



NATIONAL  
QUALITY FORUM

# Measure Applications Partnership

All MAP Orientation and Pre-Rulemaking Process Web  
Meeting

*November 19, 2018*

# Welcome

# Agenda

- Overview and Review of Statutory Authority
- Creation of the Measures Under Consideration (MUC) List
- Review of the MAP Pre-Rulemaking Approach
- Preliminary Analysis Algorithm
- Voting Process
- Discussion Guide
- Public Comment
- Next Steps

# Statutory Authority in Pre-Rulemaking

# Measure Applications Partnership

## Statutory Authority

The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to “**convene multi-stakeholder groups to provide input on the selection of quality measures**” for public reporting, payment, and other programs. (ACA Section 3014).

# The Role of MAP

- Inform the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provide input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identify gaps for measure development, testing, and endorsement
- Encourage measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - ▣ *Promote coordination of care delivery*
  - ▣ *Reduce data collection burden*

# What is Rulemaking?

Rulemaking refers to the process that government agencies—such as the Department of Health and Human Services (HHS)—use to create regulations.



<http://en.wikipedia.org/wiki/Rulemaking>

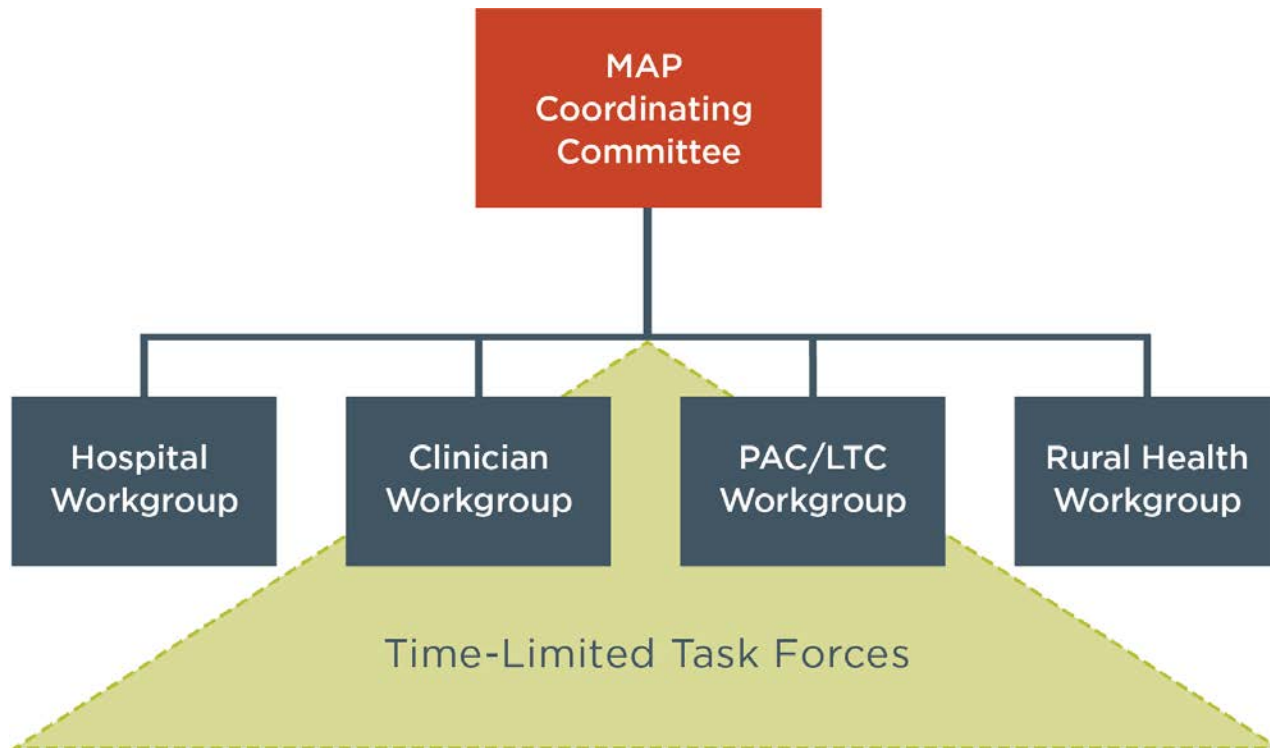
# What is the value of pre-rulemaking input?

- Facilitates multistakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent and open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

<http://en.wikipedia.org/wiki/Rulemaking>

# MAP Overview

# MAP Structure



# MAP Members

Three types of members:

- **Organizational Representatives**

- ▣ *Constitutes the majority of MAP members*
- ▣ *Include those that are interested in or affected by the use of measures*
- ▣ *Organizations designate their own representatives*

- **Subject Matter Experts**

- ▣ *Serve as individual representatives bringing topic specific knowledge to MAP deliberations*
- ▣ *Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts*

- **Federal Government Liaisons**

- ▣ *Serve as ex-officio, non-voting members representing a federal agency*

# MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

# MAP Coordinating Committee

## NQF Staff Support Team

- Erin O'Rourke, Senior Director
- Shaconna Gorham, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- Taroon Amin, Consultant
- **Project Email:**  
[MAPCoordinatingCommittee@qualityforum.org](mailto:MAPCoordinatingCommittee@qualityforum.org)

# MAP Hospital Workgroup Charge

**MAP Hospital Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Hospital Inpatient Quality Reporting (IQR)/Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Conditions Payment Reduction (HACRP)
- Hospital Outpatient Quality Reporting (OQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- End-Stage Renal Disease (ESRD) QIP

# MAP Hospital Workgroup

## NQF Staff Support Team

- Melissa Mariñelarena, Senior Director
- Madison Jung, Project Manager
- Desmirra Quinnonez, Project Analyst
- **Project Email:** [MAPHospital@qualityforum.org](mailto:MAPHospital@qualityforum.org)

# MAP Clinician Workgroup Charge

**MAP Clinician Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (Accountable Care Organizations)

# MAP Clinician Workgroup

## NQF Staff Support Team

- John Bernot, Senior Director
- Miranda Kuwahara, Project Manager
- Vaishnavi Kosuri, Project Analyst
- **Project Email:** [MAPClinician@qualityforum.org](mailto:MAPClinician@qualityforum.org)

# MAP Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup Charge

**MAP PAC/LTC Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:**

- Nursing Home Quality Initiative
- Home Health Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting
- Skilled Nursing Facility Quality Reporting Program

# MAP PAC/LTC Workgroup

## NQF Staff Support Team

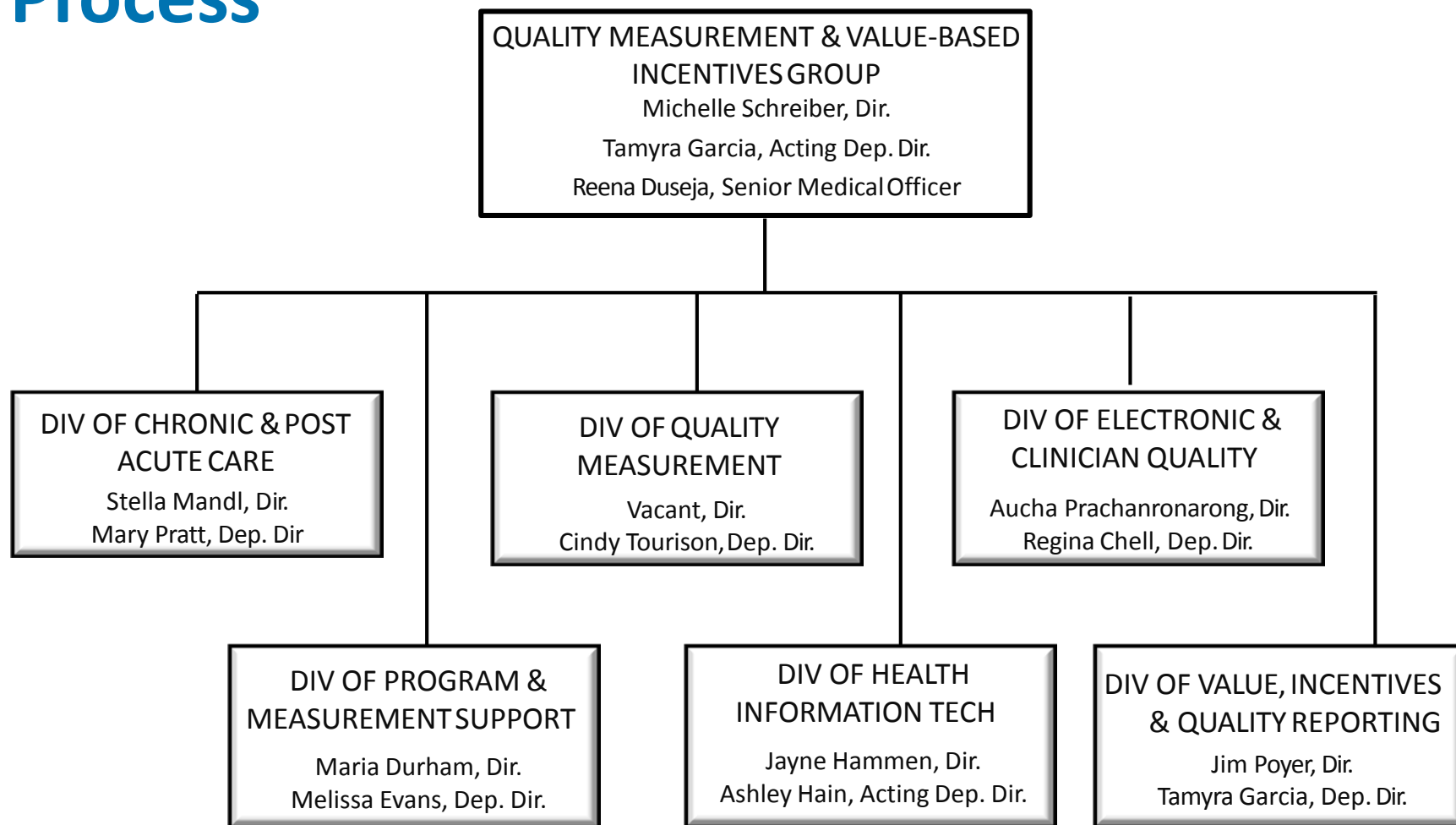
- Erin O'Rourke, Senior Director
- Sam Stolpe, Senior Director
- Shaconna Gorham, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- **Project Email:** [MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)

# MAP Also Provides Guidance beyond Pre-Rulemaking

- Current
  - ▣ *Rural Health*
  
- Past
  - ▣ *Health Insurance Exchange Quality Rating System*
  - ▣ *Demonstrations to integrate care for dual eligible beneficiaries*
  - ▣ *Medicaid Adult Core Set*
  - ▣ *Medicaid & CHIP Child Core Set*

# Creation of the MUC List

# CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process



# Statutory Authority: Pre-Rulemaking Process

- *Under section 1890A of the Act and ACA 3014, HHS is required to establish a pre-rulemaking process under which a consensus-based entity (CBE) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain CMS programs.*
- *The list of quality and efficiency measures HHS is considering for selection is to be publicly **published no later than December 1** of each year. No later than **February 1** of each year, the CBE is to report the input of the multi-stakeholder groups, which will be considered by HHS in the selection of quality and efficiency measures.*

# Considerations for Selection of 2018 MUC List Measures

- **Alignment with Meaningful Measures/Gap Areas**
  - ▣ *Measures should be a high priority quality issue or meet a statutory requirement.*
- **Measure Type**
  - ▣ *Outcome measures are preferred.*
- **Burden**
  - ▣ *Consider amount of burden associated with the measure.*

# Considerations for Selection of 2018 MUC List Measures (cont'd)

- **Measures With Complete Specifications**

- ▣ *Ideally, measures should have NQF endorsement; however, NQF endorsement is not absolutely necessary.*

- **Feasibility**

- ▣ *Measure should be able to be feasibly implemented by CMS.*

- **Alignment**

- ▣ *Consider alignment of similar measures across CMS programs and with private payers while minimizing duplication of measures and measure concepts.*

# Medicare Programs

Ambulatory Surgical Center Quality Reporting Program

End-Stage Renal Disease Quality Incentive Program

Home Health Quality Reporting Program

Hospice Quality Reporting Program

Hospital-Acquired Condition Reduction Program

Hospital Inpatient Quality Reporting Program

Hospital Outpatient Quality Reporting Program

Hospital Readmissions Reduction Program

Hospital Value-Based Purchasing Program

Inpatient Psychiatric Facility Quality Reporting Program

Inpatient Rehabilitation Facility Quality Reporting Program

Long-Term Care Hospital Quality Reporting Program

Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals

Medicare Shared Savings Program

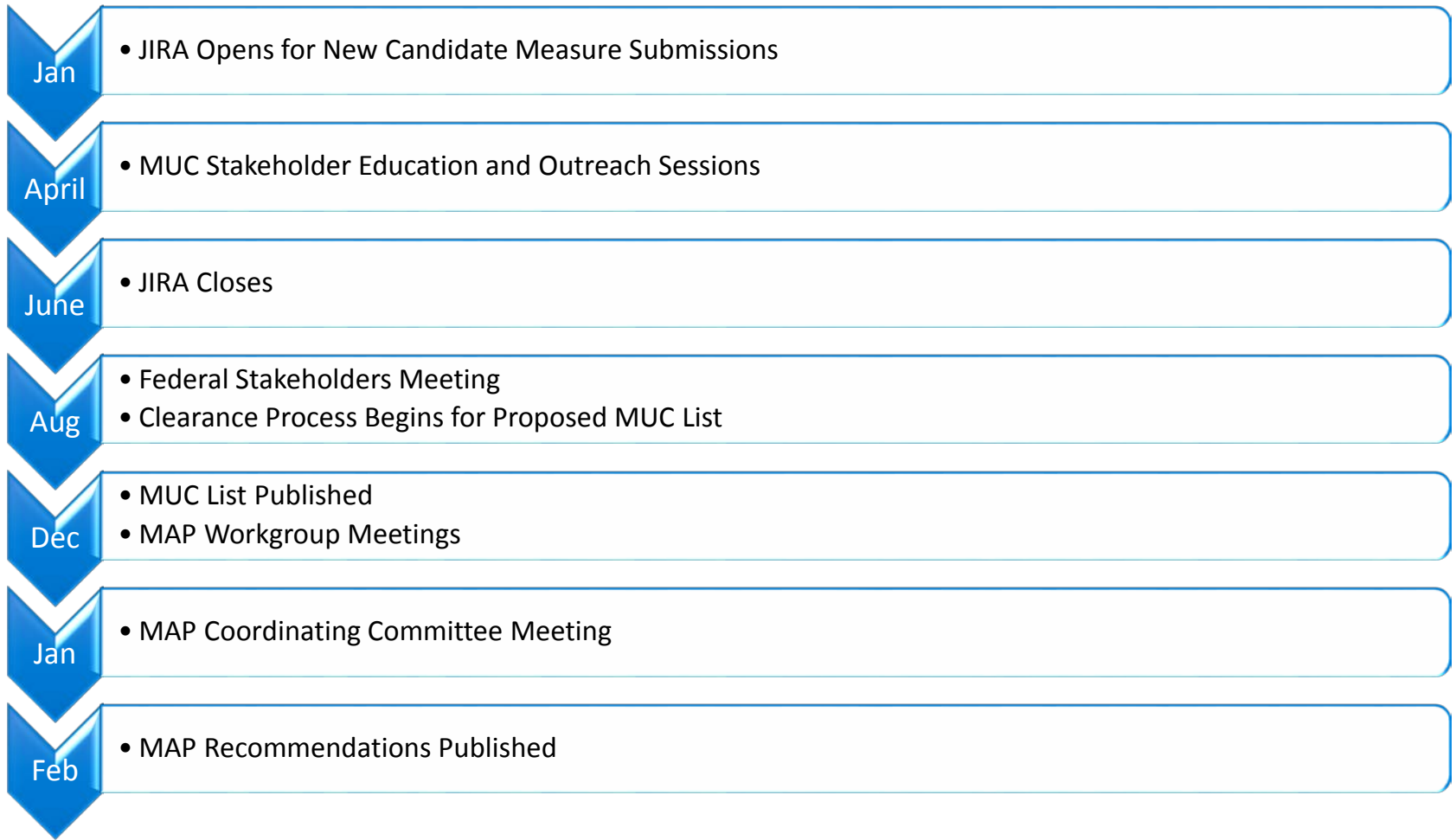
Merit-based Incentive Payment System

Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Skilled Nursing Facility Quality Reporting Program

Skilled Nursing Facility Value-Based Purchasing Program

# Measures Under Consideration List Timeline



# Review of MAP Pre-Rulemaking Approach

# Approach

The approach to the analysis and selection of measures is a three-step process:

1. Develop program measure set framework
2. Evaluate MUCs for what they would add to the program measure set
3. Identify and prioritize gaps for programs and settings

# Key Updates for 2018-2019

Measure  
Selection Criteria

Decision  
Categories

Preliminary  
Analysis  
Algorithm

Voting Process

# Measure Selection Criteria

# MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs.
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address the NQS's three aims, fill measurement gaps, and increase alignment.
- Reference for:
  - ▣ *evaluating the relative strengths and weaknesses of a program measure set*
  - ▣ *how the addition of an individual measure would contribute to the set*
- MAP uses the MSC to guide its recommendations. The MSC are the basis of the preliminary analysis algorithm.

# Updates for 2018-2019

- Criterion #2 was revised to move away from specifically reference the National Quality Strategy (NQS). This change is intended to:
  - ▣ *Keep the MSC update to date*
  - ▣ *Provide guidance that MAP could look to CMS's Meaningful Measures Framework to promote alignment with other efforts*

# MAP Measure Selection Criterion #1: NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

*Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.*

- Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

## MAP Measure Selection Criterion #2: Program measure set actively promotes key healthcare improvement priorities, such as those highlighted in CMS' "Meaningful Measures" Framework

*Demonstrated by a program measure set that promotes improvement in key national healthcare priorities such as CMS's Meaningful Measures Framework. Other potential considerations include addressing emerging public health concerns and ensuring the set addresses key improvement priorities for all providers.*

## MAP Measure Selection Criterion #3: Program measure set is responsive to specific program goals and requirements

*Demonstrated by a program measure set that is “fit for purpose” for the particular program.*

- Sub-criterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program’s intended care setting(s), level(s) of analysis, and population(s)
- Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers
- Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)
- Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program
- Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

## MAP Measure Selection Criterion #4: Program measure set includes an appropriate mix of measure types

*Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program*

- Sub-criterion 4.1 In general, preference should be given to measure types that address specific program needs
- Sub-criterion 4.2 Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes
- Sub-criterion 4.3 Payment program measure sets should include outcome measures and cost measures to capture value

## MAP Measure Selection Criterion #5: Program measure set enables measurement of person- and family-centered care and services

*Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration*

- Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- Sub-criterion 5.2 Measure set addresses shared decision making, such as for care and service planning and establishing advance directives
- Sub-criterion 5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

## MAP Measure Selection Criterion #6: Program measure set includes considerations for healthcare disparities and cultural competency

*Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).*

- Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
- Sub-criterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

## MAP Measure Selection Criterion #7: Program measure set promotes parsimony and alignment

*Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.*

- Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or settings

# MAP Decision Categories

# MAP Decision Categories

- MAP Workgroups must reach a decision about every measure under consideration
  - ▣ *Decision categories are standardized for consistency*
  - ▣ *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*

# Changes to MAP's Decision Categories

- Remove the refine and resubmit category
  - ▣ *Committee members noted that MAP does not have the ability require a measure to be resubmitted to MAP.*
  - ▣ *There was also confusion about the difference between conditional support and refine and resubmit and when each category should be applied.*
- Create a new category “do not support with potential for mitigation.”
  - ▣ *Goal is to clarify MAP does not believe this measure is ready for use at this time*
  - ▣ *Measure would require a substantive change to gain MAP support*
  - ▣ *However, MAP retains the ability to show it is supportive of the concept and to suggest input on how the measure could be improved*
- Add definitions for each decision category

# Potential Decision Categories for 2018-2019

Decision Category	Definition	Evaluation Criteria
<b>Support for Rulemaking</b>	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
<b>Conditional Support for Rulemaking</b>	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>
<b>Do Not Support for Rulemaking with Potential for Mitigation</b>	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
<b>Do Not Support for Rulemaking</b>	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

# Preliminary Analysis Algorithm

# Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure in light of MAP's previous guidance.
  - ▣ *This algorithm was approved by the MAP Coordinating Committee.*

# Preliminary Analysis of Measures Under Consideration

To facilitate MAP's discussions, NQF staff will conduct a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration.

This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

# MAP Preliminary Analysis Algorithm

- 1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.
- 2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.
- 3) The measure addresses a quality challenge.
- 4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
- 5) The measure can be feasibly reported.
- 6) The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).
- 7) If a measure is in current use, no negative unintended issues to the patient have been identified.
- 8) If a measure is in current use, no implementation challenges outweighing the benefit of the measure have been identified.

# MAP Preliminary Analysis Algorithm

- **Assessment 1: The measure addresses a critical quality objective not adequately addressed by the measures in the program set.**
- **Definition:**
  - ▣ *The measure addresses key healthcare improvement priorities such as CMS' Meaningful Measures Framework; or*
  - ▣ *The measure is responsive to specific program goals and statutory or regulatory requirements; or*
  - ▣ *The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.*
- **Result:**
  - ▣ *Yes: Review can continue.*
  - ▣ *No: Measure will receive a do not support.*
  - ▣ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 2: The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.**
- **Definition:**
  - ▣ *For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).*
  - ▣ *For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.*
- **Result:**
  - ▣ *Yes: Review can continue.*
  - ▣ *No: Measure will receive a do not support.*
  - ▣ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 3: The measure addresses a quality challenge.**
- Definition:
  - ▣ *The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e. a safety event that should never happen); or*
  - ▣ *The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.*
- Result:
  - ▣ *Yes: Review can continue*
  - ▣ *No: Measure will receive a do not support.*
  - ▣ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 4: The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.**
- **Definition:**
  - ▣ *The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or*
  - ▣ *The measure captures a broad population; or*
  - ▣ *The measure contributes to alignment between measures in a particular program set (e.g., the measure could be used across programs or is included in a MAP “family of measures”) or*
  - ▣ *The value to patients/consumers outweighs any burden of implementation.*
- **Result:**
  - ▣ *Yes: Review can continue*
  - ▣ *No: **Highest rating can be do not support with potential for mitigation***
  - ▣ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 5: The measure can be feasibly reported.**
- Definition:
  - ▣ *The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)*
- Result:
  - ▣ *Yes: Review can continue*
  - ▣ *No: Highest rating can be do not support with potential for mitigation*
  - ▣ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 6: The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s)**
- Definition:
  - ▢ *The measure is NQF-endorsed; or*
  - ▢ *The measure is fully developed and full specifications are provided; and*
  - ▢ *Measure testing has demonstrated reliability and validity for the level of analysis, program, and/or setting(s) for which it is being considered.*
- Result:
  - ▢ *Yes: Measure could be supported or conditionally supported.*
  - ▢ *No: Highest rating can be Conditional support*
  - ▢ *MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 7: If a measure is in current use, no negative unintended issues to the patient have been identified.**
- Definition:
  - ▣ *Feedback from implementers or end users has not identified any negative unintended consequences to patients (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and*
  - ▣ *Feedback is supported by empirical evidence.*
- Outcome:
  - ▣ *If no negative unintended consequences have been identified: Measure can be supported or conditionally supported.*
  - ▣ *If negative unintended consequences are identified: The highest rating can be Conditional Support.*
  - ▣ *MAP can also choose to not support the measure, with or without the potential for mitigation. MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# MAP Preliminary Analysis Algorithm

- **Assessment 8: If a measure is in current use, no implementation challenges outweighing the benefit of the measure have been identified.**
- Definition:
  - ▣ *Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; and*
  - ▣ *Feedback is supported by empirical evidence.*
- Outcome:
  - ▣ *If no implementation issues have been identified: Measure can be supported or conditionally supported.*
  - ▣ *If implementation issues are identified: The highest rating can be Conditional Support.*
  - ▣ *MAP can also choose to not support the measure, with or without the potential for mitigation. MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.*

# Q&A

# Review of the Voting Process

# Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the committee present in person or by phone for the meeting to commence.
  - *Quorum must be established prior to voting. The process to establish quorum is constituted of 1) taking roll call 2) Determining if a quorum is present 3) proceeding with a vote. At this time, only if a member of the committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.*
  - *If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.*
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60% of the quorum figure voting positively.
  - *Abstentions do not count in the denominator.*
- Every measure under consideration will receive a decision.
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
  - *Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).*
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.*

# Workgroup Voting Procedures

- Step 1. Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings.
- Step 2. The co-chairs will ask for clarifying questions from the Workgroup. The chairs will compile all Workgroup questions.
  - *Measure developers will respond to the clarifying questions on the specifications of the measure.*
  - *NQF staff will respond to clarifying questions on the preliminary analysis.*
  - *Lead discussants will respond will respond to questions on their analysis.*
- Step 3. Voting on acceptance of the preliminary analysis decision.
  - *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a yes or no vote to accept the result.*
  - *If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.*

# Workgroup Voting Procedures

- Step 4. Discussion and Voting on the MUC
  - ▣ *The co-chair will open for discussion among the Workgroup. Workgroup members should 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, the co-chair will open the MUC for a vote.*
    - » NQF staff will summarize the major themes of the Workgroup's discussion.
    - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

# Workgroup Voting Procedures

- Step 5: Tallying the Votes:
  - ▣ *If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.*
  - ▣ *If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.*

# Coordinating Committee Voting Procedure

- Step 1. Staff will review the Workgroup decision for each MUC, and Lead Discussants will review and present their findings.
- Step 2. The co-chairs will ask for clarifying questions from the Coordinating Committee. The chairs will compile all Committee questions.
  - ▣ *Measure developers will respond to the clarifying questions on the specifications of the measure.*
  - ▣ *NQF staff will respond to clarifying questions on the Workgroup decision.*
  - ▣ *Lead discussants will respond will respond to questions on their analysis.*
- Step 3. Voting on acceptance of the Workgroup decision.
  - ▣ *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the Workgroup decision. This vote will be framed as a yes or no vote to accept the result.*
  - ▣ *If greater than or equal to 60% of the Coordinating Committee members vote to accept the Workgroup decision, then the Workgroup decision will become the MAP recommendation. If less than 60% of the Coordinating Committee votes to accept the Workgroup decision, discussion will open on the measure.*

# Coordinating Committee Voting Procedure

- Step 4. Discussion and Voting on the MUC
  - ▣ *The co-chair will then open for discussion among the Coordinating Committee. Committee members should 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, the co-chair will open the MUC for a vote.*
    - » NQF staff will summarize the major themes of the Committee's discussion.
    - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Committee will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support.

# Coordinating Committee Voting Procedure

- Step 5: Tallying the Votes:
  - ▣ *If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.*
  - ▣ *If a no decision category achieves greater than 60% to overturn the Workgroup decision, the Workgroup decision will stand.*

# Q&A

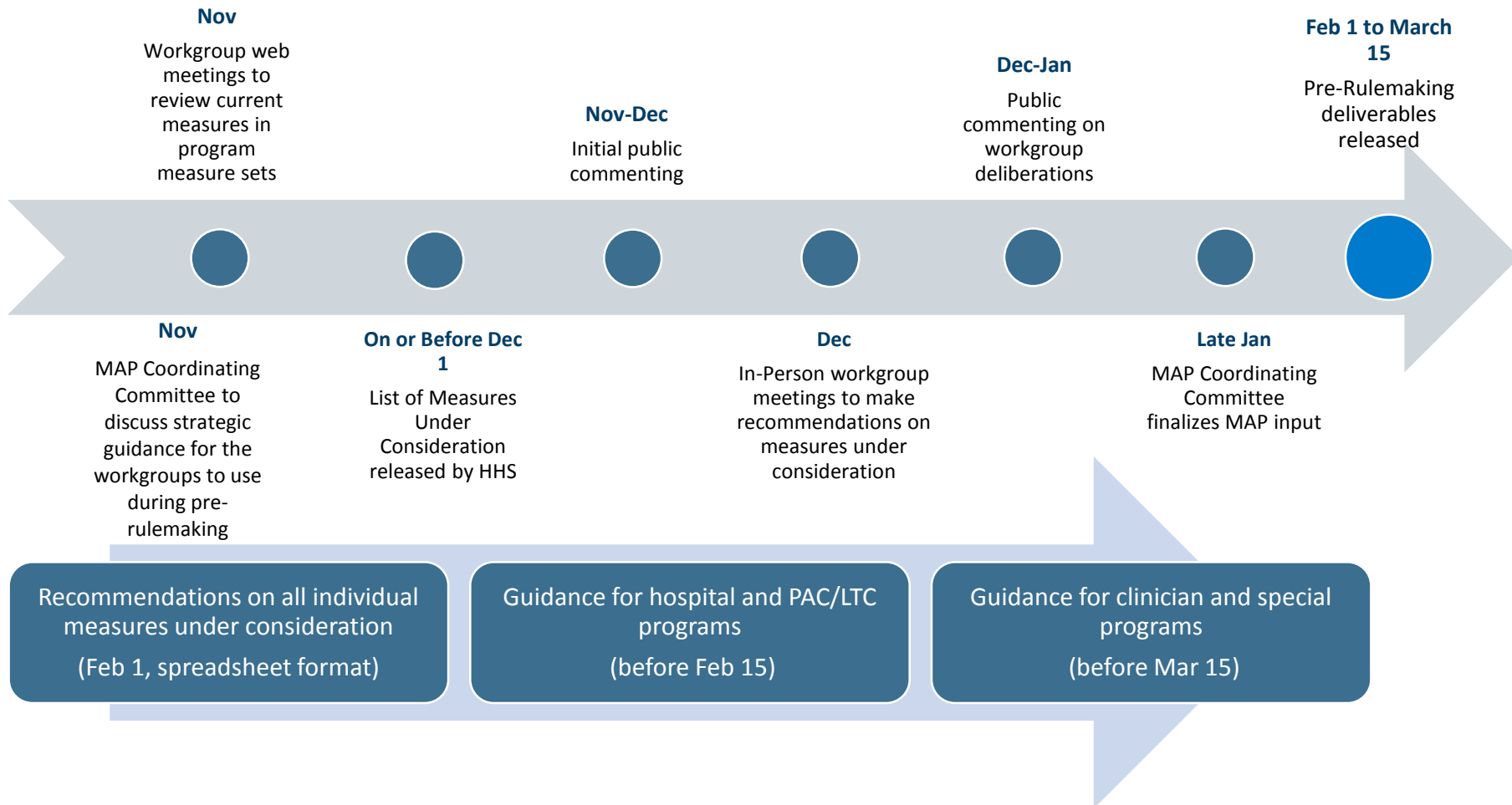
# Review of the Pre-Rulemaking Discussion Guide

# Q&A

## Public and Member Comment

# Next Steps

# MAP Approach to Pre-Rulemaking: A look at what to expect



# Timeline of Upcoming Activities

**Release of the MUC List – by December 1**

**Public Comment Period #1** – Timing based on MUC list release

## **In-Person Meetings**

- PAC/LTC Workgroup – **December 10**
- Hospital Workgroup – **December 11**
- Clinician Workgroup – **December 12**
- Coordinating Committee – **January 22-23**

**Public Comment Period #2** – Following Workgroup In-Person Meetings

# Resources

- CMS Pre-Rulemaking Webinars:
  - [April 3, 2018: CMS Measures Under Consideration \(MUC\) Kick Off](#)
  - [April 5, 2018: CMS Measures Under Consideration \(MUC\) List Open Forum](#)
  - [April 10, 2018: CMS Program-Specific Measure Needs and Priorities Session](#)
- CMS' Measurement Needs and Priorities Document:
  - [Final 5 29 2018 MUC Program Priorities Needs](#)
- Pre-Rulemaking URL:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- MAP Member Guidebook:
  - <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515>

# Adjourn