NATIONAL QUALITY FORUM

MAP Strategic Web Meeting
September 8, 2020

Samuel Stolpe: So, let's go ahead and get started. You have dialed in to the MAP Coordinating Committee's Strategic Wed Meeting. This is Sam Stolpe with NQF and it's very much my pleasure to welcome you to this, the MAP 2020-2021 Coordinating Committee Meeting.

This is really a fantastic opportunity that we have at the beginning of our cycle to run through a MAP's processes and procedures and to give feedback on how they went last yesterday and think that we would respectfully be doing differently.

Before we go too far into it, I just want to remind everyone to mute your lines please if you're not speaking. And at this time, I would like to hand it over to our co-chairs, Chip Khan and Misty Roberts, to offer some words of welcome. Chip and Misty.

Chip and Misty, if you are on, can't hear you. Let's troubleshoot what's going on with Chip and Misty. We'll do some outreach. In the meantime, perhaps I can hand it over to our CEO, Shantanu Agrawal, who is asked to give some words of welcome as well.

Shantanu Agrawal: First, thanks, Sam. I will just do that, welcome you all to the launch of another exciting MAP processes here. We look forward to it as always. And I'll turn it actually back over. So, that didn't buy you any time, Sam, to troubleshoot for Chip and Misty.

Samuel Stolpe: All right. Well, hopefully, they will be able to get to them shortly. I'll just ask the team to please reach out to them and see if we can help them to get dialed in.

All right. Well, we have a pretty packed agenda today. So, I'll quickly run through it before giving a roll call. So, we'll do a welcome and review of the meeting objectives. Our colleagues at CMS will be offering a couple of opening remarks. And then we'll have a discussion around the MAP implementation results, which we've been using the terms feedback loop and I'll get into some detail around what that is precisely.

Then we're going to walk through a series of the policies and procedures that govern MAP and the way that we can …

(Crosstalk)

Chip Khan: Hi. Chip is here.

Samuel Stolpe: Okay. Great. Chip, let me just finish running through the agenda and then I'll pivot to you for the welcome, okay?

Chip Khan: Okay.

Samuel Stolpe: Great. So, the policies and procedures we'll be reviewing is the MAP voting and representation, the measure selection criteria, the preliminary analysis algorithm, our decision categories, and let me go back to the book of what we're going to be talking about today. And then we'll have an opportunity for public comments and then we'll close.

All right, Chip. I'm glad you're on the line. Would you like to offer some words of welcome to the committee?

Chip Khan: Yes. I want to thank everybody for giving their to the MAP process. This is the start of that journey that we all have, I guess, to the final report in February. I think we have spent – we have spent a lot of time over the last number of years actually coming to this point on process. This is going to be

discussed today and we can always tweak our process, but I think we have achieved a point in which there's a general understanding.

And so, I hope we can – my hope would be that we could be consistent in terms of our process. We have some other issues to discuss in terms of representation. And I think we should really focus on those because – today and spend most of our time on those because, in a sense, those are new starters because of some change in practice regarding the appointment of members to the workgroups and to the Coordinating Committee. I will get to that later in the agenda. That's – and also I want to welcome Misty and look forward to working with her as co-chair.

Samuel Stolpe: Misty, were you able to dial in as well?

Misty Roberts: Hey, there. It's Misty. Sorry about that. I tried three different – three different numbers that does not quite work. So, finally, got it. (I'm here).

Chip Khan: Yes. I had the same problem.

Misty Roberts: Okay. Glad it wasn't just me.

Samuel Stolpe: Misty, did you want to say any words of welcome to the committee.

Misty Roberts: Yes, sure. Well, maybe do a brief introduction as well. I'm Misty Roberts. I think I've met many of you previously. I'm Associate Vice President of Enterprise Clinical Quality at Humana, and I am going to be co-chairing this year and I'm very excited to have this opportunity. We met last week to go over some role that I have asked for some grace and guidance as this is my first year co-chairing. So, I appreciate any grace you all can give me this year, but I am looking forward to the year since I have the great opportunity to co-chair. Thank you.

Samuel Stolpe: Very good. Thank you, Misty and Chip. Now, let's go over to introduce the NQF staff who is – who will be staffing the Coordinating Committee for this year, myself, I'm the team lead as the senior director, Sam Stolpe. And we're also joined by Katie Berryman as the project manager; Chris Dawson as the

manager; Carolee Lantigua as the manager; and Teja Vemuganti as our analyst. They will be supporting us today.

If you have any issues, please feel free to (shoot us) something in the chat and one of the NQF staff will respond to anything. Alternatively, you can send us an e-mail to the MAP Coordinating Committee inbox.

Well, at this point, I would like to conduct a roll call. And what I'll ask you to do is just to – once I come to the organizational member name, please state your name and just give a very brief introduction – I want to say brief. Please keep your introduction to less than 30 seconds so we can attend to the rest of our business.

So, we've already covered our co-chairs, Chip and Misty. Thank you very much for joining us. Now, let's go ahead and move forward with our organizational members, the American Academy of Hospice and Palliative Medicine.

Arif Kamal: Hi there, everybody. I'm Arif Kamal, medical oncologist and palliative care physician on the board of directors of AAHPM, and I'm glad to join you. I – my academic home is at Duke University where I practice outpatient palliative care. I've been a member of the standing committee for the geriatric and out of care workgroup for the (unintelligible).

Samuel Stolpe: Thanks, Arif. AmeriHealth Caritas? Do we have AmeriHealth Caritas on the line? American College of Physicians?

(Sam Tierney): Hi. This is (Sam Tierney). I'm participating on behalf of American (unintelligible) may or may not be able to join and I am responsible for leading the strategic directional on measurement at the college.

Samuel Stolpe: Thanks very much, Sam. Moving on to American Health Care Association.

Katherine Almendinger: Hi. Katherine Almendinger. My boss is in the (unintelligible). I'm just alternate. So, I am a director of research department at the American Health Care Association and Dr. David Gifford is my boss and (unintelligible).

Samuel Stolpe: Welcome, Katherine. American Medical Association?

Koryn Rubin: Hi. This is Koryn Rubin with the AMA. I'm responsible for the AMA's quality agenda and dealing with NQF related issues including the MAP. I believe we might also have someone else positioned on the phone.

Samuel Stolpe: Great. Welcome, Koryn.

(Crosstalk)

Koryn Rubin: He might have trouble dialing in.

Samuel Stolpe: Oh, is that – was it Scott? I think he was appointed last year.

Koryn Rubin: Yes, Scott. I don't know if you saw the original conference information was incorrect. So, maybe he's one of the people that's just having trouble.

Samuel Stolpe: Okay. All right. Thank you. American Nurses Association?

Woman: Good afternoon. My name is (unintelligible). I work within the nursing practice and work environment division at the ANA. My background is a nurse executive. I've been a chief nursing officer in a couple of organizations. And I've also been a lead at the Maryland Organization of Nurse Leaders. And I'm excited to join this team.

Samuel Stolpe: Thank you very much. America's Health Insurance Plans? We have our (AF) colleagues on the line. Blue Cross Blue Shield Association?

Wendy Marinkovich: Hi, everyone. My name is Wendy Marinkovich and I'm the executive director for our provider measurement program here at the association. So, looking for all the strategic direction of how we apply measurement to our providers whether they're physician as well as facility providers. Thank you for joining the call.

Samuel Stolpe: Thank you. HCA Healthcare?

Woman: Hi. Thank you. This is (Unintelligible), assistant vice president for analytics and reporting at HCA Healthcare. My background is in statistics, analytics, and quality measurement reporting. So, I'm glad I joined the committee.

Samuel Stolpe: Thank you very much. The Joint Commission?

Tricia Elliott: Hi. This is Tricia Elliott. I'm the director of quality measurement with the Joint Commission and I report for Dr. David Baker and I serve as his proxy on this committee.

Samuel Stolpe: Thank you very much. The Leapfrog Group?

Leah Binder: Hi. This is Leah Binder. I'm the present CEO of the Leapfrog Group. We are non-profit representing employers and other purchasers for cost benefits. Thank you.

Samuel Stolpe: Welcome, Leah. National Business Group on Health?

Steve Wojcik: Yes. Hi. This is Steve Wojcik. I'm the vice president of public policy for our organization. And we have a new name, it's called Business Group on Health. So, I should notify you that it changed. We addressed it national to represent – to request that large employers in many cases, global employers, that we are now Business Group on Health, and happy to be part of this group.

Samuel Stolpe: Thanks for that update. We'll make sure that we update our roster for requested name change. All right. Very good. On to NCQA, the National Committee for Quality Assurance.

Man: (Unintelligible).

Samuel Stolpe: Do we have anyone from NCQA on the line?

Man: (Unintelligible).

Samuel Stolpe: National Patient Advocate Foundation? The Network for Regional Healthcare Improvement?

Julie Sonier: Hi, everyone. I'm Julie Sonier, representing the Network for Regional Healthcare Improvement or NRHI. NRHI is a national organization whose members are regional multi-stakeholder collaborative. We're working to improve healthcare. And I am the president and CEO of one of NRHI's members, Minnesota Community Measurement.

Samuel Stolpe: Welcome to the call. Okay. Pacific Business Group on Health?

Emma Hoo: Hi. This is Emma Hoo.

Samuel Stolpe: Thank you for joining. Patient & Family Centered Care Partners? Okay. Very good. I just also wanted to recognize our individual subject matter experts and we'll do a roll call here as well. Harold Pincus? Harold, are you on the line? Jeff Schiff?

Jeff Schiff: Hi, Sam. This is Jeff Schiff. Can you hear me?

Samuel Stolpe: I can.

Jeff Schiff: I am a pediatrician and former Medicaid medical director in the state of Minnesota, and I work with (unintelligible) pediatric measures selection on the opiate technical expert panel and then on this MAP and really – now, we're serving as a senior scholar with Academy Health and working on improving quality Medicaid and working with Medicaid Medical Director Network. Thanks.

Samuel Stolpe: Good to hear your voice, Jeff. Janice Tufte?

Janice Tufte: Yes. My name is Janice Tufte and I am a public person family member on the (staff). And I have (done) the MAP coordinating – not the MAP – the MAP Medicaid Adult a few years ago and have participated in multiple (unintelligible) and I'm involved with academy health and academy and medicine and (Cochran) and other organizations, American College of Physicians as a public member. Thank you for having me.

Samuel Stolpe: Thank you. Ron Walters?

Ronald Walters: Hi. Ron Walters. I'm a medical oncologist at M.D. Anderson. Happy to do whatever the NQF needs done. I have been involved with the MAP since its inception in one form or fashion.

Samuel Stolpe: We're delighted you're here. Thank you, Ron. All right. Let's pivot to our non-voting liaisons from the federal government. We have several appointees. I'd just like to check to see if you're on the line and acknowledging and thank you for your contributions to MAP.

First, beginning with the Agency for Healthcare Research and Quality? Do we have anyone from the Centers for Disease Control and Prevention? And our colleagues at the Centers for Medicare & Medicaid Services?

Michelle Schreiber: Hi. This is Michelle Schreiber. I'm the deputy director of the Center for Clinical Standards and Quality at the CMS.

Samuel Stople: Welcome, Dr. Schreiber. And the Office of the National Coordinator for Health Information Technology? All right. Thanks very much. Dr. Schreiber, we're going to hand it over to you at this point. If you'd like me to advance your slides, please let me know. Thank you for taking some time to spend some time with us today with the Coordinating Committee.

Michelle Schreiber: Thanks, Sam. I really appreciate that. It is a pleasure to be on the call with all of you today. Just sound checking, Sam. Can you hear me okay?

Samuel Stople: Yes, you sound great.

Michelle Schreiber: Okay. Great. Thank you. So, welcome. Welcome to everybody. A few very specific welcome, although he's not on the phone today. We, at CMS, and hopefully you will want to welcome Dr. Lee Fleisher, who many of you know recently took on the role as the director of the Center for Clinical Standards and Quality at CMS, and he may be participating in some of these MAP calls.

He has been involved with NQF for many years as co-chair of CSAC and was on the board of directors as well, so very familiar with all of these work. And we, at CMS, are delighted to have him in this role.

I want to thank the NQF staff, especially with Sam Stolpe. I know that you guys are in very good hands with Sam. And I certainly want to thank our co-chairs, Chip and Misty. Chip, in particular, has spent many years actually focused on the MAP and making this better. And Misty, welcome in your new role. We're delighted to have you as well.

And in the next slide, Sam? Thanks. And again, to all of you as participants, we couldn't clearly do this without you. Your work is extremely important to CMS' goals and really to advancing the quality strategy for the nation.

The goal of the MAP or the MAP as you all recall is actually mandated by Social Security S. 1890A. Maria has taught me to say that – hopefully, I got it right – that really puts forth in policy that an external stakeholder group will under a consensus-based relationship with our consensus-based entity come to a recommendation for CMS of whether or not to use specific quality measures in our various value-based programs.

And this is very important. This is different, obviously, than the typical endorsement process of NQF where we're just endorsing a measure (that's) scientifically valid and reliable, but this is certainly used as measure for payment purposes or public reporting.

So, it is important that the MAP informs the selection of the performance measures in these programs because we want to make sure that these are the best measures and we all agree that we will be using these for these purposes.

Next, please. Next slide, Sam, thanks. I want to reflect on Meaningful Measures 2.0. Many of you have heard about the CMS initiative of Meaningful Measures, which was really meant to accomplish several goals. One was to reduce burden in identifying all of our measures and reducing any measures that were unnecessary.

In the past couple of years, CMS has actually reduced by 20% the number of measures in our programs. And so, we're aiming for parsimony but, obviously, impact of measures and programs. We had six specific domains and under those 17 specific focus areas. So, as we think through a new

version of Meaningful Measures and carry this forward over the next few years, we've parsed down to seven specific domains.

They are around person-centered care, which is really patient-centered care; shared decision making; patient having access to all of their information; patient reported outcomes; patient experience and the like; patient safety, chronic conditions, in particular the management of chronic complex conditions and transitions of care; seamless communication including seamless communication through interoperability and making sure that we're all sharing information; affordability and efficiency, things like not just cost but efficiency, are we using the right test at the right time; wellness and prevention, and I am going to go out a little bit on the (whim) and add public wellness and prevention. I think the COVID pandemic has certainly highlighted the need for focus on that and behavioral health and substance abuse.

Foundational to Meaningful Measures 2.0 is the concept of health equity, so how do we use these measures in our programs to perhaps shine a spotlight on health disparities and how do we then try to close those gaps, and of course, the voice of the patient, which is foundational to any quality measures.

The goals then of Meaningful Measures 2.0, as we said before, utilize only quality measures with the highest value and impact focused in these key domains. We are working very hard to aligning measures across all of the value-based programs across our federal partners, including CMS. And on the federal partners, we're working with the VA and the DOJ. And across all private entities, many of you are familiar with the work of the clinical holiday measure collaborative with the AHIP, America's Health Insurance Plans, to try and have a select group of key measures that we can use across all payers.

We want to prioritize outcomes and patient reported measures and transform our measures to fully digital. CMS is committed to be at least goal of getting to all digital measures by 2030 because we feel that that is the only way that we can have seamless communication and continue to reduce the burden of providing measurement data as well as implementing measures that could be seamless within clinical workflow, (chronic) clinical workflow and clinical

decision support. And finally, to promote equity by developing and implementing measures that reflect social and economic determinants.

So, if you could keep this in mind as you think through how you are going to look at measures for whether or not they can be in programs, we think that these are important foundations in the lens of which we should determine what are the best measures that actually belong in our programs.

Finally, as you head from Chip today, you will also be presenting some options for your consideration and ways to optimize, making these meetings best, including representation of organizations, the role of chairs, the role of membership. I know that the committee is open for all ideas in considerations and we look forward to that conversation as well.

Sam, I will turn this back to you. I believe that you have a bit of a report and update to this committee we've been asked in the past for. So, what is the impact of this committee? Do you – does CMS take our recommendations? Just to be clear, this is an advisory board. CMS does have the final determination, but we listen very careful to what the MAP opinions are and we take that into strong consideration in any of our decisions in our final rulemaking.

We've recently sent back information to the MAP and the MAP committee about that performance over the last several years, and we're pleased to say we follow through on a great deal of the recommendations from the MAP. And so, you have a tremendous amount of impact.

Once again, I say thank you to every one. And Sam, I turn it back to you.

Samuel Stople: Again, thank you, Dr. Schreiber. I appreciate you taking some time to walk us through some of the overarching strategic goals that CMS has and we look forward to continuing that discussion once we convene the topic specific workgroups in December and the Coordinating Committee once again in January we'll have a comfortable conversation.

Okay. And speaking of which, at the close of last year, our final meeting in mid-January when we last got together as a Coordinating Committee, one of

the last things we talked about as we were getting ready to depart was precisely what Dr. Schreiber mentioned, this implementation results or what we were calling a feedback loop to the Coordinating Committee so that we can determine just how CMS took action on recommendations that were proffered by MAP.

Now, we were able to compile that in working with our CMS colleagues into a report with Excel Spreadsheet that has been disseminated to the entire measure applications partnership as well as an executive summary.

I'm going to walk through some of the results of that that we put together into a couple of tables so that you could have – visually it is represented. So, the 2017 and 2019 MAP recommendations will be put forth as well as the 2018 and 2019. Obviously, our most recent rounds of rulemaking works, so (need to pan out) a little more before we walk through, but this is something that we'll be doing on an ongoing basis.

So, beginning with 2017 and 2018, what you'll see in (the pictures) of this slide is broken down by the decision categories that MAP has. So, let's start with measures that we supported for rulemaking in 2017 and 2018, which there were six of them). Three of those were finalized into rulemaking and three were not.

Now, moving on the conditional support for rulemaking, we had 25 measures that had conditional support for rulemaking. As we know, NQF endorsement was the most common reason that NQF offers a conditional support for rulemaking, but there were several measures which were already NQF (unintelligible) and I'll walk you through that.

So, four of those measures – four of the 25 already had that NQF endorsement and then 21 measures were not recommended as NQF endorsement prior to rulemaking. Those that were finalized into rulemaking, there was a total of six. Of those six measures, one received NQF endorsement. Three were not submitted to NQF. And two were not recommended for endorsement by an NQF standing committee. So, we had three that came through NQF, two who did not pass, and one that received, and three measures (unintelligible).

Next stop, the category, not finalized into rulemaking. So, we have a total 15 measures that were not finalized. Five of those measures came to NQF and received endorsement. There were five measures that were submitted but did not pass either review by our scientific method panel or the NQF standing committee review. And then finally, there were five that were not submitted to NQF, and one of those was (unintelligible) submitted and was withdrawn before it was actually considered.

We had three measures that's gone through a category of refine and resubmit prior to rulemaking. Now, that category has since been replaced with a do not support with potential for mitigation. And then the last is decision category that we had at the top.

So, of those three measures, one was recommended to retesting of reliability and validity at the individual clinician and good practice levels. This is submitted for fall 2019. The endorsement has not been final. So, the measure itself hasn't finalized for rulemaking and slated for October 2020. Two other measures were not sent for NQF endorsement review nor finalized with proposed rulemaking.

Now, lastly, there was a measure that MAP did not support the rulemaking. And this has already had been implemented into rulemaking back in 2014. So, it was the revision to that measure that prompted CMS to bring the measure to the MAP to be considered. It was not removed from federal rules. And the new specifications were implemented following MAP's review.

Moving on to the 2018 and 2019 recommendation. We didn't have any measures that we supported for rulemaking. And then we had several measures, 31 in total, that we gave conditional support for rulemaking. Three of those measures already had NQF endorsement and 28 were recommended pending NQF endorsement.

Amongst those measures, there were six that were finalized into rulemaking. One received NQF endorsement, five were not submitted to NQF, and then – sorry – we had four measures – who put this? Tallies are off – four measures were proposed to rulemaking and one submitted for NQF review and three

were not submitted. I think we actually had something off of these slides, so my apologies for that.

Of those that were not finalized into rulemaking, we had 18 measures total, two were submitted for NQF endorsement, and 16 were not. In the category of do not support for rulemaking with potential for mitigation, we had six measures total. One was finalized for rulemaking, one was proposed for rulemaking but since was just ended, and then four measures was not reviewed by NQF nor proposed for finalized for rulemaking. And our last category, do not support for rulemaking, we had two such measures and neither of those measures were proposed nor finalized within federal rules.

Okay. Due to time constraints, we're just going to continue the conversation. But if you do have questions about the feedback loop, please feel free to shoot us an e-mail and we'll happily discuss the feedback loop with you in some detail.

And moving on to the main purpose for our call, which is to review MAP processes. I would just want to point out that that this is the role of the Coordinating Committee, is to really to think through what our process should as the measure application partnership and oversee the process that MAP uses to make recommendations to CMS. So, we're convening today specifically to ask for your input on last year's work and things that we could do differently in our process.

Moving on to our first area. We're going to discuss the voting process as well as representation, beginning with the (last). So, we have an issue that has been written, related to representation of co-chairs.

Now, MAP governance rules related to co-chairs stipulates that once an appointee to a co-chair role from an organization (steps) into that role, they are asked to no longer continue as representative of the organization. Rather, during their tenure as co-chair, we convert them through a subject matter expert and their name is listed rather than their organization's name listed on our rosters. The organization's term on MAP is suspended during that time. And it resumes once the co-chairs step down from their co-chairing role.

Co-chairs are expected to focus on facilitating the discussion. I'd say it's been noted that this may present challenges in capturing the stakeholders view. And the goal of MAP (is to) present CMS things they consider in the rulemaking process. It is challenging to both facilitate the meeting where they're not able to (author) a – the opinion organization right out of the starting gate, rather you're asked to hold back on your opinion and facilitate the flow of the discussion.

So, there's been a number of options that has been put on the table for the committee to discuss today around how we could prospectively make a change to this. Some of the options that have been discussed already – not by the Coordinating Committee, but are being proffered for your consideration today will be to allow an ex-officio representing – representative from the organization to sit at the table as well. And what does it mean is that the co-chair would be more focused on their facilitation role and that while the vote would stay with the co-chair, the ex-officio representative would not be able to vote. That organization would be able to participate in the discussion and – without a vote capability.

There are some other options that we thought through as well that we would advise you to discuss if you chose (unintelligible) and that would be that we have no co-chairs with MAP that NQF staff would facilitate the discussion.

Other things to think about is potentially shortening co-chair term for one year so that we don't have this – the burden of covering the facilitation of the discussion to take on a long-term role. And then other things you could think about is encouraging more turnovers in co-chairs and especially focusing on small organizations to take a leadership position on the committee.

Okay. Well, I don't want to take all of the discussion opportunity and presenting these ideas. Rather, I'll hand it over to our co-chair, Chip Khan, to lead the discussion around representation.

Chip Khan: Thank you, Sam. I – myself and others, I think, raised the concern about this this year because it was a decision made basically this year that the policy should go into effect where the co-chair – if someone was co-chair on the

workgroup or on the coordinating committee that their organization couldn't sit on the workgroup or the coordinating committee. And it does, I think, present a problem, and Sam describing in terms of making sure that the organizations are represented.

And for me, I take very seriously the criteria that he outlined regarding the role of the chair and the position of the chair. And so, I think once the chair take that position in the sense of – I hate to word it this way – but I think it becomes more of burden than a privilege.

And so, I think there needs to be – and I think this ex-officio alternative offers that to have the organization – if the person comes from an organization that the chair represents somehow their voice heard on the body itself in the sense to provide the chair the ability both to be the moderator but also the (Nazi-like) serving that they are giving up something in terms of their ability for their organization to have their view represented in the discussions of the committee.

I also have two other views, which had likely expressed about this. One is I think continuity in chairs is important because we have a long history and the rest of this meeting focuses on the algorithm that criteria for selection, the basic functioning of MAP. And I think it's great having two co-chairs, and maybe we could cycle it that way, but at least one of the co-chairs, I think, needs to have some past year experience so that we don't fall into reinventing the wheel.

And frankly, in terms of some of our discussion over time, I think it really is essential that we have chairs that are of the committee, of the multi-stakeholders rather than staff because I think it (would) both protect the staff to play their role and also in terms of adjudication on voting and the such it allows the third party to be in a sense a moderator.

And we have had issues in the past where I think it was that moderator role enables me and other chairs to, in a sense, help both the membership of the committee or the workgroups and the staff out in terms of making sure that

everyone felt that the process was fair and judicious regarding the measure considerations.

I took the privilege of the chair here to express a lot of my views on this as sort of a curtain riser. But let me open up to the committee now and see how the committee feels about decision. Let me say that this is all, as I said, just to underline, this has all been brought about in a sense by the change in policy that was more restrictive in terms of who could serve on the committee and in the sense, I think, made the chair going back to the burden versus privilege a more difficult decision to uphold because it then sense meant at least in the terms of the current procedures almost a disenfranchisement of at least your organization's point of view.

Other views?

Koryn Robin: Yes. Hi, Chip. Thank you. This is Koryn from the AMA. I am in agreement with you over the continuity and I don't think we want to have frequent turnover in the chair, co-chair positions. I think they should be several year because it does take a while for people to become familiar with the MAP process and deliberations and as many of us who have been part of this process since the inception know some of the painful growing pains we have in the beginning and often we still re-deliberate over some of the voting rules.

I'm just a little confused on when this change occurred and why the need for the change because it seems like the chairs have done a good job as being able to moderate the discussion and still hold voting privileges. I'm just thinking of the AMA's perspective that, for example, even on the clinicians workgroup, there really are not many (actual) clinicians on the workgroup anymore.

So, if (the rest of the) AMA decided to nominate ourselves and then became eligible to chair, to give up those voting rights would mean that I don't think we would ever agree to become chair. And then also I think it's difficult to – most people are participating in this activity because they're either employed by the organization and part of their job description or they're volunteering their time.

So, I think it's hard to fully step away from the perspective that you're bringing to the table – so I'm – and I just feel like we're making this process as chair and co-chair overly complicated and I don't understand the need.

Samuel Stolpe: Koryn, this is Sam. Thank you. Can I just answer one or two (good) questions about this? You asked when this policy was implemented. We have documentation as far back as 2014 for the governance document that notes this initial outlining of the co-chair role. And the way that describes it is a two-year term suspending the term of the organization. The appointee for the co-chair roles becomes the subject matter expert because they're asked to be unbiased and not represent their organizational view but rather to focus on facilitating the discussions.

So, you'll notice that in – when a measure comes under consideration, Chip and Misty won't the first ones to jump on it with their organizational view from – first solicit ever one else's opinion. And if they do have an opinion, they'll even sometimes say something like, hey, taking my co-chair hat off, even though it's not necessary to say that. So, we welcome co-chairs to share their opinion. But we did stipulate that in our governance document that we prefer co-chairs to avoid as much bias as possible by not representing their organizations role while in a co-chair (role).

Chip Khan: But I think one of the important points to make though about this, Sam, is that this carries through the workgroup so that, for example, we'll take the federation as it's the most intimate to me. If I serve on the chair – as I serve as co-chair of the Coordinating Committee, then that disqualifies my organization from having any one sit on the workgroup. And this is a process where, obviously, we make the final recommendation decisions at the coordinating committee level.

But frankly, most of the work and clearly more than – a lot more than the stage opening really is done at the workgroup. So, the disenfranchisement, to me, I can actually even understand where you don't want to – this issue on the Coordinating Committee. But to then say you can't have somebody on the workgroup, it seems to me that's part of where the problem comes in here because it means that basically in terms of the whole MAP process, if you're

co-chair, your organization only has that slot even though by the rules we don't have that slot because I'm here as a volunteer and an expert, not as a representative of the federation.

And frankly, I agree with you. You can always say you take your hat off, but actually I – that's a bit awkward, I think, and I don't – and I think generally, at least this chair, might attempt has been not to do that because it – but to approach it as a moderator figure unless I had my own opinion about something and I felt free about saying because I felt like that was the right thing to suggest to the committee at some point.

Other questions or discussion?

Samuel Stople: Chip, Ron Walters has his hand raised?

Chip Khan: Okay. Ron?

Ronald Walters: Hi. As far as I mentioned, I've seen all versions of this from the very beginning and I was fortunate to watch Dr. (Pelkavi), one of the first chairs of the hospital workgroup. I'm absolutely – I mean absolute agreement that this is complicated. It takes a little practice and I would not support shortening the terms in any way.

Before about – it takes about three years to really kind of know what's going on. And many times that as a member of the committee as I did watching the chairs in how they handle the meetings and so on, and then fortunately, I got the opportunity to be a chair and I learned a great deal from doing that. But could I have been a chair from the start? No. Could I have chair after one year? Absolutely not. It's just more (complicated) than that.

The – as far as the other issues go, I think it is – accordingly and kind of following that, it is up to the chair to be a facilitator and as neutral as possible, and if not, to clearly identify when they are not being neutral. It's obvious to the members on the committee who can see when someone is (getting in) and expressing their own opinions, but that's why we either recuse ourselves from the discussion or clearly now acknowledges.

It was mentioned earlier that we are given an opinion as, in my case, a medical oncologist not as the chair of the committee. And that actually happened a couple of times where someone on the committee asked me my opinion as a physician. I said, well, okay, I'm not talking as a chair and I'm going to talk as a medical oncologist.

And the committee handled that pretty well. They knew that it was my feelings. But the one thing they had to know was that it was not being for or against something. It was a fairly well thought out argument for whatever we are voting on at a time and not as a chair.

And then I just turned it back over to the committee and said, all right, there's my input. React how you feel about it, but we'll go ahead and vote and so on. And whatever the vote is what ever the vote is.

Now, as far – the last thing as far as the organizational representation, I do understand that there are many institutions especially the smaller ones who feel like they're not getting enough of a chance on this.

And one thing that we could consider is – and I think when there's application to open positions, just as occurring in many other parts of our society nowadays, there can be a conscious look probably at who has the best credentials but also who meets certain roles that are lacking on the committee as it exist. And if you don't have any small organizations, however that's defined, as representation, then you may actively want to get one or two members appointed to represent smaller organizations so it's not dominated.

Just like the previous thing though, I agree that if someone from a large organization is capable of clearly articulating when it is their opinion and they are not representing their organization, it should not impact the organization. We owe it to the larger organizations for their support and for their continued involvement in these (committees). They are very important, just as important as the smaller ones are. Thank you.

Chip Khan: Okay. Other comments? I got the chat box open now, Sam. I don't see anybody else. Anybody else? Anybody want to raise their hand?

Well, let me make this suggestion in terms of us making a recommendation to the NQF leadership. I think that – and I guess I am looking at this from my experience in this process over the last few days.

I wonder whether – if we took the ex-officio example or idea here and did the following – because I think – as I said, at least from my perspective, the Coordinating Committee is one thing and then the workgroups are another thing, is that if someone is on the Coordinating Committee chair – co-chair that it wouldn't disqualify a person – an organization from at least being an ex-officio member so they can have a voice on the workgroup and the workgroup discussions.

So, I sort of pause at that as a proposal. I see that Jeff Schiff has just raised his hand. Maybe he can comment on that or – hi, Jeff.

Jeff Schiff: Hi. I'm just trying to level set a little bit so I understand because – I guess my main question is how does the MAP get to be a group of the organizations that are on the list – and maybe, Sam, that's a question for you because I don't – there are other organizations I could see potentially want to be on a committee like this. And we're talking about a second ex-officio representative from the same group of organizations.

So, can you explain that so I can understand kind of what this representation discussion a little bit better?

Samuel Stople: Thanks, Jeff. Yes, what we're looking to do as Coordinating Committee as well as the seven specific workgroups is to represent a wide range of stakeholders, especially those who would be directly accountable for the measures that would be considered for the federal programs under the purview of that (kind of) group as well as consumers, those who would also be impacted in those in the sense they could be using those very measures to make decisions about their healthcare, or those that may be directly applicable to programs that are influencing how providers seek to improve the quality of care that they're offering.

So, those two being the points that most front of our minds as we're going through applicants. We are looking for a balanced stakeholder group that has

a range of perspectives and strengths that can be representative of both of those things.

We – you'll likely notice the different distributions amidst the specific workgroups. There's obviously a lot more in hospital representation on the hospital workgroup and there's a lot of people from health plans. So, we're looking to add more of Part C and D. It's found a home inside of the MAP clinician workgroup.

So, it does have – it does evolve quite a bit over time, depending on the programs and become a focal point of discussion. But those are the main things that we're looking to balance as we're pulling in a variety of stakeholders' viewpoint. We do get a lot of applicants for that. For this year, we had over 150 people that applied to be on MAP. So, it's a scenario that had a lot of interest and a lot of different stakeholders.

Jeff Schiff: Okay. Thanks.

Chip Khan: Misty?

Misty Roberts: Yes. I just – I would like to clarify, Chip, something that you said about that efficacy if we go that route. I just want to clarify that that means that the organization can still have representation on the workgroup. So for instance, I as a co-chair in the Coordinating Committee, we can have an ex-officio representative from Humana. I will still maintain the vote. The organization would become – that ex-officio representative can participate in the discussion with the Coordinating Committee, but then also if we want representation on a clinician's workgroup, et cetera, we would have that opportunity. I just want to clarify that.

Chip Khan: Yes. I mean I guess I'm looking at just the workgroups and that you could have a voice on a workgroup. Right now, as chair, you don't – not only is there – can you not have a representation on the Coordinating Committee, but you can't have representation on the workgroups. So, I was …

Misty Roberts: Right. So, if we – if we – ex-officio, then you're saying we could have representation on both?

Chip Khan: That's what I'm – that's what the suggestion was …

Misty Roberts: Okay.

Chip Khan: … that was on that list so that you can have some representation. I – of your point of view, of your expert – of the expertise of – from your organizational standpoint, that would be the proposition.

Misty Roberts: Okay.

Chip Khan: Other – anybody else?

(Amir): Chip, this is (Amir). I was listening to the conversation. I think it's an important issue we're dealing with. I'm just thinking it can't be this simple (unintelligible) committee where some of us chair the committee. We participate. (We evolve). CQMC has workgroups as well. Why can't we just harmonize and simplify it and just across board as we've seen? Why do we have to – I mean I understand the issue.

I personally have no problem with chairs voting. It happens in a lot of committees and then participating and all that. This is not a quiet crowd where the chair might bias opinion or – I haven't seen it over the past years that I have been participating. I'm just thinking a little bit (ease) so that there is some harmonization within to make it easy for many of us. Because if it's different approach for different committees, we're spending a lot of time at the beginning of each committee meeting (agreeing of who is doing what).

Chip Khan: I guess the question is, is the MAP process somewhat different in the sense that it's on the implementation side? I guess that would be one of the issues so that – in the sense though you're saying the role on the – of the MAP chair – of the Coordinating Committee chair or a workgroup chair is no different than other chairs?

(Crosstalk)

(Amir): Yes. I mean I'm not seeing the difference. Yes. That's essentially, Chip, what I'm saying. So, when I share the (unintelligible) or that committee, I am

not thinking about – of course, the measures are for implementation. I mean we should get into the practicality of it. So, I'm not seeing any difference that we need to – the MAP needs to be different.

So, take (unintelligible) season as an example. If I remember correctly, (Andy) and (Amy) also (wrote), right? Sam, you can correct me if I'm wrong. So, it has worked out really well. Many of (unintelligible) committee. We had also on (unintelligible) voting process, for example, unless someone has a problem with chair voting, which I don't – again, as I said, being able to be on several committees and have done the work over here. I'm not seeing this, again, as shy group. The reason I'm sure here. I'm just – I'm just proposing let's just keep it simple rather than making it more complicated.

Chip Khan: Well, I guess that – but I guess the issue then is what do you do with the workgroup? I mean I can't – I don't have representation. I'm not eligible for – I mean not Chip speaking but the federation is not eligible for representation on the workgroup. And I don't go to workgroup meetings. I'm the chair of the Coordinating Committee. And if I went to workgroup, I would just be a member of the public.

So, I – by me being chair, the federation is disqualified from being on the workgroup for hospitals. Humana is disqualified from being on the workgroup for clinicians or whichever the workgroups you want to choose.

(Amir): Yes. That's …

Chip Khan: So, that's the difference, I think.

(Amir): And I agree, I hear you. And I don't that it should preclude anyone from being on the workgroup, but I would actually look at it slightly differently considering how many stakeholders are out there and to be richness to the conversation. (I'll give HCP), as an example, if they keep on the Coordinating Committee, I don't think HCP needs to be in the clinician workgroup because you would rather have a bigger group so you can (cast) bigger than that so you can get everyone's opinions over there.

So, whether we preclude or not, that's a separate issue. And again, I don't see that should be an issue. But what I see is that if somebody is a member of the Coordinating Committee, they should not be in the clinicians workgroup because they will be able to work their opinions during the Coordinating Committee meeting. Why do we need two workgroups if you're going to think of voting purposes, like we need to have double voice?

Chip Khan: Okay. I don't see – I don't view my – in terms of the criteria that Sam outlined, I don't view my voice as being the voice of the federation on the Coordinating Committee. And frankly, if you ask me, would you rather have you as chair or (flatter) yourself with the works of me on the hospital workgroup? I mean in the role I had to share I'd rather give up their and let her be hopefully get appointed to the workgroup.

I mean – and I think – and maybe – this has just been applied this year. I think the same thing goes – the same thing goes, Sam, from the workgroups up to the Coordinating Committee?

Samuel Stople: Sorry, Chip. Can you say that again?

Chip Khan: So, a chair of the workgroup, their organization cannot hold a position on the Coordinating Committee.

Samuel Stople: Oh, I think I understand what you're asking me. So, we don't have a current policy on this. But what I think what you're looking to do is to not have a duplicate representation across MAP. This is more of like make room for organizations who are – who are knocking at the door and would like to be seated on MAP.

But if we have, for example, one organization that's on Coordinating Committee and on clinician. Well, maybe that's not fair to other organizations that have no spot on MAP at all. So, we're looking to eliminate duplication. Now, we're not perfect about that. Currently, we have three or four organizations. But once their turns expire on one of those, we will look very closely whether or not it makes sense for them to be holding dual seats.

Chip Khan: But if you're chair on the workgroup though, that affects the coordinating committee?

(Crosstalk)

Samuel Stople: Sorry. If you're a chair on a workgroup, how would that affect your role on the …

Chip Khan: You can't have a slot on the Coordinating Committee, right?

Samuel Stople: Can't is a strong word. But what we're looking to do is say if you are either a chair or a representative on one workgroup, we just have one organization there.

Chip Khan: Okay.

Koryn Rubin: This is Koryn from the AMA. Given this appears a new enforced policy, is it possible to hold it off until next year so people have the opportunity to reevaluate their position on the Coordinating Committee and the various workgroup because it's such a reversal of how things have been handled historically? And so, I think people strategically might get – have different viewpoint on how they should be positioning their organization.

And then just one other point on the comment about letting – like the small guys have a seat at the table. The AMA is a large organization, but we do – every physician specialty or (safe society) does have representations at the AMA through the House of Delegates. And when we do bring forward our comments, they are representative of specialty organizations and (safe societies) we reach out to them for their input.

And most small physicians or hospices don't have the time or resources to devote to MAP activities. And so, the AMA does also represent (unintelligible) as well. Thanks.

Chip Khan: Well, it sounds like – it wasn't a (unintelligible) here is that we get a new – we have always had this experience with MAP regardless – in view of voting process and everything else is that we – a new policy is made and then we

have to figure out how to live with it and then we go through a period of adjustment.

With respect to the staff, I think it always seems to happen that way on the voting over the years and it does take us a while to right the shift. I think the dilemma here is that this was a new starter and it really didn't give us an opportunity to sort of strategically decide, well, how do we want to be represented in the whole process as an organization.

Also, I can understand the mix of stakeholder types, big and small. I don't really understand completely both because of the big depending on how they're structured, like you described the AMA, are a little bit more complex. And I don't know what small is.

I mean from my standpoint, the federation has 10 systems that belong and some of those systems are large systems, but they're – but frankly, I think of myself as a small organization. I don't know whether I pass that criteria in terms of your viewpoint as in the selection process to (unintelligible). So, I sort of – I mean it's one thing to have an array of organizations and nothing to ask of the small and large thing needs to be better defined.

It's clear to me though from the discussion that we need to spend more time on this, but it's also clear to me that if we're not going to make any changes from the new approach that in the next cycle organizations will need to make their decisions differently in terms of how they're represented because going back to my original point, the chairs are – I don't think it's in the MAP context or the Coordinating Committee context a place where you can really represent your – where you should – I shouldn't say will – you should represent your organization.

You maybe represent your own personal point of view or expertise about something, but I really you got to be constrained and justifiably because of the sensitivity of what we're working on here because what – I would say on the one hand, it's just recommendations. On the other hand, I mean we're shooting with real bullets in terms of things that will or won't or may or may not be ultimately put in place by CMS.

I guess my view is we probably – are there more comments? I think we probably spent enough time on this, but it has affected – the discussion has affected my view of how the federation should be positioned in the future, and I'll probably act on that.

Sam, why don't – I guess we should go to the next item.

Samuel Stople: All right. Very good. Thanks, Chip. Thanks, everybody. Moving on to the next slide and we're going to be discussing key voting principles. Now, this is tucked under the same header. So, just (unintelligible).

We didn't change this at all last year. We went through and the MAP felt comfortable with it. But I'll just remind everyone, especially those of you who are new and maybe seeing it for the first time, and just what exactly MAP's key voting principles are.

So, MAP is governed under the principle of quorum. It's defined as 6% of voting members need to be present either virtually or in person, depending on how the meeting is being conducted.

Now, before we actually conduct and formalize voting, we do need to establish quorum. There's a process for doing that and that's simply taking roll call or determining it – in determining if a quorum is present. So, at that time, only if a member of the committee questions the presence of a quorum, it is necessary to reassess the presence of a quorum.

Now, if quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting. So we will record – all of our MAP meetings are under recording as well as the electronic ballot. MAP has established a consensus threshold as well and that is reaching greater than or equal to 60% of voting participants positively voting and minimum of 60% of the quorum figure voting positively.

One thing to note is that abstentions do not count in the denominator. So, if, for example, a – someone who had – result of measure had a measure under consideration and they would recuse themselves and they would not count in

the denominator. So, every measure under consideration receives a final position under MAP voting principles.

Staff provides an overview of the process for establishing consensus through voting at the start of each in person meeting. So, we just revisit exactly how the vote is conducted. After additional introductory presentation from staff and the chair is contacts for each programmatic discussion, voting begins.

The in-person meeting discussion guide organizes content and that looks like the measures under consideration divided into a series of related groups for the purposes of discussion and voting. Groups are likely to be organized around programs.

So, we usually go, for example, with hospital programs and then individual programs under hospital's purview. Whereby condition categories inside of clinician, for example, we may group things if we're just looking at measures that has to do with blood pressure, where they may cover multiple programs or opioids for example.

Each measure under consideration will have been subject to a preliminary staff analysis. The preliminary analysis will be based on a decision algorithm that was approved by the Coordinating Committee. The discussion guide that we will use will note the result of the preliminary analysis and provide the rationale to support how that conclusion was reached.

I will outline the step-by-step process by which MAP conducts the voting procedure. First, staff will review the preliminary analysis for each measure using the MAP selection criteria and programmatic objectives. Then we hand it over to lead discussants to review and present their findings. Each measure will have a lead discussant assigned prior to convening a MAP.

The next step, co-chairs will ask for any clarifying question from the workgroup or the Coordinating Committee. The co-chairs will compile all of the workgroup questions. And once those questions are compiled, we revisit them one by one. Measure developers will respond to clarifying questions about the measure. Staff responds to clarifying questions about the decision

with the workgroup about that, and then lead discussants will respond to questions under analysis.

Next, we vote on acceptance of preliminary analysis decision. So, this is our starting point for the vote. After all the clarifying questions have been resolved, we open for the vote on accepting the assessment. That probably runs inside of the workgroups. For the Coordinating Committee, it's a little bit different. We initially vote on the workgroup recommendation. So, wherever the workgroup landed if it's not the time at the preliminary analysis, that's where the Coordinating Committee starts.

Now, we're presenting it this way because not to (create) confusion but because we didn't want to have multiple slides with step 3. But just know that this is the workgroup policy. For Coordinating Committee, the policy is to initiate the vote based on what the workgroup voted.

Now, greater than or equal to 60% of the workgroup's members vote to accept the preliminary analysis assessment at the workgroup level, then the preliminary analysis assessment will become the workgroup recommendation. And if it's less than 60% of the workgroup votes to accept the preliminary analysis assessment, discussion then open on the measure.

So, this is a little bit different than how NQF conducts our consensus development process for measure endorsement. You'll notice that we have a delay before we get to full discussion of the measure. We tally questions or document questions first then we designate who will respond to those questions, and then we vote on whether to accept the preliminary analysis based on that. And if we don't get the consensus on that, then we go to the full discussion.

Okay. Once we get to the discussion of voting on the measure under consideration, the co-chairs will open for discussion amongst the workgroup. The workgroup members participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.

After the discussion, co-chairs open up the voting for each measure under consideration. That summarized major themes. Co-chairs determine what decision category will be put to a vote first based on the potential consensus emerging from the – emerging from the discussion. If the co-chairs do not feel that there is a consensus position to use to begin voting, the workgroup will take a vote on each potential decision category one at the time, beginning with support. Conditional support, then do not support with potential for mitigation, and then finally, do not support for rulemaking.

The last step of this process is the tallying of the votes. If a decision category put forward by the co-chairs received greater than or equal to 60% of the votes, the motion will pass. The measure receives that decision assignment. If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision stands. And this should be marked by staff and noted for the Coordinating Committee's consideration.

Okay, Chip. I'm handing it back over to you for Coordinating Committee discussion. (Unintelligible) at the workgroup level. But if you need any clarification how it works with the Coordinating Committee level, I'm happy to do that.

Chip Khan: Okay. I have a comment, but I'll hold the comment and open it up. Are there any questions about the process or any concerns that would lead us to consider any changes in what was described?

Ronald Walters: This is Ron. Can I add a comment?

Chip Khan: Sure. Yes. That's what the …

Ronald Walters: The reason why we frontloaded this was – is it became quite clear after about three years as the number of measures in the workgroup (hit the) 30s that we were going to be there for a week reaching our decisions. And so, it was very important to get as fast as possible for something on the table that the committee would either accept or reject. I call it a consent agenda because that's what it's called in (modern) situations and that at least cut the size down quite a bit usually.

And then people could, of course, pull things from the consent agenda and get into the kind of more complicated process, you just heard Sam go through, if they chose to. But it's always a matter of balancing time available versus getting consensus as fast as possible.

Chip Khan: Yes. It clearly was a journey to get here. But I think it works.

Samuel Stople: Not so many hands raised right now.

Chip Khan: Let me tell you this. I'm trying to get – let me ask you a question, Sam, and I don't know if this is the right place to ask it. Is it an – we're not that large. Is it – is it possible to use Zoom or some other method that we can watch – look at each other? I mean I think in this kind of – when we get into this process, doing it over the phone is very, very difficult. And even doing it virtually is difficult, but not having some association and feel of being able to have look at each other as hard as it is on the Internet still makes it feel more like a real meeting.

Samuel Stople: Chip, I couldn't agree with you more. We've had that number of discussions both internally and with our colleagues at CMS about the implications associated with going to an all virtual meeting. We definitely need something when we're not face-to-face and we are looking to solution that.

And top of mind is figuring out how we can actually look at each other's faces in real time as we're having our discussions. So, we think that's a really important part for encouraging engagement overall. So, stay tuned. We are looking to have a solution in place for the time we convene everyone for the initial meeting in December.

Chip Khan: Good. Okay. Any other discussion in this section?

(Amir): Chip, this is (Amir). Can I ask a question?

Chip Khan: Sure.

(Amir): My question is more about lowering quorum. We're going pretty high profile over here. And my worry is that when you – first of all, (you know) hard

times behind the numbers. I think that's what percentage they're thinking, but there are some signs behind what makes – brings validity to the voting.

So, when you're looking at 60% of the quorum or whatever, 66% – I mixed that number up here and there – and then of those people, you're going to look at 60% would support or do not support something. That brings your end down significantly and not the (unintelligible) that shows that actually brings in a lot of biases.

So, perhaps, it's more (of a question) for NQF team that is it time to reevaluate the whole fundamental percentage that are being used by NQF because that has also been a problem. It has been discussed in many forms as well that do we need to go with that firm measure to be – for any measure to be used on a national level program, you need to have some super majority backing it up or super majority not backing it up to make it valid and not argument.

Because right now, many times you can end up in a situation, but you may have – let's say for the 10-member committee of which three people supported, four were not there or four people support it, three were absent and that makes it valid or not valid measure. Do all of us who were positioned in the room or present in the room believe that that – that this process is bringing forward measures that essentially gives (cost) when it comes to their process?

Chip Khan: I just can't agree with you at all. This – we went through this and actually – I mean this is really a very sensitive issue both at the workgroup benefits level. The whole issue of quorum is – I mean people who belong in the organization have the responsibility to be at the meetings.

To go down the road you're talking is impossible because you'd have to have – you would never reach consensus. I mean if consensus has to be 80% or 90% of the representation rather than – I mean if you can only go – the Congress votes on things and it's based on how many people are there that day. And yes, it's problematic when people don't show up. But the fact is that the 60% is a very high number and people have a responsibility to show up. You can't double dip it. You got to go one way – in my view.

So, I – and we went through this. I mean we've been – we long labored to get to this point in defining the undefinable, which is what is the consensus, how do you quantify a consensus. Well, we sort of came to a grand compromise, which is what you see here. And (I mean) we can readjudicate it. But at the end of the day, you can only go with the – with the – you got to have a quorum with the people you got there that day.

Ronald Walters: This is Ron. I agree. And remember that CMS gets the reports of the ropes. So, it is – it's in the data you showed earlier how many five to four votes got sent through as a measure – got adapted as a measure versus how many 17 to 2 votes did. I would bet – I don't know the data, but I would bet the ones that were strongly supported the higher percentage than those where there was an off close – of a close call.

Chip Khan: Yes.

Michelle Schreiber: Hey. And this is Michelle from CMS. And you are right, we actually keep very close track of exactly what those numbers are. And the ones on the border line are viewed somewhat differently as the ones that has sort of overwhelming support or overwhelming not support. So, thanks.

Chip Khan: Yes. And that's – I mean this is public so that's a prerogative. We really went through a lot of agony to get to this process I can tell you and it took us – remember dialysis, that's all I can say, at the workgroup.

(Crosstalk)

(Amir): So, Chip, as a follow up. So, this decision was made like a long time ago, at some point that I wasn't part of when this percentage isn't all that. I mean (unintelligible) painful, but I also think it's important that we look at some of this – than just speaking to the process that we may have adapted in light of some of the feedback we might be getting from the physician community when it comes to many of these measures.

Chip Khan: Well, I …

(Crosstalk)

(Amir): I do worry about that. I think that if you're going to just say that that's what we decided and we're going to continue doing so because it's organization's responsibility, the problem is using the word there is, you're penalizing the organizations that might be attending but might be – but the folks who are just simply not attending is – I think we need to – the (breathing) is important, right? I heard you what you're saying, but I can – I have more of a scientific argument when it comes to voting than procedural stuff. So, if you want to make our life easy, I see that. But I am directly pushing the validity of – the scientific validity of this methodology.

And they're going to follow – and Chip, it's going to call itself that we follow evidence in the science space. I would like to see some scientific evidence for – let's say that this process is valid.

Chip Khan: Well, first, I think if you look at the numbers, we frequently have almost all the members there. So, I don't – I don't – I'm a little confused by that. And if you have all the members there and you have – and you have the 60% – I mean, first, these are the science. This is the implementation committee.

This is the committee that's looking at the science, the practicality, the burden, all the issues, and making a valued judgment, whether it's at the workgroup or here as to whether or not this is an appropriate measure to be used by CMS and there's a – and we make a recommendation. And as we said, it is just a recommendation. It is not a directive.

And as Michelle said, CMS can look back at the vote. If it's a controversial one, they make their judgment as to whether or not they think they want to put weight on it or not put weight on it because it's only a recommendation. But I – and I'm happy to go through a process, but I don't think there's some ultimate science here as to – I think there's a valued judgment as to whether or not there's a sufficient preponderance of support for something or preponderance of concern about something that it turns into a recommendation.

But to imply that there's – that there's some science that you can come up with, if you can give me – if you want to reinvent the wheel, reinvent the

wheel and come back with a recommendation and obviously we'll consider it. But I don't know what …

(Amir): No. I don't think so. I don't think we need to reinvent the wheel. Again, it goes back to harmonizing across the board. So, the process we use in CQMC, for example, we can also run by NQF. It's very different than MAP. And you're also recommending (unintelligible) there. We're also trying to harmonize the public and private peer measures. But the process is night and day. So, I just need to understand why CQMC has a different process in place and MAP has a different process in place and we're doing the exact same job. It's just that your target audience is CMS.

(Crosstalk)

(Amir): I mean I am just trying to understand why (it has) two different processes.

Chip Khan: Actually, I'm a fed. I don't know enough to make the comparison between the two processes because I haven't been involved in that process. I was involved in the evolution of this process and many of those on the phone, David and others, who were involved with this.

(Amir): Yes.

Chip Khan: And I think after a lot of discussion, I think there was a general feeling that this was fair. But if the committee would like to change it, I mean, obviously, that's the prerogative of the committee that's why we're having the meeting. But I – and I'm not one to say that you have to stick with what you've done in the past. All I could say is it took us – we went through a lot of iterations to get to where we are today. And so, we can re-do it again, but I'm not sure we wouldn't end up in the same place, and that's why I asked if you can put a proposition on the table that's better, then let's think about it.

(Crosstalk)

Samuel Stople: I just want to leave a quick time check through.

Chip Khan: Yes.

Samuel Stople: We're running short on time. We got about 30 minutes left and Leah Binder and David Baker have their (unintelligible).

Chip Khan: Okay. Why don't we get Leah and David and (Amir) to close out and then we'll – Leah?

Leah Binder: Oh, thank you. This is – yes. Thank you. This is Leah Binder. I mean I don't always agree with the votes that I participate in. I've been on the MAP Coordinating Committee for a number of years. But I do agree with the process and I think it has been well thought through.

I think that I have always appreciated that NQF does have such a thorough and thoughtful vetting process, and that really is the best we can do in a political process. And we can think it through, artfully discuss how things work, and I think we have done that.

I really do think that this process has been very effective even though I have not always prevailed in my views, and that I do think that this is – and I believe just having studied many processes like this that this does, I think, meet the (safest). I think this gives CMS the kind of feedback that they really need. Thanks.

Chip Khan: Thanks. David?

David Baker: So, my only comment is on slide 24. Looking at this again, what's being proposed is that 60% voting yes will essentially cut off discussion. So, what that means is if 40% of people don't think – they don't support the preliminary recommendation, then there's no discussion of the issue. That just seems low to me. Whether it should be 66% or 75%, I think you should have a really strong majority – overwhelming majority to cut off discussion.

The reason I say that is if you get up to that high level, it's unlikely that a discussion would reverse the majority. Whereas, if it's 60-40, you could easily see a few people changing their position based on the discussion. So, I think that's something to consider.

Chip Khan: Well, Sam, if somebody wants to change something, is – I guess I'm confused by that. Is this actually the time to do it or we come back at the meeting itself with the proposition to change one of the rules?

Samuel Stople: Well, now is the time we should discuss it and whether or not we're making changes, looks like is another matter. So, we would – we would want to make sure that we give this – the committee some time to ruminate on it and bring a formalized proposal at a later time, presumably during our virtual in-person meeting.

Chip Khan: Well …

(Crosstalk)

Chip Khan: I'm sorry. David?

David Baker: Correct that last year even though we supposedly followed this process, I seem to think that there were a few times when people said there was a little bit of a revolt and we discussed items, for this the reason I am talking about.

Because if you think – you know what? Prior to this, if you go back one slide, it says that you can ask clarifying questions and that kind of spills over that sometimes it wasn't clarifying questions that there are really questions concerning the recommendation. So, if that's acceptable as be able to have serious concerns raised, then that's okay to have the straw vote and cut off at 60. But I think to have a vote and have a 60-40 with no discussion and use that as the final decision of the matter.

Chip Khan: I don't remember at the Coordinating Committee level that we ever on any issue that there were any questions about that we ever lack a discussion at the beginning, whether you want to call it technical, whatever, clarifying that I don't remember anybody ever being shut off in their – in getting their point of view across.

(Crosstalk)

David Baker: I would agree with that. But my point is if you strictly enforce this, that I think there would have been people who were cut off in the past.

Chip Khan: Well, I guess the question is can you rely on the process of the way we've done – as the way we work that if you have concerns they do get shared or do we need to change the constitution. I guess that's the question.

(Amir): David, are you proposing to make it 70 or 75% or something like that, right?

David Baker: A strong enough super majority that we think it would be unlikely reverse by discussion.

(Crosstalk)

David Baker: … one individual raises something that nobody else have thought of and lots of people agree with. But I think you get up to higher percentages and that's most likely.

(Amir): Yes. I mean that – I think it was my concern. I fully support that if that is the change that needs to happen.

Samuel Stople: So, the proposed changes – sorry, this is Sam. Is the proposed change to ensure that we allow sufficient discussion during step 2 for David's concern that some people that may potentially sway others aren't as fitting all those by an early vote. Is that what …

(Crosstalk)

David Baker: … in a nutshell. It's just if there are people who have really strong concerns to just allow them to have a voice and then move quickly to a strong vote after that.

Chip Khan: Rather than change the 60, why can't we change the language on 23. Can you – I don't have – I just forgot it electronically here.

(Crosstalk)

Samuel Stople: … for the group to consider, Chip.

Chip Khan: I mean it seems to me we don't need to have a vote even if you just – you got measure developers respond to the clarifying questions on the specifics of the measure, staff will respond to clarifying questions, lead discussants will respond to questions on their analysis and issues of major concern may be raised, why can't we just change that language?

David Baker: I'm fine with that as long as there's some process to allow people who have what they consider really serious concerns to voice those.

Chip Khan: I mean, frankly, that is what we do anyway.

(Crosstalk)

David Baker: My whole point is if we actually followed what's presented in the slides, it would have been violated multiple times. As long as we could just have that discussion. That's all I wanted to be able to guarantee. Because like you say, in the past, we have not followed what's on these slides.

Chip Khan: I think if you think that – yes. Excuse me?

(Crosstalk)

Woman: …mechanism for minority views could be formally submitted in some way to CMS as something. I think sometimes there is somebody who has a very strong opinion and feels like that is overshadowed by the vote and they just want to make sure that their view is still expected, important and in the recommendation to CMS.

Chip Khan: So, let me make this recommendation. One, if you could modify that one bullet, Sam, and send it around to the committee and then people could – if any – if that's okay with – if anybody feels like they still need to discuss it after that correction is made, then we can do that at the – or actually, this is the meeting for the workgroups discussions. So, we have to decide that now, right, Sam, if it's going to affect the …

(Crosstalk)

Samuel Stople: Yes. What we can do, Chip, and I like your proposal, is to make some modifications to that step 2 so that it's more inclusive of the idea that we've discussed, that we're assuring that we're not barring any conversation. We're so (perspectively) be swayed by having a little bit more dialogue before advancing to a vote.

Chip Khan: Yes.

Samuel Stolpe: We can incorporate that in there.

Chip Khan: Okay. Why don't – I mean, let me ask this. Can the committee feel comfortable that now that we've had a full discussion of this that we have an alternative that would assure that any significant concerns could be raised prior to the next part where you get to a vote? We add that into the lead discussions. Is that sufficient that we could go forward? Any objection to that?

(Amir): So, Chip, this is (Amir). Of course, you already heard my objection (unintelligible). I won't be able to support this process. And also, it goes back to the harmonization with CQMC. This was discussed in depth over there. And we decided the different process over there.

I'm a little bit struggling, same organization. Many of us are sitting over there as well including CMS. But fine with going with the committee's view but (ATP) will – if we are officially voting, I'll have to vote no on this one.

Chip Khan: Well, I wasn't officially…

Misty Roberts: Does it make sense – it's Misty. And I've been listening, still trying to get my feet out of the (unintelligible). But I wonder if it makes sense because (Amir) you mentioned a couple times the CQMC, (they're) in process team different. Does it make sense for NQF – someone from NQF to maybe share what the process is so that we can understand the differences?

Chip Khan: Let me (take) this. Before we get into all that Misty, my preference would be that if there's difference on the committee then we need a proposal – we don't – we need an alternative proposal. I think it's fine (Amir) for you to have

concerns about this. But I think we're going to have to figure out a process. But if you have concerns about this, then we need an alternative proposal.

I think we can go on all day about whether this is sufficiently scientific or sufficiently fair. If it's not, then I think we need another proposal on the table. And rather than get into a discussion of what another committee does or our committee does, if you want the other committee process then let's – then let's have a proposal on the table, which we don't have time to entertain right now, but we can figure out a way to process, and we'll have another proposal.

I think it's very difficult – I understand your concerns. But it's very difficult to then see where that takes me unless you literally – if you can't support this, then tell me what you can support. And then, we'll see whether the committee wants to move in that direction.

But I think we've now had an airing of concern and the question is – because we weren't – we – I mean this – I think you need to offer some alternative.

(Amir): So, Chip, I hear you. And I think I've already offered those. And (unintelligible) I think that's what NQF team and staff members to share at their meeting at MAP as well as other process. I'm not sure what your ask is here.

(Crosstalk)

(Amir): I think I don't have the document. I think NQF needs to share it with you.

Chip Khan: Okay. I don't know how they came to their process. We came to this process over a number of years. I don't – and so, I guess, if you want to entertain the alter – voting exactly like the other group, then okay, staff you need to figure out a process in which we can consider how to throw this out and accept whatever the alternative is. But we don't have much time.

We obviously don't have time right now between now and 5 o'clock to settle this. So, we're going to have to figure out a way to do it if we have sufficient objection.

(Mike): So, this is (Mike) from CMS, just a few quick points here. Thanks, (Amir), for bringing that up, and I agree. Maybe we need to – maybe NQF can share what everyone what the CQMC does and we can push back on that Chip if you guys could figure a way to discuss that. That would be great.

But going back to the NQF process itself, I think we would expect NQF to hold everyone to the processes that is on paper. So, whatever you guys decide for the voting or anything, we want to make sure that that is formalized, so – that it's on paper. It's transparent and it's clearly available for anyone who wishes to see it.

So, just make sure whatever you decide that we officially change it on the book so that we can hold that as a standard moving forward, but appreciate the discussions.

Chip Khan: Well, I mean I think the question before the committee is do we really – do we want to – I mean, I guess it's been suggested. So, I would suggest that the co-chairs – I mean, I'd suggest the committee that you let the co-chairs meet with Sam and figure out a process that offer an alternative system and figure out a way to vote.

I mean, I don't know how we're going to – I don't know if we can have another meeting. But we've got to figure out a way to process if sufficient support on the committee to do that.

Samuel Stolpe: Thanks, Chip. This is Sam. What I would propose to do is you and Misty and I can get together and talk about a way that we could perhaps conduct that in the interim between this call and when we convene again.

Chip Khan: Okay.

Samuel Stolpe: All right.

Chip Khan: So, let's move on.

Samuel Stolpe: All right. So, moving on to measure selection criteria. There's a couple of things I want to highlight here. Primarily, the (unintelligible) as a committee

together. These weren't absolute rules but rather general guidelines for how we should evaluate (ashers) with the focus being on evaluating the relative strengths and weakness of a program measure set as well as how the addition of an individual measure would contribute to that set.

What you'll see is depicted on this slide. So, there's seven criteria themselves. We require that those measures be NQF endorsed. Then the program measure that adequately addresses each of the national quality strategies through (aims), that the program measures set is responsive to specific program goals.

The program measure set includes an appropriate mix of measure types. Program measure set enables a measurement of person and family-centered care and services. program measure set includes considerations for healthcare disparity and cultural competency and also that it promotes (personal) need as well as alignment.

These are the current seven that we've articulated. We just want to make sure that these are indeed the right ones and that there's no changes that we'd need to consider. So, I'll hand it over to Misty to conduct the discussion along these lines.

Misty Roberts: Thanks. Appreciate that. I think the important thing that you notice is that these are general guidelines and not absolute rules. I think that was noted on the prior slide with the (unintelligible) kind of guiding principle. They seemed to have worked well in the past with this process.

So, I would probably just hand this over to say – are there any concerns with how we've done this previously and with these guidelines of principles?

Michelle Schreiber: Hey, Misty. This is Michelle Schreiber at CMS. I think these guidelines are generally correct. I would say if CMS going to (back) to meaningful measures that I'd like maybe that we include under alignment that it's aligned with those domains of meaningful measures.

And a couple of things that we really do prioritize is outcomes measures over process. I know process measures have a role, but there's a real specific heavier weight given to outcomes measures. And it says here a mix of

measure types. But there really is a priority for outcomes measures to be used in at least in programs. And there's nothing here that prioritizes digital measures or patient-reported outcome. I mean, five sort of gets to that. So, I just wonder if maybe we could be a bit more explicit.

Samuel Stolpe: Thanks, Michelle. I will mention that we do get more granular when we get into the actual preliminary analysis algorithm which was also approved by the coordinating committee. This puts a clear emphasis on outcomes measures.

Michelle Schreiber: Okay. Thank you. I appreciate that. I just wonder if even the selection criteria should be a bit more granular and focused also. Thanks.

Misty Roberts: So, Michelle, appreciate that comment, Michelle. So, are you thinking that that would really tie in to number four and maybe something in terms of the measure sets including appropriate mix of measure types within an emphasis on outcomes measures just something as simple as that?

Michelle Schreiber: Yes, exactly. That would be great. And same thing under patient reporting with an emphasis on patient reported measures and somewhere an emphasis on digital measures because that's really the path forward that CMS is trying to take, and it would be nice if we were all kind of pharmanized around that.

Misty Roberts: So with this, my being new to this, I might – I need a little bit guidance, Chip and Sam on something like this. Is this is something that we vote on or how does this work?

Man: Well, in the past – we could vote on it, if there's a proposition on the table. You could make a proposition in a second.

Misty Roberts: So if I understanding correctly, I would say changing the number 4, the proposition would be that program measures set is an appropriate mix of measure tied with an emphasis on outcomes measures, patient reported outcomes and digital measures. Is that – is that fair Michelle?

Michelle Schreiber: I mean that definitely works for me. On the other hand, it is the committee's recommendation of what measures they think belong in

programs. So, I don't want to violate that either but this is kind of the direction that not only CMS is looking towards but I think HHS and their quality road map is looking towards as well. So yes, thanks.

Chip Khan: I think as utility, this is Chip, and being consistent.

Misty Roberts: Yes, I agree.

Chip Khan: But I think it's up – I mean did somebody want to make a motion and we can proceed. It's up to you. I mean this (unintelligible) the other Chair.

Ronald Walters: This is Ron, I make a motion that we accept the wording as said.

Man: I second.

Misty Roberts: Okay. So, how would be – so how would the voting work virtually?

Man: That makes it a little challenging. We can send out a SurveyMonkey vote after the call that – since we captured what the formalized proposal motion would be. We can – we'll send out the SurveyMonkey to the group after the call and tally the votes and inform the group of the voting results.

Man: Okay. I guess the only issue is if we said, if there's any objection or do you have the concern that we have to redo the number – redo the roll call to make sure we have a quorum, I mean why – I mean the – I'm happy to do the vote, electronically. But – I mean if there's no – is there objection to it on the phone?

Anyway but whatever you think, Sam, we can do.

Man: Sounds like it.

(Crosstalk)

Man: We can also do unanimous consensus.

Man: Yes. I think – I think you got – I think you got it. So, let's just – I think we can – Misty, I'm sorry, it's your Chair.

(Crosstalk)

Misty Roberts: No.

Man: But think we can do it.

Misty Roberts: No, I certainly need your guidance but I think that's a good point. So, I'll open it up to say, is there any objection?

So without any objection, then we accept the change for bullet – to say program measure set includes an appropriate mix of measure type with an emphasis on outcomes measures, patient reported outcomes and digital measures.

Samuel Stolpe: All right, very good. Any other further discussion around this particular item or should we move on to the next section, Misty?

Misty, did you want us to move on to the next section?

Misty Roberts: Yes.

Samuel Stolpe: All right, very good. So, the next section is on the preliminary analysis algorithm. I don't think we're going to get very far, given that we've only got six minutes remaining but I'll try to tackle what I can. Just as a reminder, the preliminary analysis is the basic tool that (unintelligible) starting point for the conversation that MAP has around each of the measures.

This algorithm was developed by the MAP Coordinating Committee based on the principles that were outlined there. Given that we have so little time, I think I'm going to actually have to curtail the conversation around this and we can revisit some of this that had a laser point.

And I'll convene with the coaches after the call to talk to them exactly how we could potentially get feedback from MAP on the – from the coordinating committee on both this section as well as the decision categories that we had from last year. So, potentially what we could do and maybe this is what we should discuss for the next few minutes is I'll share these two items for written feedback from the coordinating committee.

And if any formalized proposals on how we could potentially adjust these to make them better comes forward, we could share that (from the) electronic vote. How does that sound as an approach, given that we ran out of time today?

Misty Roberts: I think that makes sense.

Samuel Stolpe: Chip, what do you think?

Chip Khan: I think it's fine.

Samuel Stolpe: Okay, very good. Let's go ahead and open up the lines at this point. We – for the public an opportunity to comment on our proceedings or every meetings that we host as (unintelligible) applications partnership. So, that's what we'll do at this time. The line is now open for public comments. If you like to get your staff to read your comment, please feel free to enter your comment into the participant feedback section on the virtual platform. The line is now open for public comment.

Okay, hearing none. I'll go ahead and hand it over to my colleague, Carolee Lantigua) was going to be covering next steps for MAP. Carolee?

Carolee Lantigua: Thank you, Sam. So, we want to go over the next steps both for the overall net process and timeline (unintelligible) for the coordinating committee. So, this meeting (as far as) with first live meeting of the cycle and for the rest of the month of September and early October, we'll be hosting a series, (for) orientation meetings for the – setting specific workgroups as well as the all MAP orientation which will take place on September 17th.

Additionally in October, our staff has begun to work on these preliminary analysis. By or on December 1st, the (log post) will be released and posted on our public site along with an alert to all MAP members to notify everybody that they can review the list. Once the (MAP) list is published, there will be a brief public commenting period followed by the MAP World Health Web Meetings for review.

In (five) years, NQF would host multiple in-person meetings. However, due to travel restrictions in COVID setting specific (foot rails) we'll be convening virtually in a one-day, all day virtual forum. The web meeting will start with all (works) together for opening remarks before they break into virtual break rooms with each workgroup will discuss the relevant measures.

Once the (unintelligible) made their recommendations for the coordinating committee, the recommendation will be published for public comment. And then after the holidays, the coordinating committee will convene virtually one last time to finalize the MAP input.

So, on this slide is the list of the actual dates. For workgroups web meeting, will take place on December (4, 7) and 9th and the one day virtual setting specific (workgroup) review meeting will be December 17th and then the coordinating committee will convene on January 19th.

You all should have received the invitations for the (on MAP) orientation on September 17th and the virtual forum on January 19th. If you have not, please reach out to our team and we'll make sure to send those your way.

And then finally, all web meeting materials relevant to the coordinating committee web meeting can be found in the committee SharePoint site and on our public Web site. And then finally, this is just the list of sources we like to extend to all of you including the 2020 CMS needs and priorities document as well as the updated MAP member guidebook.

Are there any questions about the timeline or is this process or anything?

Okay, I'll turn it back to you, Sam.

Samuel Stolpe: All right. Thanks very much. On behalf of the NQF staff, it just remains for me to say, thank you for this discussion to our coordinating committee members and to our CMS callers. We appreciate you being around the table. I'll hand it over to our co-chairs for any closing remarks.

Chip Khan: This is Chip, I just want to thank everybody for all the discussion. I think we had a good discussion around representation and I think we'll take a hard look

at our voting process and come up with some way to accommodate some kind of reconsideration along the lines that was being suggested and then we can consider how to proceed with an alternative on the table, at least to discuss.

Misty Roberts: Yes and I would just say, I agree and I appreciate the robust discussion and looking forward to the rest of the year.

Samuel Stolpe: Very good. Thank you everyone. We are adjourned.

Man: Okay, thanks.

END