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Meeting Summary

Measure Applications Partnership (MAP) 2022 Measure Set Review (MSR) Education Web Meeting

The National Quality Forum (NQF) convened a public web meeting, on behalf of the Centers for Medicare & Medicaid Services (CMS), for members of the Measure Applications Partnership (MAP) on April 21, 2022. The purpose of the meeting was to provide education to MAP members about the timeline and processes for the 2022 Measure Set Review (MSR). There were 155 attendees at this meeting, including MAP members, NQF staff, government representatives, and members of the public.

Welcome, Introductions, and Review of Web Meeting Objectives

Jenna Williams-Bader, senior director, NQF, welcomed participants to the MAP Measure Set Review (MSR) Education Web Meeting and thanked all participants for providing their time and support to the MSR initiative. Dr. Tricia Elliott, senior managing director, NQF, joined Ms. Williams-Bader in thanking MAP participants and provided opening remarks noting the multistakeholder representation of MAP. Dr. Elliott spoke about how the 2022 MSR process expanded upon the 2021 MSR pilot by bringing the three setting-specific Workgroups (Clinician, Hospital, and Post-Acute/Long-Term Care (PAC/LTC)) and two Advisory Groups (Rural Health and Health Equity) into the process. Next, Dr. Michelle Schreiber, deputy director of the Centers for Clinical Standards & Quality (CCSQ) for CMS and the group director for the Quality Measurement and Value-Based Incentives Group (QMVIG), offered opening remarks and thanks to all MAP members. Dr. Schreiber acknowledged the CMS staff at the meeting, especially the program leads who provided program overviews during the meeting, and acknowledged their expertise. Dr. Schreiber spoke about the need to create space in programs as CMS begins to include new measures around different topics. Dr. Schreiber noted CMS' direction towards equity and maternal health with the recently finalized rules. She also noted the action happening within the quality reporting programs and that CMS looks forward to stakeholder feedback.

Following opening remarks, Ms. Williams-Bader introduced the NQF team, the CMS staff supporting the MAP activities, and reviewed the meeting agenda. Ms. Williams-Bader then reviewed the following meeting objectives: in preparation for the 2022 Measure Set Review (MSR), the MAP Education Meeting will provide MAP members with an understanding of the 2022 MSR process, provide brief summaries of the CMS federal programs included in the 2022 MSR process, and respond to MSR-related questions from MAP members.

MSR Pilot Review

Ivory Harding, manager, NQF, reviewed the 2021 MSR pilot. Ms. Harding provided an overview of MAP, including its statutory authority and the recent addition granting the consensus-based entity the opportunity to provide input on the removal of quality and efficiency measures from federal programs. Ms. Harding also reviewed the importance of multistakeholder engagement, and the ability for MAP to provide meaningful feedback to CMS. Ms. Harding provided an overview of the MSR pilot, including the five federal programs prioritized within the MAP hospital setting for the pilot and the number of measures reviewed in each program. Ms. Harding also reviewed the key takeaways from the MSR pilot and how NQF staff incorporated Coordinating Committee member feedback into the 2022 MSR process.

A MAP member posed a question asking for further explanation of the key takeaway about Committee members encouraging increased representation of consumers (e.g., patient, family, and caregiver or advocate), nurses, and social workers. Ms. Harding explained this feedback was gathered from the Coordinating Committee during the pilot. Ms. Harding noted the increased representation was accomplished by including the three setting-specific workgroups and two advisory groups within the 2022 MSR process. Another MAP member, who participated in the pilot, commented that it was interesting how voting among the Coordinating Committee changed during the MSR pilot. The member noted that the Coordinating Committee acknowledged the need for insight from the different MAP workgroups and advisory groups.

2022 MSR Overview

Ms. Williams-Bader provided an overview of the 2022 MSR process. Ms. Williams-Bader reviewed a high-level summary of the 2022 MSR process divided into four overarching steps: prioritize, survey, prepare and discuss. During the first step, "prioritize," CMS and NQF prioritized programs for discussion during the 2022 MSR process. During the second step, "survey," workgroup and advisory group members will nominate measures for removal via a survey process. During the third step, "prepare," NQF staff will post the narrowed list of measures for public comment and prepare measure summary sheets for MAP members. During the final step, "discuss," the advisory groups, workgroups, and Coordinating Committee will meet to discuss measures and vote on decision categories.

Ms. Williams-Bader provided a review of the federal programs prioritized by CMS and NQF for review within the three setting-specific workgroups. Ms. Williams-Bader explained that programs not included in the 2022 MSR process will be reviewed in future years. The three programs to be reviewed by the MAP Hospital Workgroup are:

1. The Hospital Outpatient Quality Reporting (HOQR) Program
2. The Ambulatory Surgical Center Quality Reporting (ASCQR) Program
3. The PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

The two programs to be reviewed by the MAP Post-Acute Care (PAC)/Long-Term Care (LTC) Workgroup are:

1. The Home Health Quality Reporting Program (HH QRP)
2. The Hospice Quality Reporting Program (HQRP)

The two programs to be reviewed by the MAP Clinician Workgroup are:

1. The Merit-based Incentive Payment System (MIPS)
2. The Medicare Shared Savings Program (MSSP)

Ms. Williams-Bader explained that the 2022 MSR process will include approximately one-third of the MIPS measures and to obtain this number, the measures will be grouped by CMS meaningful measure domain. The categories of measures that NQF will include for this cycle are care coordination, wellness and prevention, and person-centered care.

A MAP member asked NQF staff to decipher the difference between the MSR process and the process to propose new measures. Ms. Williams-Bader described the Measures Under Consideration (MUC) process in which new measures are submitted via the CMS Measures Under Consideration Entry/Review Information Tool (MERIT). Dr. Schreiber concurred with Ms. Williams-Bader's comments and noted that CMS takes comments on gap areas during the MUC process. MAP members asked for clarification on the selection of programs for review. Dr. Elliott explained that CMS and NQF selected programs for the 2022

MSR process by considering those programs reviewed during the pilot, high priority areas indicated by CMS, and how all programs could be reviewed within a three-year timeline.

Ms. Williams-Bader reviewed the MSR survey process for MAP workgroup and advisory group members and how this will narrow the list of measures for discussion. Ms. Williams-Bader described how NQF staff will use the survey results to narrow the list of measures down to 10-12 measures per workgroup. Ms. Williams-Bader also provided a screenshot from the survey and described the accompanying spreadsheet that will assist members with measure nomination. She explained that workgroup and advisory group members will use the measure review criteria as the rationale for their measure nominations.

MAP members asked if they were being instructed to nominate 10 measures per program or 10 measures across programs. They also inquired about the amount of information that is included within the CMS Measures Inventory Tool (CMIT). Ms. Williams-Bader clarified that MAP members are being asked to nominate 10 measures across all the programs for one setting. Advisory group members are being asked to nominate 10 measures across all three settings. Ms. Williams-Bader further clarified that the links to CMIT within the survey will provide basic measure information, such as specifications, the programs that the measure is used within, endorsement status and number, and information on similar measures within the program. The link to the measure within CMIT will not provide testing information, performance rates, or any other specific data elements. MAP members asked how much weight would be given to workgroup versus advisory group member survey results. Ms. Williams-Based noted that NQF is still developing an approach to using the survey results to select measures, but that NQF will look at the perspective of both workgroup and advisory group members.

Ms. Williams-Bader presented the ten 2022 MSR measure review criteria. She also provided an overview of the measure summary sheets that NQF staff will provide to advisory group and workgroup members prior to the review meetings and described the type of information that NQF will provide on these sheets. A MAP member asked about data for criteria #6 and #7, specifically that the items appear to be very similar. Ms. Williams-Bader provided a clarification about the differences between the two criteria and explained that CMS will provide publicly available reporting and performance data for the measure summary sheets. She also noted that NQF is still reviewing the specific data that will be included in the MSSs (Measure Summary Sheets).

Ms. Williams-Bader presented the four 2022 MSR decision categories: support for retaining, conditional support for retaining, conditional support for removal, and support for removal. For each decision category, Ms. Williams-Bader provided a definition, evaluation criteria, and examples of measures that might fall into that category. Ms. Williams-Bader then provided an overview of the 2022 MSR timeline including key dates for review meetings and public comment.

MSR Review Meetings and Voting/Polling Process

Susanne Young, manager, NQF, summarized the structure of the review meetings and the voting and polling processes for 2022 MSR. Ms. Young explained that during the MSR process, NQF staff will include measure summary sheets, describing each measure for discussion, in the meeting materials for each advisory group, workgroup, and the Coordinating Committee review meeting. She further explained that NQF will assign two lead discussants to each measure being reviewed, who will facilitate the discussion, along with co-chairs, based on the measure review criteria selected in support of measure removal. Ms. Young noted that CMS program leads will attend the review meetings to share any relevant information that will assist in the review of each measure.

Ms. Young described the polling procedures for the advisory groups:

1. NQF will prioritize measures with a lack of consensus for discussion.
2. The advisory groups will be polled using a yes/no question.
3. Advisory group feedback will be provided to the setting-specific workgroups through a summary in the measure summary sheets and by an advisory group representative attending each workgroup meeting.

Ms. Young then described the key voting principles for each workgroup, which include:

1. Quorum must be reached prior to voting; quorum is defined as 66 percent of the voting members being present virtually. If quorum is not established during the meeting, the workgroup will vote via electronic ballot after the meeting.
2. MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively and a minimum of 60 percent of the quorum figure voting positively. Abstentions will not count in the denominator.
3. Co-chairs will facilitate the discussion of each measure.
4. Every measure under review will receive a recommendation and voting will occur via Poll Everywhere.

Ms. Young noted that the same voting principles apply to the Coordinating Committee, except the Coordinating Committee will vote on accepting each workgroup's decision. She also noted that the Coordinating Committee will use a consent agenda. A MAP member asked whether a lead discussant is a member who nominates a measure for removal. Ms. Young confirmed that this method is used frequently but is not an absolute rule. Another MAP member asked for clarity on NQF's decision to review a small number of measures for each program instead of all measures within a program. Ms. Young explained that NQF considered committee workload, the number of measures and programs reviewed during the pilot, and the plan for a certain number of programs to be reviewed during future cycles when making this decision. Additionally, Dr. Elliott noted that reviewing a small number of measures for each program gives MAP the opportunity to provide due diligence to each program being reviewed and allows for sufficient time for critical discussions. Another MAP member asked for additional review of the polling and voting procedures using the surveys and polls for the advisory groups and the workgroups. Ms. Young reviewed the slide that displayed how the number of measures for review will be narrowed by using the advisory group and workgroup surveys. Ms. Young noted that the Coordinating Committee will review 30 to 36 measures in total.

A separate MAP member asked about the timeline for polling and voting in the MSR process. Ms. Young confirmed that the "Next Steps" section of the presentation covers these details. Dr. Elliott further explained that the advisory groups and workgroups will vote during their MSR Review Meetings. One MAP member asked for a description of the advisory groups and workgroups. Dr. Elliott provided a distinction between the two types of groups: advisory groups are comprised of members focused on rural health and health equity and shared that MAP members can find more information on the groups' respective project pages. A MAP member asked for more information on the consent agenda that the Coordinating Committee will use during their MSR Review Meeting. Ms. Young confirmed that a consent agenda will be used but that NQF has not yet finalized the methodology for its use. Ms. Young confirmed with another MAP member that Coordinating Committee members will not complete the MSR survey.

CMS Program Overviews

Clinician Programs

Ms. Williams-Bader introduced the CMS program overviews by providing the general legislative protocols for federal programs. Ms. Williams-Bader then introduced the clinician programs included in

the 2022 MSR – MIPS and MSSP. Program leads from CMS presented information about the seven programs included in the 2022 MSR as described below.

MIPS

Ms. Williams-Bader turned the presentation over to Lisa Marie Gomez from CMS to present MIPS. Ms. Gomez provided an overview of MIPS including program type, incentive structure, goals, and history. Ms. Gomez reviewed the number of MIPS measures within the meaningful measure domains. Ms. Gomez spoke about high priorities for future measure consideration within MIPS including clinical conditions such as opioids, maternal health, and mental health. Dr. Schreiber also noted equity as a high priority clinical condition. Ms. Gomez noted MIPS is currently in the 2023 rulemaking cycle, so she was only able to discuss the 2022 final rule. Ms. Gomez reviewed the 2022 changes to the program, including the revision of the definition of the MIPS eligible clinician to include clinical social workers and certified nurse-midwives. Ms. Gomez also noted the MIPS performance threshold, the exceptional performance threshold, weighted performance categories, and the revised quality scoring policies to include an introduction floor for new measures. Ms. Gomez presented a list of measures identified for removal starting with the 2022 performance year.

A MAP member posed a question regarding the lack of equity measures within MIPS. Ms. Gomez reiterated that as CMS is currently involved in rulemaking, she could not discuss changes to MIPS. Dr. Schreiber noted what was proposed recently on the hospital inpatient side would indicate the trajectory moving forward. Dr. Schreiber spoke of the stakeholder requests regarding stratification and the introduction of three new measures involving equity to the program. Dr. Schreiber noted equity will be an evolving theme and that CMS is looking across the board at ways to promote equity. MAP members posed questions about the timing of the notice of proposed rulemaking (NPRM) and MAP. Dr. Schreiber clarified the current review of measures would potentially affect next year's rulemaking process. Ms. Williams-Bader noted the 2022 MSR will include MIPS measures from the following meaningful measure domain categories: person-centered care, seamless care coordination, and wellness and prevention. Another MAP member asked how MSR review criteria #7 and #8 should be applied to evaluate measures within the MIPS program. The member brought up the suggestion to stratify measures by race, ethnicity, and other subpopulations because data analysis within her organization has demonstrated that a measure may be topped out at the population-level but not at the subpopulation-level. Ms. Williams-Bader confirmed that if subpopulation or stratification data is not readily available to provide within the MSSs, the workgroup members should take that into consideration when determining if they should select these criteria in support of measure removal.

MSSP

Kathleen Johnson from CMS provided an overview of MSSP, including program type, incentive structure, goals, and history. Ms. Johnson provided a list of measures that accountable care organizations (ACOs) who participate in MSSP must report via the Alternative Payment Model (APM) Performance Pathway (APP) starting with performance year (PY) 2022. Ms. Johnson explained that ACOs will have the option to report these measures via the web interface for CY (Calendar Year) 2022 through 2024. Ms. Johnson reviewed the number of MSSP measures within the meaningful measure domains, noting there are no measures in seamless care coordination or equity. Ms. Johnson stated high priorities for future MSSP measure consideration include measures that promote health equity and those that address social determinants of health. Ms. Johnson reviewed the updates from the CY 2022 final rule, including the extension of the CMS web interface reporting option for ACOs until PY 2024 and updates to the quality performance standard. Ms. Johnson noted that statute requires the United States Department of Health and Human Services (HHS) Secretary to assess ACO (Accountable Care Organization) quality of care with measures of clinical processes and outcomes; patient, and, whenever practical, caregiver experience of

care; and utilization, such as rates of hospital admission for ambulatory sensitive conditions. Ms. Johnson presented an overview of the MSSP alignment with changes made to the CMS web interface measures and the requirement of reporting quality data via the APP.

A MAP member asked about Medicare long-term care residents' inclusion in ACO reporting and Ms. Johnson clarified they are not included.

Hospital Programs

Ms. Williams-Bader introduced the hospital programs included in the 2022 MSR: the Hospital Outpatient Quality Reporting Program (Hospital OQR), the Ambulatory Surgical Center Quality Reporting Program (ASCQR), and the PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR).

Hospital OQR Program

Shaili Patel from CMS presented information on the Hospital OQR Program. Ms. Patel provided an overview of the Hospital OQR Program, including program type, incentive structure, goals, and history. Ms. Patel reviewed the number of Hospital OQR measures within the meaningful measure domains. Ms. Patel spoke about high priorities for future measure consideration, including the topics of equity, person-centered care, behavioral health, patient-reported outcome-based performance measures (PRO-PMs), and outcome electronic clinical quality measures (eCQMs). Next, Ms. Patel covered CY 2022 final rule program changes and updates for the Outpatient Prospective Payment System (OPPS) and the Ambulatory Surgical Centers (ASC). The COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) measure will be adopted starting with the CY 2022 reporting period for the CY 2024 payment determination. The measure will be reported via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). The Breast Cancer Screening Recall Rates Measure will be adopted starting with the CY 2023 payment determination; Ms. Patel noted that the measure will be claims-based. The ST-Segment Elevation Myocardial Infarction (STEMI) eCQM will be adopted for voluntary reporting for the CY 2023 reporting period and will be mandatory for the CY 2024 reporting period/CY 2026 payment determination and subsequent years. Ms. Patel noted that it will be a replacement for two chart-abstracted measures. The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures will be adopted for voluntary reporting for the CY 2023 reporting period and will be mandatory for the CY 2024 reporting period/CY 2026 payment determination and for subsequent years. Ms. Patel reviewed that statutory requirement for the program include measures being required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus-based entity with a contract under the pertaining statute. Additionally, the HHS Secretary may select a measure that has not been endorsed by the entity with a contract under the pertaining statute if it is a feasible and practical measure and endorsed measures have been given consideration. Ms. Patel covered those two measures have been identified for removal beginning with the CY 2023 reporting period/CY 2025 payment determination: OP-02 (Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival) and OP-03 (Median Time to Transfer to Another Facility for Acute Coronary Intervention).

MAP members had no questions about the Hospital OQR Program.

ASCQR

Anita Bhatia from CMS presented information about the ASCQR Program. Ms. Bhatia provided an overview of the ASCQR Program, including program type, incentive structure, goals, and history. Ms. Bhatia reviewed the number of ASCQR measures within the meaningful measure domains. Ms. Bhatia spoke about high priorities for future measure consideration, including the topics of safety and patient experience, person and family engagement, best practices of healthy living, effective prevention, and

treatment, making care affordable, and communication/care coordination. Next, Ms. Bhatia covered CY 2022 final rule program changes and updates for the ASCQR Program. The COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) measure will be adopted starting with the CY 2022 reporting period for the CY 2024 payment determination. The measure will be reported via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). Previously suspended patient safety measures (ASC-1, ASC-2, ASC-3, and ASC-4) will be required beginning with the CY 2023 reporting period/CY 2025 payment determination. The measures will be reported via the CMS web-based tool. The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures will be adopted for voluntary reporting for the CY 2023 reporting period and will be mandatory for the CY 2024 reporting period/CY 2026 payment determination and subsequent years. Ms. Bhatia reviewed that statutory requirement for the program include measures being required to reflect consensus among affected parties, and to the extent feasible, be endorsed by the national consensus-based entity with a contract under the pertaining statute. Additionally, the HHS Secretary may select a measure that has not been endorsed by the entity with a contract under the pertaining statute if it is a feasible and practical measure and endorsed measures have been given consideration. Lastly, Ms. Bhatia clarified that ASCs (Ambulatory Surgical Centers) are not hospitals, but they fall under the hospital programs because the ASCQR program is the sister program to the Hospital OQR Program. She noted that statutorily, ASCs are classified as suppliers and not providers.

MAP members had no questions about the Hospital OQR Program.

PCHQR

Ora Dawedeit from CMS presented information about the PCHQR Program. Ms. Dawedeit provided an overview of the PCHQR Program, including program type, incentive structure, goals, and history. Ms. Dawedeit reviewed the number of PCHQR measures within the meaningful measure domains. Ms. Dawedeit spoke about high priorities for future measure consideration, including the topics of PRO-PMs, care coordination, health equity, and behavioral health.

A MAP member asked why some cancer hospitals are classified as being exempt. Ms. Dawedeit answered that the classification is designated by Congress and is attributed to the language within the final rule. Dr. Schreiber also clarified that these hospitals are cancer-only hospitals, as compared to hospitals with cancer-only floors, and participate in this program voluntarily.

PAC/LTC Programs

Ms. Williams-Bader introduced the PAC/LTC programs included in the 2022 MSR: HH QRP and HQRP.

HH QRP

Ihsan Abdur-Rahman from CMS presented an overview of the HH QRP, including the program type, incentive structure, goals, and history. Ms. Abdur-Rahman reviewed the number of HH QRP measures within the meaningful measure domains, stating that there are currently 20 active HH QRP measures, with no measures included in the meaningful measure domains of chronic conditions, equity, or behavioral health. Ms. Abdur-Rahman noted high priorities for HH QRP future consideration include measures that address health equity, a cross-setting functional ability at discharge measure, and a cross-setting patient COVID-19 vaccination measure. Ms. Abdur-Rahman noted CMS plans to evaluate the appropriateness of adopting a patient healthcare associated infections (HAIs) measure. Ms. Abdur-Rahman reviewed program changes and updates finalized in the CY 2022 rule, which include the public reporting of two HH QRP measures (Application of Percent of Residents Experiencing One or More Major Falls with Injury and Application of Percent of long-Term Care Hospital Patients with and

Admission and Discharge Functional Assessment and a Care Plan That Addresses Function). Ms. Abdur-Rahman also noted the implementation of the Outcome and Assessment Information Set (OASIS E) on January 1, 2023, to collect data on two transfer of health information measures, and certain standardized patient assessment data, such as items related to social determinants of health. She also mentioned further program changes, including the expansion of the Home Health Value-Based Purchasing (HHVBP) model to include Medicare-certified home health agencies (HHAs) in all fifty states, the District of Columbia, and U.S. territories. Ms. Abdur-Rahman reviewed the nine measures statutorily required in HHQRP: six quality measures and three resource use and other measures. Ms. Abdur-Rahman also reviewed the one measure previously identified for removal, Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care, and the two measures previously identified for replacement, Acute Care Hospitalization During the First 60 days of Health and Emergency Department Use Without Hospitalization During the First 60 Days of Home Health.

MAP members asked for clarification about the states included in the initial HHVBP model and how recommendations from HH QRP will affect the program expansion. Alex Laberge, CMS, clarified the reasonings behind the original nine states used in the model, including size of HHAs, beneficiary status, and utilization rates of HHAs. These reasonings allowed for a robust evaluation of the model. Mr. Laberge further explained that any HH QRP measures recommended for removal would be taken into consideration during the expansion. Another MAP member asked about analyzing cross-setting measures and making recommendations for measure removal of those with statutory requirements. Ms. Williams-Bader referred to the Strategic Meeting with the Coordinating Committee, at which discussion occurred about whether measures with statutory requirements should be on the measure review list. Dr. Schreiber acknowledged it would be difficult to remove measures required by statute, that it would take an act of Congress, but suggested that the discussion should go forth to produce feedback for CMS. Ms. Williams-Bader further explained that NQF staff are still discussing how to address the evaluation of cross-setting measures but said that if MAP members would like to nominate cross-setting measures for discussion during the 2022 MSR, they should nominate the measures for the relevant programs. Dr. Schreiber concurred with the suggestion to nominate measures across the programs so that they can be discussed and considered in that way.

HQRP

Ms. Abdur-Rahman from CMS presented an overview of HQRP, including program type, incentive structure, goals, and history. Ms. Abdur-Rahman reviewed the number of HQRP measures within the meaningful measure domains, stating that at this time, the only meaningful measure domain addressed in HQRP is person-centered care. Ms. Abdur-Rahman indicated high priorities for future measure consideration for HQRP include developing further measures from the Hospice Outcome & Patient Evaluations (HOPE) tool, which is currently in beta testing. Ms. Abdur-Rahman explained that, from the HOPE tool, CMS aims to produce outcome measures, pain and symptom impact measures, and hybrid measures combining data from different sources. Ms. Abdur-Rahman also stated that measures that address health equity and hospice access measures are high priority topic areas for HQRP. Ms. Abdur-Rahman noted that the fiscal year (FY) 2022 final rule for HQRP included the following program changes: adoption of two claims-based measures (Hospice Care Index and Hospice Visits in the Last Days of Life), removal of the seven Hospice Item Set (HIS) measures, public reporting of a hospice survey in the Star Ratings, replacement of an HIS-based pain measure with a claims-based measure, and the national testing of HOPE to propose in future rulemaking. Ms. Abdur-Rahman covered that there are no statutorily required measures within HQRP.

A MAP member asked a question about any current work on measures for HQRP under the domain of equity or safety. Ms. Abdur-Rahman replied that CMS is currently in the planning stages of a measure that addresses health equity within HQRP, but there is currently nothing in progress for safety.

Public Comment

Victoria Freire, analyst, NQF, opened the web meeting to allow for public comment. A meeting participant made a statement regarding topped out measures that are under review for removal. The participant requested, to the extent possible, the ability to review data on how the measure performance is stratified by race, ethnicity, or subpopulation. The participant further stated there is often room for improvement when measures are stratified. Ms. Freire thanked the participants for their comment.

Next Steps

Ms. Freire reviewed the timeline of upcoming activities for the 2022 MSR. Public comment on the measure list happens in May, the advisory groups and workgroups will meet in June, public comment on measure removal recommendations will happen in July, and the Coordinating Committee will meet in August. NQF will submit the final recommendations report to CMS and publish the report in September. Ms. Freire also provided contact information for the Coordinating Committee, the work groups, and the advisory groups. Ms. Williams-Bader thanked attendees for their participation and adjourned the meeting. The NQF staff stayed online to provide support and answer questions from the advisory group and workgroup members related to the MSR survey.