NATIONAL QUALITY FORUM
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Meeting Summary

Measure Applications Partnership Coordinating Committee Follow-Up Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Coordinating Committee on March 15, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Samuel Stolpe, NQF Senior Director, began by welcoming participants to the web meeting. Opening remarks were provided by NQF interim CEO Chris Queram, NQF Senior Vice President Sheri Winsper, and the Coordinating Committee Co-Chairs Charles (Chip) Kahn and Misty Roberts. NQF Senior Managing Director Michael Katherine Haynie assessed attendance and Dr. Stolpe reviewed the following meeting objectives:

- Recap of January 25, 2021 Coordinating Committee Review Web Meeting.
- Review and discuss updated information on COVID-19 and Measure Under Consideration (MUC)20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel.
- Discuss new opportunity for MAP to develop and implement a process for evaluation and recommendation for possible removal of measures used by the Centers for Medicare & Medicaid Services (CMS) from various quality, reporting and payment programs.

Review of January 25th Review Web Meeting

Dr. Stolpe began the meeting by providing a brief recap of the January 25, 2021 MAP Coordinating Committee Review Web Meeting. Dr. Stolpe highlighted the number of measures under consideration reviewed by each MAP Workgroup during the 2020-2021 cycle, noting that two measures were considered for multiple programs. Dr. Stolpe further discussed the three SARS-CoV-2 vaccination measures reviewed, which were all given conditional recommendations by the MAP Coordinating Committee, with the conditions being that CMS accelerates the development of the measure specifications and brings the updated measures back for discussion with the MAP Coordinating Committee. This meeting was held in part to follow-up on those conditions.

CMS Presentation on COVID-19 Vaccination Measure

Dr. Dan Budnitz of the Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion provided a presentation on the National Healthcare Safety Network (NHSN) and COVID-19 vaccination measures for healthcare personnel. Dr. Budnitz shared the most current data available on areas such as COVID-19 cases and deaths in the United States, vaccines currently authorized for use, vaccine doses delivered and administered to groups currently recommended by the CDC, increasing vaccine safety data, cases and deaths among healthcare personnel, and the importance of vaccination coverage among healthcare personnel. Dr. Budnitz also provided an overview of the NHSN and discussed measure specifications for MUC 20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel. Lastly, Dr. Budnitz addressed previously received public comments on vaccine availability and status as emergency authorized products, alignment of vaccination data collection with

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel, how healthcare personnel are defined, medical contra-indications as exclusions, vaccine refusals, data reliability and feasibility, and the reporting period.

Opportunity for Public Comment on COVID-19 Vaccination Measure

Chip Kahn outlined the guidelines for public comment and then proceeded to open the web meeting to allow for public comment on the previous presentation on COVID-19 and MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel. A representative for the Society for Healthcare Epidemiology of America requested clarification on how the vaccinations will occur under the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) related to the inability to mandate vaccinations for health care personnel under the EUA, as has historically occurred with the influenza vaccinations. As this was a question and not a comment, Mr. Kahn recommended saving this question for the following agenda topic of COVID-19 Measure Discussion, to which NQF agreed.

COVID-19 Vaccination Measure Discussion

To begin the MAP Coordinating Committee discussion on MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel, Dr. Stolpe provided an overview of the measure description, level of analysis, and federal programs under consideration. The other two SARS-CoV-2 vaccination measures reviewed during the January meeting, MUC20-0045: SARS-CoV-2 Vaccination by Clinician and MUC20-0048: SARS CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities were not discussed during this meeting. Chip Kahn opened the conversation by returning to the previous question from the Society for Healthcare Epidemiology of America requesting clarification around the inability to mandate vaccinations under the FDA EUA. Dr. Budnitz responded that the current efforts are for public health surveillance during the pandemic phase, and as for considering the vaccine within a quality measure, the expectation and hope is that the manufacturers submit to the FDA for formal approval. Mr. Kahn requested clarification as to whether the question is asking about possible differences on guidelines for facilities and the administrating of a vaccine that is not yet fully approved. A MAP Coordinating Committee member clarified that the EUA status prohibits the federal government from mandating a vaccine, however states and employers can do so if they follow existing rules, similar to what is done for influenza. Mr. Kahn noted that he is not aware of any private employers that have chosen to mandate the vaccine, however a MAP Workgroup member commented in the chat feature that multiple long term care corporations have opted to make the vaccine mandatory for their organizations. A MAP Coordinating Committee member stated agreement with the measure exclusions as presented by Dr. Budnitz, however inquired about individuals who have been diagnosed with COVID-19 and are not recommended to be vaccinated within the following ninety days. The Committee member further commented regarding feasibility of the measure, suggesting a larger time window for reporting data. Dr. Budnitz clarified that it is not that patients are excluded from receiving a vaccine within ninety days of a COVID-19 vaccination, but rather they would not be prioritized within the context of a vaccine shortage. A MAP Coordinating Committee member commented in the chat feature that prior COVID-19 diagnosis is not an exclusion, but that CDC guidance gives staff the option to delay vaccination even though CDC recommends those with prior COVID-19 diagnoses receive at least one vaccination dose. Regarding the feasibility question, Dr. Budnitz replied that the CDC does not want to change the current reporting frequency prematurely under an assumption that we will enter the pandemic transition and post-pandemic phase at some point in time.

A MAP Coordinating Committee member emphasized the importance of tracking declinations and requested clarification on how declinations are incorporated into the measure and sub-measure, and compared the approach to that currently used in the NHSN influenza measure. Dr. Budnitz clarified that

like the NHSN influenza measure, declinations are not considered in the primary measure, but are mandatorily reported in the NQF annual influenza measure and are optionally reported in the NHSN module, which could potentially be required in the future. The reason declination reporting is optional in NHSN is due to the pandemic response and uncertainty of how a declination is defined within the context of constrained supply, however this may change once vaccine supply issues no longer exist. A MAP Coordinating Committee member expressed support in the chat feature for not including declination in the main measure but including it in sub or explanatory measures, further stating that declinations counted in the numerator may result in misleading data.

A MAP Coordinating Committee member asked about the difference between using this measure as applied to a value-based payment program compared to use for quality and performance improvement, suggesting potential for significant pushback if implemented in a value-based payment program. Dr. Budnitz responded that like the influenza coverage measure for healthcare personnel, the intent is to encourage vaccination through reporting and improvement. Dr. Michelle Schreiber, Deputy Director for Quality and Value at CMS, reiterated that these measures under consideration are not included in payment programs, but only in public reporting programs. Dr. Schreiber stated that CMS felt it was important to promote healthcare personnel vaccination and public transparency, believing that consumers have the right to know if healthcare personnel are vaccinated at the facilities where they chose to receive care. Dr. Schreiber further stated that CMS is hopeful that high vaccination rates amongst healthcare facilities will provide encouragement to all Americans and that any possible consideration of inclusion within a payment program would be years from now. Related to this, a MAP Coordinating Committee member shared in the chat feature that they are hearing from family and residents who want public reporting to better understand what is happening and to know if ER or hospital staff are being vaccinated.

A MAP Coordinating Committee member asked about possible stratification beyond the facility site to address equity issues amongst people of color and within organizations. Dr. Budnitz stated it is an area of interest for the CDC, however, there are some main concerns with data collection. They include that with data collection utilizing their current mechanism they do not have anything to look toward for measure reliability and are currently unsure about the feasibility and reliability of collecting this data. Dr. Budnitz also responded to the MAP Coordinating Committee member's question regarding data collection by profession or status within the facility, confirming that the CDC's current process collects data by staff function. The CDC is proposing the measure use a validated denominator in alignment with the influenza vaccination coverage measure denominator.

Dr. Budnitz also responded to a MAP member's question regarding the measure denominator and concerns of data collection and reliability for contract personnel that may move between and work at multiple facilities, clarifying that the current definition does not differentiate between contracted and full-time personnel as it is not currently feasible. Dr. Budnitz states that the CDC is suggesting a denominator in alignment with the current influenza vaccination coverage measure, to reflect directly employed personnel and certain independent contractors, trainees, and volunteers, although not other contractors.

A MAP Coordinating Committee member commented on disparities and equity noting while his organization has experienced adequate access for healthcare personnel vaccinations, there remains concern about whether to adjust for disparities among ethnicities and professional status and any unintended consequences to vaccine hesitancy and declinations. A MAP Coordinating Committee member commented in the chat feature that they view racial and ethnic disparities as a quality improvement issue and would hope the data would not be used to score a facility, to which another

MAP Coordinating Committee member expressed agreement, and further suggested that this data be shared as feedback for providers but not publicly reported. Additional comments made in the chat feature by MAP Coordinating Committee and Workgroup members expressed the need for widespread vaccine availability, better public education resources, and a plan to combat disinformation, with the responsibility of confidence building in communities of color falling to the hospital. Support was also expressed for scoring a hospital on their ability to meeting community needs as a driver to close the gap in disparities.

Another MAP Coordinating Committee member emphasized the potential public health challenges surrounding declinations, including concerns about the possibility of declination reporting not being made mandatory, suggesting it would be helpful for the CDC and CMS to track patterns within certain communities that could be addressed quicky to reduce the impact of possible misinformation. Chip Kahn asked Dr. Schreiber about the current CMS plans for implementation of this measure. Dr. Schreiber reiterated the current voluntary reporting to the CDC, and should this measure be introduced into federal programs, this information would need to be submitted. As previously mentioned, the CDC has the opportunity to report declinations. The implementation plan would be making facilities aware that this is a measure within these programs and that they need to begin reporting, which would also lead to public transparency. Dr. Schreiber further stated that the reporting frequency, while currently weekly, may change to quarterly or annually once the pandemic subsides and weekly reporting is no longer necessary for surveillance purposes. A MAP Workgroup member commented in the chat feature that weekly data reporting may be a burden to small rural hospitals. Mr. Kahn further questioned when reporting would be required and if dependent upon vaccine availability, to which Dr. Schreiber stated that programs can currently report voluntarily, however these measures would not go into these programs until late 2021 at the earliest and more likely in 2022, at which point there is expected to be widespread vaccine availability. Dr. Schreiber also responded to a MAP Coordinating Committee member's question regarding reporting to clarify that the measure is written with flexibility to report the appropriate full vaccine compliment, regardless of the number of shots required, and should the measures change substantially, they will be brought back to MAP for review. Lastly, Dr. Schreiber confirmed the intent to seek NQF endorsement for this vaccination measure under consideration.

Chip Kahn confirmed with NQF that there would be no need to vote during this meeting, and that the meeting was intended solely for follow-up discussion and feedback from the previous Coordinating Committee Review Web Meeting.

MAP Strategic Discussions

Dr. Stolpe began by introducing the new opportunity for MAP to review measures for potential removal from federal quality and performance programs as mentioned in a December 2020 omnibus appropriations legislation. The legislation allows CMS to have discussions on reviewing measures for potential removal and CMS chose to have the discussions through the MAP. These discussions are in the early phase and CMS and NQF are still in contract negotiations for potential measure removal. This would provide CMS with a potential opportunity to receive additional input on potential measure removals in their quality programs through MAP, including a more holistic review of federal programs. NQF and CMS are still soliciting input and the approach is still in the process of being finalized.

Dr. Stolpe introduced the initial year as a pilot, during which the MAP Coordinating Committee would be the body responsible for measure reviews. The initial year would also be utilized to gather stakeholder input on the developed process. Based on experience from the initial pilot year, and after receiving input from CMS and NQF, the following MAP cycle of 2022-2023 would provide a more robust program, after the MAP Coordinating Committee has determined and finalized the appropriate processes, procedures,

evaluation criteria, and voting categories. Dr. Stolpe reviewed the proposed timing and frequency of the initial pilot year, with plans for the MAP Coordinating Committee to convene for one or two days in late August or early September of 2021 and provide final recommendations to CMS by October 1, 2021. The initial pilot year may include voting on measures selected by CMS for prospective measure removal from federal programs that involve all MAP Workgroups. Dr. Stolpe concluded by sharing a comparison of the initial pilot year to subsequent years, focusing specifically on the areas of the convening body, scope, measure review list, evaluation criteria, voting, and public comment.

Misty Roberts voiced her support for measure removal, stating it is just as important as measure selection, to support reducing burden and aligning with the overall goal of ensuring meaningful measures. Ms. Roberts expressed appreciation for the opportunity to expand MAP's scope but had general concerns regarding development and timing of the final process.

Ms. Roberts reviewed the main questions proposed to the MAP Coordinating Committee for their feedback, which included 1) Should the committee vote or submit general feedback to CMS? 2) Should the Coordinating Committee be the sole reviewer for all the programs? and 3) How many measures could the Coordinating Committee review in 1-2 days?

Sub-questions included 1) If voting, is yes/no voting sufficient? 2) Is consensus necessary, or just document the vote and provide to CMS? 3) Do the setting specific workgroups play a role? and 4) What if the list proposed for measure evaluation is 50 measures across 19 programs?

Chip Kahn expressed appreciation of the effort put into this new opportunity but highlighted recent reductions in NQF funding from CMS and the need to still determine the required funding for this measure removal process prospect. Mr. Kahn also stated the need for adequate time during the initial year to develop the process, which may require meeting more than one time for one or two days as is currently proposed, and the desire for MAP and NQF member organizations to have the ability to propose measures for removal consideration outside of those measures provided by CMS. Lastly, Mr. Kahn suggested a strong feedback loop between MAP and CMS to assist with process development and supported the idea of MAP being capable of evaluating a considerable number of measures for removal given the volume of measures MAP has been able to review in previous cycles.

A MAP Coordinating Committee member suggested that the possible volume of measures under review will depend largely on the strength of the evaluation criteria. Furthermore, they voiced support for a simple voting process that is less detailed than the current criteria used to evaluate measures from the MUC list, not relying on the MAP Coordinating Committee to be the sole reviewer of measures and believed that if the process is streamlined, it can support review of a considerable amount of measures.

The Agency for Healthcare Research and Quality (AHRQ) representative agreed with the need for a clear and robust evaluation criteria, suggesting that MAP could possibly follow a peer-review process with primary and secondary reviewers, which could potentially reduce the amount of time required for evaluation.

The need for clear evaluation criteria was reiterated by additional MAP Coordinating Committee members as well as support for inclusion of the setting-specific workgroups to better consider measures within context of the programs. It was suggested by a MAP Coordinating Committee member to increase the frequency of MAP meetings from annual to quarterly so as not to lose momentum.

Another MAP Coordinating Committee member supported the opportunity but did not support the idea of a yes/no vote, suggesting it is not sufficient to provide MAP feedback and wanted to ensure that minority views are always represented. They also highlighted the burden on purchasers and consumers

of needing to consider a high volume of measures across all programs, providing adequate representation for their stakeholders, and lack of clinical background, which would be a significant request should fifty or more measures be scheduled for evaluation. Furthermore, they suggested building early consideration and measure briefings into the process to provide adequate time for preparation. When asked by Ms. Roberts what they would suggest other than a yes/no vote, they suggested that NQF provide staff notes from the meeting discussion and any public comments received, incorporating them into the final recommendations provided to CMS. Mr. Kahn also suggested that the evaluation criteria that will be developed could possibly address the concerns voiced, such as by following an algorithm, which received support from multiple MAP Coordinating Committee members. AHRQ reiterated the need for qualifiers within the voting criteria, rather than just yes/no, to ensure feedback is captured if making decisions in terms of accountability programs.

Dr. Schreiber responded to a question regarding the proposed timing, informing the MAP Coordinating Committee that the reason for a late summer or early fall meeting is to ensure that MAP feedback is received early enough to inform CMS prior to their rule writing cycle which generally begins around the January timeframe, while additionally it should be noted that CMS begins to consider measures for removal in the summer months. Dr. Schreiber further explained that current measure removal consideration and decision is not random, but that CMS utilizes their own measure removal criteria and indicates in rule writing the rationale for the removal. Dr. Schreiber responded to Mr. Kahn's previous comments regarding funding, indicating an expected contract modification to allow NQF and MAP to begin working on this opportunity in June 2021.

Dr. Schreiber also responded to Mr. Kahn's question regarding the number of measures expected for evaluation, indicating that it is variable depending on considerations such as whether measures are statutory, if they are topped out or have changing evidence, level of burden, and which program and number of measures within them. Dr. Schreiber further stated that around fifty may be realistic, but that MAP would perhaps also want to consider programs holistically to identify and prioritize the top five measures for removal in a given program.

Ms. Roberts expressed agreement with focusing holistically on programs rather than just the measures provided by CMS and supported the previous suggestion of increasing the MAP Coordinating Committee meeting frequency. A MAP Coordinating Committee member reiterated support for a holistic review of programs, and specifically highlighted the opportunities to provide more focus on needed cost and efficiency measures as well as patient reported outcome measures to develop more value-based payment models and long-term accountability. Dr. Schreiber expressed agreement for this and further emphasized the priorities of CMS on measure alignment, transitioning to digital measures, and closing disparities gaps.

A final suggestion was provided by a MAP Coordinating Committee member to consider various specialties and ensure an adequate number of measures remain available, which could be a possible area of focus for the setting specific MAP Workgroups.

Related to this topic and discussion, comments entered into the chat feature by MAP Coordinating Committee and Workgroup members included expressing the importance for rural providers of considering measures within specific settings as historically several retired measures were still relevant to rural institutions; support for an explanation to accompany a yes/no vote so as to assist measure stewards with improving on future concepts; and suggested consideration of the preparation and work necessary prior to the proposed meetings to make informed decisions and ensure adequate time is available for dialogue.

Opportunity for Public Comment

Misty Roberts opened the web meeting to allow for public comment on the previous MAP strategic discussions. A MAP Workgroup member commented an expression of appreciation for the possible measure removal opportunity and a transparent process, and further expressed the importance of a holistic review of measures and programs.

Closing Remarks

After the public commenting period, Misty Roberts summarized points made during the strategic discussions, noting that MAP expressed the importance of a sound and clear evaluation criteria that will support yes/no voting, the desire to include all MAP Workgroups with preparatory work completed prior to MAP Coordinating Committee review, and the need to have a clearly defined process. Chip Kahn expressed agreement with the need for well-defined evaluation criteria to ensure the ease of a yes/no vote and conveyed the need for sufficient time for MAP to meet and consider the proposed criteria and process provided by NQF, and for the actual measure review process. Dr. Stolpe stated NQF agreement with the MAP feedback and indicated that work towards this new process will begin once contracting with CMS has been finalized. Dr. Schreiber requested that the measure removal criteria and process be founded on available data and analytics to the extent possible, specifically data on measure performance. Dr. Schreiber further expressed support for this opportunity and offered to share the current CMS measure removal criteria with MAP for review and consideration. Mr. Kahn, Ms. Roberts, and Dr. Stolpe thanked the Coordinating Committee, CDC, CMS, and NQF for their participation and opportunity to further discuss the COVID-19 vaccine measure and future measure removal process, as Dr. Stolpe concluded by adjourning the web meeting.