



All MAP Orientation Web Meeting

The National Quality Forum (NQF) convened a public web meeting for all MAP Workgroup and Coordinating Committee Members on September 17, 2020.

Welcome, Introductions, and Review of Web Meeting Objectives

Samuel Stolpe, NQF Senior Director, began by welcoming participants to the web meeting. Committee Co-chairs, Charles N. Kahn III and Misty Roberts provided brief opening remarks followed by a welcome from Sheri Winsper, NQF Senior Vice President, Quality Measurement. Dr. Michelle Schreiber, Deputy Director for Quality and Safety – Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services (CMS), also provided opening remarks. Dr. Schreiber provided a brief overview of MAP and encouraged all MAP members to keep outcome measures, patient reported measures, and digital measures in mind during their review to better align with CMS current prioritization of measures.

Sam Stolpe proceeded by reviewing the following meeting topics:

- Overview of MAP
- Review of MAP Implementation Results
 - Review of Measures Under Consideration (MUC) List
- Review of MAP Pre-Rulemaking Approach

MAP Overview

Sam Stolpe provided an overview of MAP, explaining its statutory authority under the Affordable Care Act and the role of MAP. Dr. Stolpe outlined four key MAP roles, the first to inform the selection of measures, second to provide input to Health and Human Services (HHS) on the selection of measures, third to identify measure gaps for development, testing, and endorsement, and lastly to encourage measurement alignment across public and private programs. Dr. Stolpe highlighted the major components of the federal rulemaking process and reviewed how MAP works within the pre-rulemaking period. The overview continued with a summary of the structure of MAP, which includes four workgroups (Hospital, Clinician, PAC/LTC, Rural Health), which are overseen by the Coordinating Committee. The committee and workgroups are composed of voting organizational representatives, voting subject matter experts which include co-chairs, and non-voting federal government liaisons. In addition to reviewing the structure, Dr. Stolpe reviewed the individual project teams and federal programs for each of the workgroups.

MAP Implementation Results

To inform the audience on how CMS has implemented recent MAP recommendations, Sam Stolpe provided the implementation results of MAP recommendations from the 2017-2018 and 2018-2019 MAP Cycles. This included the number of measures categorized as follows, as well as the number of measures finalized and not finalized into rulemaking:

- Support for Rulemaking

- Conditional Support for Rulemaking
- Refine and Resubmit Prior to Rulemaking (2017-2018)
- Do Not Support for Rulemaking with Potential for Mitigation (2018-2019)
- Do Not Support for Rulemaking

Before concluding the discussion on MAP Implementation Results, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, one questions was raised:

- A MAP stakeholder asked if NQF staff could clarify information found on a spreadsheet reviewing NQF endorsement of measures implemented by CMS. Staff clarified that the spreadsheet identifies which measures received or did not receive NQF endorsement but were still implemented in CMS programs. Dr. Michelle Schreiber from CMS added that it is possible for measures to go through to rulemaking without NQF endorsement, but that measures may receive NQF endorsement during a later cycle.

Creation of Measures Under Consideration (MUC) List

Samuel Stolpe reviewed the organizational chart for CMS' Center for Clinical Standards & Quality before explaining the statutory requirements that established the pre-rulemaking process under which NQF convenes MAP committees to review quality and efficiency measures and provide input to CMS. Dr. Stolpe also provided the deadlines by which said measures are released by CMS for review and when NQF must in return provide input. Dr. Stolpe highlighted that MUC List Measures should be focused on a high-priority quality issue or meet a statutory requirement, with a preference towards outcome measures, and consider the amount of burden with the associated measure, along with feasibility of implementation. Ideally measures should be endorsed and harmonized with similar measures across CMS programs and with private payers while minimizing duplication of measures and measure concepts. Lastly, the 2020 pre-rulemaking timeline was reviewed, along with the pre-rulemaking approach of evaluating measures for potential to add to the program measure set, while also identifying and prioritizing gaps for programs and settings.

Before concluding the discussion on the creation of the MUC List, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, no questions were raised.

Review of MAP Pre-Rulemaking Approach

Sam Stolpe provided an overview of the Preliminary Analysis Algorithm which is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions during the December Virtual Review. Dr. Stolpe pointed out that the Algorithm was developed from the MAP Measure Selection Criteria which is currently under review by the MAP Coordinating Committee. Should any changes arise from their review, this will be communicated to the MAP Workgroups. Dr. Stolpe then proceeded to go through the seven assessments under which measures are evaluated against. In addition, Dr. Stolpe reviewed the four decision categories for the 2020-2021 MAP Pre-Rulemaking cycle:

1. Support for Rulemaking
2. Conditional Support for Rulemaking
3. Do Not Support for Rulemaking with Potential for Mitigation
4. Do Not Support for Rulemaking

Before concluding the discussion on the creation of the MAP Pre-Rulemaking Approach, NQF staff opened the floor for MAP stakeholders to ask any questions. During this time, six questions were raised:

- A MAP stakeholder asked if an example of a good digital measure could be provided. Dr. Michelle Schreiber from CMS gave a couple of examples, including electronic clinical quality measures, claims-based measures that purely come from administrative claims, and hybrid measures that include administrative claims data and clinical data. Dr. Schreiber also explained that digital measures are needed to reduce burden on providers and organizations, improve information flow, having information digitally available to leverage analytic tools, and give providers timely and actionable feedback.
- A MAP stakeholder asked if it is the goal of the assessment process is to have every measure selected match the criteria laid out during the preliminary analysis. NQF staff clarified that all measures will be analyzed using the same criteria initially by NQF staff and that MAP members will then discuss findings. Staff stated that MAP members are asked to discuss measures with the criteria in mind and make comments and that the preliminary analysis is meant as a starting point for measure deliberations.
- A MAP Stakeholder asked if those abstaining from a vote are included when calculating if a measure received at least 60% of committee votes. NQF staff clarified that those abstaining from a vote would not be included in calculating the percentage denominator.
- Another MAP stakeholder asked if 60% of votes needed for measure endorsement was standard practice across NQF's measure evaluation process. NQF staff explained that the MAP Coordinating Committee was currently discussing this threshold and that Coordinating Committee members would be polled about what future actions should be taken.
- A MAP Stakeholder asked what percentage of measures passed during the evaluation process. NQF staff answered that from 2017 to 2018, six measures were supported for rulemaking, 25 measures had conditional support, three measures for refine and submit, and one measure that was not supported for rulemaking. The overwhelming majority of measures are usually either support or conditional support for rulemaking, which holds true for most MAP cycles.
- A MAP Stakeholder asked if there has been an instance where a measure was not supported but still considered for implementation by CMS. NQF staff explained that while CMS takes input from MAP seriously and usually follows MAP recommendations, MAP is an advisory group that informs CMS decisions but in no way dictates them. Dr. Stolpe pointed to the previously discussed MAP recommendation implementation results to highlight that there were no measures that MAP did not recommend for rulemaking implemented in the 2017-18 or 2018-19 cycles.

Public Comment

Sam Stolpe opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Chris Dawson, NQF Manager, presented next steps including an overview of the MAP Timeline. NQF will host a series of setting specific orientation web meetings in September. The MAP Rural Health Workgroup will convene for their review in early December and the one-day virtual Workgroup Review meeting for MAP Workgroup members will be on December 17th. The Coordinating Committee Review will be on January 19th.