgroups met to review the measures under consideration in December 2021, and highlighted several themes of these meetings, including health equity, patient reported outcomes, and evaluating measures across programs and settings.

MAP Coordinating Committee Co-chairs Chip Kahn and Misty Roberts also welcomed participants. Mr. Kahn and Ms. Roberts thanked the Coordinating Committee members for their time spent preparing for the meeting and for the time they would spend discussing the measures under consideration and noted that each year provides an opportunity to learn something new.

Dr. Elliott facilitated introductions and disclosures of interest from members of the MAP Coordinating Committee (for detailed attendance, please see [Appendix A.](#)) Disclosures included receiving company stocks, and the organizational representative for the Joint Commission noted that they would need to recuse themselves from the discussion for MUC2021-104 Hospital Harm - Severe Obstetric Complications eCQM as the steward of the measure. No other disclosures were deemed to be in conflict with measures under consideration. Quorum was met and maintained for the entirety of the meeting.

CMS Opening Remarks

Dr. Michelle Schreiber, CMS Deputy Director for Quality and Value, offered welcoming remarks and thanks to Coordinating Committee members, NQF and CMS staff, and developers for their participation in the meeting and noted how important the input of the MAP is to CMS. Dr. Schreiber extended special thanks to those working on the frontlines of the pandemic.

Dr. Schreiber noted several new and exciting opportunities on the measures under consideration (MUC) list for 2021, including measures to expand the Skilled Nursing Facility Value-Based Purchasing program, equity measures, advanced patient reported outcomes measures, and measures fulfilling CMS' commitment to digital and safety measures.

To frame the day's conversations, Dr. Schreiber provided clarifications to assist with the evaluation of MUCs that were questioned in Workgroup discussions. Dr. Schreiber clarified that 1) CMS believes there is a role for structural measures in federal programs, 2) CMS would not suggest a measure for a program if it did not meet legal or statutory requirements, and 3) CMS would not use any measure in a way that would be punitive towards facilities or providers with high-needs populations.

Coordinating Committee members responded to Dr. Schreiber’s remarks and noted that they would appreciate more instruction on how federal programs operate and how measures in those programs are used, particularly any differences in how measures may be used between reporting and payment programs. Dr. Schreiber expressed that CMS would be happy to provide further information at a future time.

Overview of Pre-rulemaking Approach

Susanne Young, NQF Manager, provided an overview of the pre-rulemaking approach for the Measures Under Consideration (MUC). Ms. Young reviewed the seven assessment criteria included in the MAP preliminary analysis (PA) algorithm, the four decision categories, and the MAP voting process. Due to time, the overview of the Rural Health and Health Equity Advisory Groups was not presented verbally. For complete details on Advisory Group polling scales and discussion, please refer to the [Health Equity](#) and [Rural Health](#) Advisory Group Summaries.

Review of Hospital Measures Under Consideration

Ms. Roberts and Dr. Matthew Pickering, NQF Senior Director, facilitated review of the Hospital MUCs. For each measure, Dr. Pickering provided a brief summary of the Hospital Workgroup commentary on the measure. Full comments from the Workgroup can be found in the MAP Hospital Workgroup [summary](#) (PDF). Voting totals for each measure can be found in [Appendix B](#).

Public comment

Ms. Roberts opened up the platform to comments from the public on the Hospital MUCs and programs. No comments were offered.

End-Stage Renal Disease Quality Improvement Program (ESRD QIP)

MUC2021-101 Standardized Readmission Ratio (SRR) for dialysis facilities

MAP Coordinating Committee members (MAP) sought clarification on the Hospital Workgroup’s decision of “do not support for rulemaking” instead of “do not support with potential for mitigation” and what would happen to the existing measure, should the MUC be proposed for rulemaking. Dr. Pickering and Dr. Schreiber clarified that the measure received a decision of “do not support for rulemaking” due to validity concerns raised during the Consensus Development Process (CDP) review, and that the existing measure would need to be proposed to be removed from rulemaking to be replaced. MAP noted the importance of the measure topic but noted concerns that the measure failed endorsement due to validity concerns and had received compelling public comments in opposition based on validity and reliability concerns. The measure developer commented that validity concerns may have been based on the strength of correlations, all of which were statistically significant. The developer provided additional measure specification clarifications in response to questions, noting that technical aspects of modeling and categories for comorbidity assessment were updated.

MAP upheld the Workgroup decision and did not support this measure for rulemaking. The measure addresses the high-priority area of care coordination for the ESRD QIP. However, this measure was submitted for consensus-based entity (CBE) endorsement in Spring 2020 but did not pass scientific acceptability on validity and was not endorsed.

Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

MUC2021-091 Appropriate Treatment for Patients with Stage I (T1c) through III HER2 Positive Breast Cancer

MAP expressed concern that the measure may not pass in a CBE endorsement review and requested further information about the process and timeline for rulemaking. CMS clarified that it would not be possible to guarantee the process for the measure, but noted that ideally the measure would be submitted for endorsement before being fully implemented into the program. CMS emphasized that if proposed and accepted into final rulemaking, the measure would be implemented into the program regardless of endorsement status and a separate process would need to be initiated to remove the measure.

MAP noted that historically, the decision category of “conditional support” evolved out of a need to meet statutory requirements to implement measures that would not allow time for prior endorsement, and questioned if the category should continue. Ms. Roberts reminded MAP that there would be opportunity to revisit MAP processes and decision categories in the upcoming Strategic Meeting and advised holding further comments on the topic until that time. Several MAP members also emphasized that Workgroup decisions should be upheld unless there was strong rationale for disagreement.

MAP upheld the Workgroup decision and conditionally supported the measure for rulemaking pending CBE endorsement. This measure aims to identify the percentage of female patients aged 18 to 70 with stage I (T1c) – III HER-2 positive breast cancer for whom appropriate treatment is initiated. Although this measure has undergone measure score reliability and validity testing, validity testing of the critical data elements (e.g., numerator, denominator) should be considered.

Hospital Inpatient Quality Reporting (IQR) Program

MUC2021-122 Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)

One MAP member noted that the updates to the measure did not have heavy impact on reliability and felt the measure was reasonable. No other comments were offered.

MAP upheld the Workgroup decision and supported the measure for rulemaking. The measure is currently included in the Hospital IQR program; the measure under consideration updates the minimum admissions threshold, strengthening the reliability of the measure result. This measure distinguishes itself both for its condition specificity, and the inclusion of other health care visits beyond hospital readmissions.

MUC2021-106 Hospital Commitment to Health Equity

MAP acknowledged that the topic of the measure was of critical importance and could be a much-needed push towards action on health equity and first step in developing health equity measures, but noted that the measure is not connected to actual outcomes and that the likelihood of receiving CBE endorsement would be very low. Comments also emphasized that, if implemented into the program, the measure should be considered a necessary first step rather than a final destination, and MAP expressed optimism that CMS could bring forward improved measures in the future when more data would be available. MAP and the developer clarified that attestation of the measure would be on a yearly basis.

MAP did not vote to uphold the Workgroup decision of “do not support” (10 yes, 10 no, 50%) and continued discussion on the measure. MAP emphasized the importance of supporting the measure to move forward in some capacity.

Following these deliberations, MAP conditionally supported the measure for rulemaking pending CBE endorsement and commitment for future exploration of outcomes measures related to health equity. This measure assesses whether the hospital has developed a plan to address health equity issues, has collected and analyzed the data needed to act on that plan, and has evaluated their progress towards attaining their objectives. However, the literature currently does not closely link this measure to clinical outcomes

MUC2021-120 Hospital-level, risk-standardized payment associated with an episode of care for primary elective total hip and/or knee arthroplasty (THA/TKA)

MAP did not have any clarifying questions or comments on the measure.

MAP upheld the Workgroup decision and conditionally supported the measure for rulemaking pending CBE Standing Committee review of the 26 codes added to the mechanical complication's definition. This fully developed and tested measure addresses risk-standardized payment for elective THA and TKA.

This recently updated measure was designed to be used with harmonized complications and readmissions measures and aspires to drive quality improvement in care coordination and post-acute costs and resource use.

Cross-Cutting Measure: MUC2021-118 Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)

MUC2021-118 was submitted to multiple Hospital programs and was considered a ‘cross-cutting measure’. NQF staff clarified to MAP that for cross-cutting measures, MAP could elect to carry over votes from the first occurrence of the measure to apply to all occurrences that received the same decision category from the Workgroup. To carry over a vote, NQF staff and the co-chairs would ask MAP if there were any objections to carrying over the vote. Only one objection was required to re-open discussion on a measure.

Hospital IQR Program

MAP did not have any clarification questions or comments for this occurrence of the measure.

MAP upheld the Workgroup decision and conditionally supported the measure for rulemaking pending CBE Standing Committee review of the 26 codes added to the mechanical complication's definition. This fully developed and specified measure addresses a critical and preventable safety event in the hospital inpatient setting. The measure is currently in use in the Hospital VBP Program and was previously active in the Hospital IQR Program and has been expanded to include 26 codes to the mechanical complication's definition.

Hospital Value-Based Purchasing (VBP) Program

MAP asked for clarification about the existing version of the measure in the VBP program. CMS explained that because the measure would be statutorily required to be in place in the Hospital IQR program for at least one year prior to implementation in the VBP program, the two versions of the measure would have to run concurrently for at least one year.

Following this discussion, Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

Cross-Cutting Measure: MUC2021-131 Medicare Spending per Beneficiary (MSPB)

MUC2021-131 was submitted to multiple Hospital programs and was considered a 'cross-cutting measure'. MAP was given the option to follow the carry-over voting process outlined above.

Hospital IQR Program

MAP sought clarification on the endorsement status of the measure, and NQF staff confirmed that the measure was endorsed. There were no other clarifying questions or comments.

MAP upheld the Workgroup decision and supported the measure for rulemaking. The Medicare Spending per Beneficiary measure was removed from IQR beginning in 2020, in order to reduce duplication with measures in the Hospital Value-Based Purchasing Program (HVBP), where it was retained. By statutory requirement, all measures entering the Hospital VBP Program must be implemented for at least one year prior in the Hospital IQR Program. Endorsement of this measure was retained during the last review cycle in June of 2021.

Hospital Value-Based Purchasing (VBP) Program

MAP did not have any clarification questions or comments on the measure. Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

Cross-Cutting Measure: MUC2021-084 Hospital Harm - Opioid-Related Adverse Events

MUC2021-084 was submitted to multiple Hospital programs and was considered a 'cross-cutting measure'. MAP was given the option to follow the carry-over voting process outlined above.

Hospital IQR Program

MAP did not have any clarification questions or comments on the measure. MAP upheld the Workgroup decision and supported the measure for rulemaking. This fully developed and specified measure addresses a critical and preventable safety event in the Hospital IQR Program. The program does not currently include a measure that addresses opioid-related adverse events (ORAEs) and subsequent administration of naloxone in the inpatient setting. The measure was submitted for endorsement review to the Patient Safety Standing Committee, Spring Cycle 2021 and received CBE endorsement.

Medicare Promoting Interoperability Program for Hospitals

MAP did not have any clarification questions or comments on the measure. Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

Cross-Cutting Measure: MUC2021-104 Hospital Harm - Severe Obstetric Complications eCQM

MUC2021-104 was submitted to multiple Hospital programs and was considered a 'cross-cutting measure'. MAP was given the option to follow the carry-over voting process outlined above. The Joint Commission was recused from voting on MUC2021-104 as the measure steward.

Hospital IQR Program

The measure developer provided updates to the measure numerator and exclusion specifications. MAP noted that these updates would address some potential discussion points. MAP requested more information on the Rural Health Advisory Group input for the measure to address concerns about the potential impacts of low volume. Dr. Pickering shared that the Rural Health Advisory Group noted rural communities tend to have a higher obstetric-related mortality rate and the measure does not consider population prevalence. The Advisory Group expressed concern that the measure cited blood transfusions as a severe complication, rather than an early intervention. The Rural Health Advisory Group average score for the measure was 4.1, indicating that it was suitable for use with rural providers within the Hospital IQR program.

MAP upheld the Workgroup decision and conditionally supported this measure for rulemaking pending successful completion of testing and CBE endorsement. This measure collects data on severe obstetric complications and patient outcomes in order to inform quality improvement efforts in maternal care. This newly developed measure is an outcome eCQM, a high priority area for the Hospital IQR Program, and it addresses the Meaningful Measures area of patient safety.

Medicare Promoting Interoperability Program for Hospitals

MAP did not have any clarification questions or comments on the measure. Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

Cross-Cutting Measure: MUC2021-100 National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure

MUC2021-100 was submitted to multiple Hospital programs and was considered a 'cross-cutting measure'. MAP was given the option to follow the carry-over voting process outlined above, with the exception of the Medicare Promoting Interoperability Program for Hospitals, where the measure received a different decision category.

Hospital IQR Program

MAP noted that the measure topic expanded on current measures in the program looking at Methicillin-resistant Staphylococcus aureus (MRSA) and central line bloodstream infections (CLABSI), and questioned preventability of other events and any overlap with sepsis events. The developer stated that three studies were currently underway to assess preventability of other events, but early data was trending towards the 40-50% range when adjudicated by infection prevention experts. The developer also noted that the vast majority of patients with bacteremia and fungemia included in the measure would not overlap with sepsis patients. MAP sought clarity on why these measures had previously been removed from the Hospital IQR program and raised concerns about duplication with other programs.

CMS clarified that while not a statutory requirement, measures for the Hospital-Acquired Conditions Reduction Program (HACRP) are frequently implemented into the Hospital IQR program first before incorporation into the payment program. CMS noted that it was not possible to determine at this point if this measure would be used to replace the MRSA or CLABSI measures currently in the program, but it is a possibility. MAP members expressed concern about unintended consequences, a lack of family and caregiver input in the development process, and noted a need to plan for small rural health provider adaptations moving forward. The developer clarified that a suite of balancing measures would be collected, including blood culture utilization, which will help to understand potential consequences prospectively.

MAP upheld the Workgroup decision and conditionally supported this measure pending CBE endorsement. This measure tracks the number of hospital-onset bacteremia or fungemia infections (HOB), indicated by positive test results, among inpatients – but excluding those present on admission or for which not treatment was administered. The measure corresponds to the Patient Safety focus within CMS' Meaningful Measures 2.0.

Hospital-Acquired Conditions Reduction Program (HACRP)

MAP did not have any clarification questions or comments on the measure. Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

PCHQR Program

MAP noted that fungemia can be an issue for patients treated in chemotherapy, and the developer noted that this population was a focus for further exploration. No other clarifying questions or comments were offered. Ms. Roberts and Dr. Pickering asked if there was any opposition to carrying over the vote from the Hospital IQR program. No opposition was raised, and the vote was successfully carried over.

Medicare Promoting Interoperability Program for Hospitals

Dr. Pickering opened discussion of MUC2021-100 for the Medicare Promoting Interoperability Program for Hospitals by reviewing the Workgroup deliberations, which were conducted under the interpretation that the program was exclusively for electronic clinical quality measures (eCQMs). Dr. Pickering noted that under this interpretation, the Workgroup had selected the “do not support” decision category for the measure. However, after further information was provided from CMS to clarify that the program allows for other digital measures, the Workgroup decision was changed to “to be determined”. Dr. Pickering noted that in future years, this practice would be discontinued, and the original Workgroup decision would be presented to the Coordinating Committee.

MAP requested further clarification on the intent of placing the measure into the program. CMS stated that digital measures are included in this program to ensure alignment across programs. The measure, if proposed and finalized into rulemaking as intended, would go into the Hospital IQR program for a time before being introduced into the HACRP, and its use in the current program would be to ensure alignment. MAP debated the correct procedural steps for voting on the measure, and Ms. Roberts called for any verbal opposition to bypassing a step to vote down the Workgroup recommendation of “do not support”. No opposition was raised, and MAP moved into voting on the measure for conditional support.

MAP conditionally supported the measure for rulemaking pending CBE endorsement.

Review of Cross-Setting Measure MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure

MUC2021-098 was submitted to multiple programs spanning both the Hospital and Post-Acute Care/Long-Term Care (PAC/LTC) settings, and was considered a ‘cross-setting measure’. NQF staff clarified to MAP that for cross-setting measures, MAP could elect to carry over votes from the first occurrence of the measure to apply to all occurrences that received the same decision category from the Workgroup as was done with cross-cutting measures within the Hospital programs. MAP was given the option to follow the carry-over voting process with the exception of the Medicare Promoting Interoperability Program for Hospitals, where the measure received a different decision category.

For each measure, Dr. Pickering provided a brief summary of the Hospital Workgroup and PAC/LTC Workgroup commentary on the measure. Full comments from the Workgroups can be found in the MAP [Hospital Workgroup](#) (PDF) and [PAC/LTC Workgroup](#) (PDF) summaries. Voting totals for each measure can be found in [Appendix B](#).

Public comment

Mr. Kahn opened up the platform to comments from the public on the measure. No comments were offered.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

One MAP member expressed a desire to specify conditions for a measure more detailed than CBE endorsement, calling for additional testing data to be provided to MAP rather than only during the endorsement process. Other MAP members commented that the endorsement condition would suffice.

MAP upheld the Workgroup decision and conditionally supported this measure pending CBE endorsement and successful testing of reliability and validity. This Measure Under Consideration would modify the existing HA-CDI surveillance measure in the LTCH QRP. This updated measure is consistent with the program’s priority to measure healthcare associated infections, and the Patient Safety Meaningful Measures 2.0 area.

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

MAP did not have any clarification questions or comments on the measure. Mr. Kahn and Dr. Pickering asked if there was any opposition to carrying over the vote from the LTCH QRP. No opposition was raised, and the vote was successfully carried over.

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

MAP requested to open further discussion on MUC2021-098 in the SNF QRP. A MAP member raised strong concerns that the measure had previously failed reliability and validity when submitted for endorsement and was unable to find updated measure specifications, or specifications indicating cases of infection prior to entry into a nursing home were accounted for. The MAP member also listed concerns about reporting burden and the challenge to acquire the appropriate level of security clearance for nursing homes to report. The developer clarified that this revision of the measure would be an eCQM where data could be automatically extracted from laboratory results, but acknowledged that further exploration would be done for SNF QRP settings to make sure they are able to submit laboratory-based data they receive. The developer noted that of over 15,000 skilled nursing homes, the vast majority would already have the security clearance required for the measure.

MAP upheld the Workgroup decision and conditionally supported the measure pending CBE endorsement and successful testing of reliability and validity.

Hospital IQR Program, HACRP, and PCHQR Program

MAP consented to bundling a vote for MUC2021-098 for the Hospital IQR program, HACRP, and PCHQR program. There were no clarification questions or comments on the measure. MAP upheld the Workgroup decision and conditionally supported the measure pending CBE endorsement and resolution of duplication concerns by CMS.

Medicare Promoting Interoperability Program for Hospitals

Dr. Pickering opened discussion of MUC2021-098 for the Medicare Promoting Interoperability Program for Hospitals by reviewing the Workgroup deliberations, which were conducted under the same interpretation of the program as the deliberations for MUC2021-100. As with MUC2021-100, the Workgroup decision category was “do not support,” but was transitioned into a “to be determined” placeholder until the MAP Coordinating Committee convened. There were no additional clarifying questions or comments, and Mr. Kahn moved to open a vote of conditional support for the measure.

MAP upheld the Workgroup decision and conditionally supported this measure pending CBE endorsement.

Review of Post-Acute Care/Long-Term Care (PAC/LTC) Measures Under Consideration

In order to better stay on time, NQF staff proposed the use of a consent agenda for the PAC/LTC MUC review. Under this proposed agenda, MAP would agree to uphold the Workgroup recommendation for all measures proposed for PAC/LTC programs without a live vote. Procedurally, MAP would hear public comments and Dr. Pickering’s summary of Workgroup discussion for each measure before deciding to move forward with a consent agenda. Full comments from the Workgroup can be found in the MAP [PAC/LTC Workgroup](#) (PDF) summary. Voting totals for each measure can be found in [Appendix B](#).

Public comment

Ms. Roberts opened up the platform to comments from the public on the measure. One comment was offered for MUC2021-124 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization. The comment expressed concern that the measure includes diagnoses for infections that are not preventable or may be unrelated to the care received during a nursing home stay. The commenter also noted that because the measure functions as a composite, it would be difficult for facilities to attribute a score to specific infections or quality improvement efforts. The commenter noted that the measure may unintentionally create a disincentive for nursing homes to transfer seriously ill patients to hospitals.

Consent Agenda

Following Dr. Pickering’s overview of each MUC, Ms. Roberts and Dr. Pickering called for any opposition to conducting a consent agenda for the measures in the PAC/LTC programs. There was a request to pull one measure for further discussion, but no other opposition was raised.

Under the consent agenda, MAP upheld the following Workgroup decisions per measure:

- **Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program**
 - MUC2021-124 Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization - Conditional support for rulemaking, pending CBE endorsement

- MUC2021-130 Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF) - Support for rulemaking
- MUC2021-095 CoreQ: Short Stay Discharge Measure - Support for rulemaking
- **SNF QRP**
 - MUC2021-123 Influenza Vaccination Coverage among Healthcare Personnel - Support for rulemaking

Skilled Nursing Facility Value Based Purchasing (SNF VBP) Program

MUC2021-137 Total nursing hours per resident day

MAP requested to open discussion on MUC2021-137. Ms. Roberts opened the floor for clarification questions, and MAP asked if there was an optimum number of nursing hours suggested. The developer noted that more hours was generally regarded positively, but could cap out. The developer also noted that the measure does not capture or set a threshold for “acceptable” hours, only staffing hours relative to patient acuity.

MAP also expressed concern that the measure was overlooking the current chronic nursing shortage facing nursing homes as a result of the public health emergency and questioned if it was possible to meet these standards, particularly in rural areas. The developer noted that the value of the measure would be to demonstrate those challenges, and any particular characteristics of nursing homes that were struggling. MAP sought clarification on how the measure would be used within the program, noting that it is currently implemented in other federal programs, and CMS explained that the measure was intended to address patient safety issues. One MAP member raised concerns that the measure would negatively impact payment if implemented into the SNF VBP program, while others noted that the measure would be very important to consumers.

MAP upheld the Workgroup decision and conditionally supported the measure for rulemaking pending CBE endorsement. This measure adds value to the SNF VBP program by adding a measure topic not currently addressed and aligns across other PAC/LTC programs by working towards CMS’ Meaningful Measures 2.0 overarching goal of value-based care.

Cross-Setting Measures: Social Drivers of Health (SDOH) Measures

To provide initial clarifications, Dr. Elliott opened the discussion for the SDOH measures by providing overviews of each measure and review of the discussions from the Clinician and Hospital Workgroup discussions. Full comments from the Workgroups can be found in the MAP [Hospital Workgroup](#) (PDF) and [Clinician Workgroup](#) (PDF) summaries. Voting totals for each measure can be found in [Appendix B](#).

Public comment

Ms. Roberts opened the platform to comments from the public on the two measures under consideration. More than 10 comments were received, all in favor of both measures. Commenters emphasized a need to implement both measures and expressed that implementing only one measure would not be beneficial. Commenters shared several personal and professional anecdotes highlighting the impacts that SDOH factors can have on the health of patients and noted that many facilities and health systems were already employing similar measures at a local level due to a strong need for transparent assessments of populations being served. Commenters urged MAP to take action in this space and not continue to delay based on waiting for more perfect measures.

MUC2021-136 Screening for Social Drivers of Health

MUC2021-136 was submitted to multiple programs spanning both the Hospital and Clinician settings, and was considered a ‘cross-setting measure’. NQF staff reminded MAP that for cross-setting measures, MAP could elect to carry over votes from the first occurrence of the measure to apply to all occurrences that received the same decision category from the Workgroups. MAP was given the option to follow the carry-over voting process for MUC2021-136, which received conditional support for rulemaking from both Workgroups.

Merit-Based Incentive Payment System (MIPS) and Hospital IQR Programs

MAP sought clarification on the testing status of the measure. NQF staff and the developer clarified that the screening tools used in the measure had received thorough psychometric testing, but the measure itself had not undergone performance testing. This would be included in any review for CBE endorsement. MAP also asked if there was a recommended or required screening tool for the measure, and the developer responded that screening tool selection was at the discretion of the facility or clinician as long as the tool mirrors the domains provided by the measure to create more flexibility, although CMS may consider a list of recommended tools in the future. The developer also noted that there was no mandated reporting mechanism.

MAP expressed strong enthusiasm to see measures addressing SDOH. Some MAP members suggested the inclusion of telehealth and internet access as domains or utilities, or implementing the measure as a foundational measure in MIPS value pathways to create expectation of reporting in the MIPS program. MAP sought clarification on the intended timeline for the measure and more details on unintended consequences to patients. CMS noted that at the earliest, the measure would be finalized into rule writing in 2023 and reporting would begin in 2024. The developer noted a significant amount of evidence submitted along with the measure indicated that patients would be in favor of screening for these factors. Understanding the impact of these measures on patients, families, and caregivers is critical and was acknowledged in the development of the measures. MAP noted that the concerns for patients and caregivers who were asked about SDOH needs without further connection to resources was valid, but emphasized that without screening, it will be difficult to know what resources are needed.

MAP verbally agreed to bundle voting on the measure for both the MIPS and Hospital IQR programs. MAP upheld the Workgroup recommendation and conditionally supported the measure for rulemaking pending CBE endorsement. This measure assesses the rate at which providers screen their adult patients for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety. As the first screening measure addressing social determinants of health and health care equity, this measure is consistent with CMS’ Meaningful Measures 2.0 priority areas.

MUC2021-134 Screen Positive Rate for Social Drivers of Health

MUC2021-134 was submitted to multiple programs spanning both the Hospital and Clinician settings, and was considered a ‘cross-setting measure’. However, MUC2021-134 was not eligible for carry-over voting given the discrepancies in decision categories from the Clinician and Hospital Workgroups.

MIPS

MAP sought clarification on scoring of the measure. CMS explicitly noted that the measure will show the percent of positivity for patients screened for social drivers of health, but the measure would in no way be punitively against clinicians or facilities with higher percentages that represent serving more vulnerable populations. If proposed and finalized into rulemaking, language for the measure would ensure that it could not be used to penalize based on the positivity rate. The intent of the measure is to demonstrate needs of the population, not to rank better or worse performance.

One MAP member noted that ideally, providers should be paid more if screening rates are high to support resources needed for addressing social needs, and MAP noted that without certainty of how scoring would be interpreted and impact payment, selecting a decision category was challenging for the payment program. Other MAP members noted that screening without examining positive rates would not be helpful to actually understanding data and making change. MAP acknowledged that follow-up would be critical for individuals screening positive and could be a future measure, but did not think that should impede the progress of the current measure under consideration.

MAP deliberated on the flexibility of screening tool selection by providers in a program with payment implications and questioned whether a standardized approach would be more appropriate.

MAP upheld the Workgroup recommendation and conditionally supported the measure for rulemaking pending CBE endorsement. An additional suggested condition was that the results of the measure would not be used to penalize or criticize health care providers under the MIPS or IQR programs. This measure assesses the percentage of patients who screened positive for health-related social needs.

Hospital IQR Program

Dr. Pickering noted that in the Hospital IQR program, the Workgroup did not support the measure for rulemaking with potential for mitigation contingent upon further testing of reliability and validity and updates to the measure that would link positive screens to actionable interventions. MAP expressed concern about providing different decision categories for the same measure and causing confusion about the degree of support offered for the measure. MAP noted that in the Hospital IQR program, reporting would be mandatory, unlike in the MIPS program. MAP members reiterated the importance of getting started on these topics even if measures could benefit from future improvements.

The MAP vote did not uphold the Workgroup decision of “do not support with potential for mitigation” (10 yes, 9 no, 52%) and continued discussion on the measure. In response to questions, NQF staff clarified that if no consensus could be reached on a decision category, then the Workgroup decision would stand per MAP voting processes.

Ultimately, MAP voted to conditionally support the measure pending CBE endorsement to address reliability and validity concerns.

Review of Clinician Measures Under Consideration

Due to time, NQF staff proposed the use of a consent agenda for the Clinician MUC review. Under this proposed agenda, MAP would agree to uphold the Workgroup recommendation for all measures proposed for Clinician programs without a live vote. MAP would follow the same procedures used for the PAC/LTC MUC review. Full comments on the MUCs from the Clinician Workgroup can be found in the MAP Clinician Workgroup [summary](#) (PDF). Voting totals for each measure can be found in [Appendix B](#).

Public comment

Mr. Kahn opened up the platform to comments from the public on the measures and programs. No comments were offered.

Consent Agenda

Following Dr. Elliott’s overview of each MUC, Mr. Kahn and Dr. Elliott called for any opposition to conducting a consent agenda for the measures in the Clinician programs. One measure was pulled for further discussion. While MAP agreed to a consent agenda, some comments were shared with concern regarding the negative side effects and exceptions specifications for MUC2021-056 and MUC2021-066.

MAP called for a formal vote on one measure (MUC2021-053) to assess if quorum was still being met for the consent agenda. MAP verbally agreed that the results of that vote would serve as consensus to uphold Workgroup recommendations on all other measures.

Under the consent agenda, MAP upheld the following Workgroup decisions per measure:

- **Medicare Part C and D Star Ratings Program**
 - MUC2021-053 Concurrent use of Opioids and Benzodiazepines (COB) - Support for rulemaking
 - MUC2021-056 Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) - Conditional support for rulemaking pending CBE endorsement
 - MUC2021-066 Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS) - Conditional support for rulemaking pending CBE endorsement
- **MIPS Program**
 - MUC2021-125 Psoriasis – Improvement in Patient-Reported Itch Severity - Conditional support for rulemaking pending CBE endorsement
 - MUC2021-135 Dermatitis – Improvement in Patient-Reported Itch Severity - Conditional support for rulemaking pending CBE endorsement
 - MUC2021-107 Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM) - Conditional support for rulemaking pending CBE endorsement
 - MUC2021-090 Kidney Health Evaluation - Conditional support for rulemaking pending CBE endorsement
 - MUC2021-127 Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Support for rulemaking
 - MUC2021-105 Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma - Conditional support for rulemaking pending CBE endorsement and review of upcoming guidelines
 - MUC2021-058 Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors - Conditional support for rulemaking pending CBE endorsement

MIPS Program

MUC2021-063 Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)

NQF and CMS proposed further discussion on MUC2021-063 due to its decision category of “do not support” from the Workgroup, and MAP agreed. The developer shared comments to emphasize that the measure is designed to promote patient-centered care aligned with patient goals and sought further feedback about the “do not support” decision based on the preliminary analyses assessments. MAP reiterated concerns from the Workgroup regarding testing with a small and geographically limited sample size and noted some hesitation to implement a measure in the MIPS program without additional testing. The developer noted that the measure was tested with more than 70 physicians and that risk adjustment for the measure was based on literature review and expert and patient qualitative input, and clarified that there is intent to expand testing. MAP commented on the importance of including more measures based on patient voices, and acknowledged clear support in written public comments for the measure.

MAP did not vote to uphold the Workgroup decision of “do not support” (6 yes, 11 no, 35%) and continued discussion on the measure. MAP noted a desire to see the measure tested beyond the single metro area to assess applicability to more diverse and rural populations

After deliberations, MAP did not support the measure for rulemaking with potential for mitigation. MAP suggested the following material changes for mitigation: 1) a more broadly implemented survey that is tested beyond one metro area due to equity and rural health issues 2) testing for reliability and validity and 3) the administration of the survey in multiple languages with more focus on patient goals.

Opportunity for Public Comment

Mr. Kahn opened the web meeting to allow for final public comment on the day’s discussions. No public comments were offered.

Next Steps

Rebecca Payne, Senior Analyst, NQF, summarized the next steps. The transcript, recording, and summary from the meeting will be posted to the [MAP Coordinating Committee webpage](#), and the final MAP recommendations will be submitted to the U.S. Department of Health & Human Services no later than February 1, 2022. Dr. Elliott and the MAP Coordinating Committee Co-chairs thanked participants for their willingness to push through the day and stay engaged in deliberations.

Appendix A: MAP Coordinating Committee Attendance (Voting Only)

The following members of the MAP Coordinating Committee were in attendance:

Co-chairs

- Chip Kahn, MPH
- Misty Roberts, MSN

Organizational Members

- 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
- PAGE 2
- 2021-2022 MAP Coordinating Committee Final Roster
- Network for Regional Healthcare Improvement
- Patient & Family Centered Care Partners
- Purchaser Business Group on Health

Individual Subject Matter Experts (SMEs)

- Dan Culica, MD, PhD
- Janice Tufte
- Ronald Walters, MD, MBA, MHA

Appendix B: Full Voting Results

Some MAP members were unable to attend the entire meeting. The vote totals reflect members present and eligible to vote. Quorum was met and maintained for the entirety of the meeting.

	Measure Name	Program	Yes	No	Total	Percent	Decision
1	MUC2021-101: Standardized Readmission Ratio (SRR) for dialysis facilities	ESRD QIP	17	3	20	85	Do not support
2	MUC2021-091: Appropriate Treatment for Patients with Stage I (T1c) through III HER2 Positive Breast Cancer	PCHQR	17	2	19	89	Conditional support
3	MUC2021-122: Excess days in acute care (EDAC) after hospitalization for acute myocardial infarction (AMI)	Hospital IQR Program	19	1	20	95	Support
4	MUC2021-106: Hospital Commitment to Health Equity	Hospital IQR Program	10	10	20	50	Do not support
4	MUC2021-106: Hospital Commitment to Health Equity	Hospital IQR Program	18	2	20	90	Conditional support
5	MUC2021-120: Hospital-level, risk-standardized payment associated with an episode of care for primary elective total hip and/or total knee arthroplasty (THA/TKA)	Hospital IQR Program	19	0	19	100	Conditional support
6	MUC2021-118: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Hospital IQR Program	20	0	20	100	Conditional support

	Measure Name	Program	Yes	No	Total	Percent	Decision
7	MUC2021-118: Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	HVBP	20	0	20	100 Hospital IQR Program carry over	Conditional support
8	MUC2021-131: Medicare Spending Per Beneficiary (MSPB) Hospital	Hospital IQR Program	19	1	20	95	Support
9	MUC2021-131: Medicare Spending Per Beneficiary (MSPB) Hospital	HVBP	19	1	20	95 Hospital IQR Program carry over	Support
10	MUC2021-084: Hospital Harm – Opioid-Related Adverse Events	Hospital IQR Program	19	1	20	95	Support
11	MUC2021-084 Hospital Harm – Opioid-Related Adverse Events	Interoperability	19	1	20	95 Hospital IQR Program carry over	Support
12	MUC2021-104: Severe Obstetric Complications	Hospital IQR Program	19	0	19	100	Conditional support
13	MUC2021-104: Severe Obstetric Complications	Interoperability	19	0	19	100 Hospital IQR Program carry over	Conditional support
14	MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	Hospital IQR Program	18	1	19	95	Conditional support
15	MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	HACRP	18	1	19	95 Hospital IQR Program carry over	Conditional support

	Measure Name	Program	Yes	No	Total	Percent	Decision
16	MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	PCHQR	18	1	19	95 Hospital IQR Program carry over	Conditional support
17	MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	Interoperability	19	1	20	95	Conditional support
18	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	LTCH QRP	17	0	17	100	Conditional support
19	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	IRF QRP	17	0	17	100 LTCH QRP carry over	Conditional support
20	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	SNF QRP	14	5	19	74	Conditional support
21	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	Hospital IQR Program	19	0	19	100	Conditional support
22	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	HACRP	19	0	19	100 Hospital IQR Program carry over	Conditional support
23	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	PCHQR	19	0	19	100 Hospital IQR Program carry over	Conditional support

	Measure Name	Program	Yes	No	Total	Percent	Decision
24	MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure	Interoperability	20	0	20	100	Conditional support
25	MUC2021-124: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization	SNF VBP	-	-	-	Consent agenda	Conditional support
26	MUC2021-137: Total Nursing Hours Per Resident Day	SNF VBP	13	7	20	65	Conditional support
27	MUC2021-130: Discharge to Community - Post Acute Care Measure for Skilled Nursing Facilities	SNF VBP	-	-	-	Consent agenda	Support
28	MUC2021-095: CoreQ Short Stay Discharge Measure	SNF VBP	-	-	-	Consent agenda	Support
29	MUC2021-123: Influenza Vaccination Coverage among Healthcare Personnel	SNF QRP	-	-	-	Consent agenda	Support
30	MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)	Part C & D	14	3	17	82	Support
31	MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)	Part C & D	-	-	-	Consent agenda	Conditional support
32	MUC2021-066: Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)	Part C & D	-	-	-	Consent agenda	Conditional support
33	MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity	MIPS	-	-	-	Consent agenda	Conditional support
34	MUC2021-135: Dermatitis – Improvement in Patient-Reported Itch Severity	MIPS	-	-	-	Consent agenda	Conditional support

	Measure Name	Program	Yes	No	Total	Percent	Decision
35	MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)	MIPS	-	-	-	Consent agenda	Conditional support
36	MUC2021-090: Kidney Health Evaluation	MIPS	-	-	-	Consent agenda	Conditional support
37	MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	MIPS	-	-	-	Consent agenda	Support
38	MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	MIPS	-	-	-	Consent agenda	Conditional support
39	MUC2021-058: Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors	MIPS	-	-	-	Consent agenda	Conditional support
40	MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)	MIPS	6	11	17	35	Do not support

	Measure Name	Program	Yes	No	Total	Percent	Decision
40	MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)	MIPS	16	0	16	100	Do not support with potential for mitigation
41	MUC2021-136: Screening for Social Drivers of Health	MIPS	-	-	-	Consent agenda	Conditional support
42	MUC2021-136: Screening for Social Drivers of Health	Hospital IQR Program	-	-	-	Consent agenda	Conditional support
43	MUC2021-134: Screen Positive Rate for Social Drivers of Health	MIPS	17	2	19	98	Conditional support
44	MUC2021-134: Screen Positive Rate for Social Drivers of Health	Hospital IQR Program	10	9	19	54	Do not support
44	MUC2021-134: Screen Positive Rate for Social Drivers of Health	Hospital IQR Program	15	4	19	79	Conditional support

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