

# Welcome to Today's Virtual Review!

## Housekeeping reminders:

- ▣ Please mute your computer or line when you are not speaking
- ▣ Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- ▣ We encourage you to turn on your video, especially during the measure discussions and when speaking
- ▣ To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery."
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  - » *To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
- ▣ Feel free to use the chat feature to communicate with the NQF Host or IT Support
- ▣ For this meeting, we will be using Zoom for presentations and discussions, and will use **Poll Everywhere** for voting. Please ensure you have access to both platforms.

If you are experiencing technical issues, please contact us at

[MAPHospital@qualityforum.org](mailto:MAPHospital@qualityforum.org) or [MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)



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# Measure Application Partnership (MAP)

PAC/LTC and Hospital Workgroups Virtual Review Meeting

*January 11, 2021*

Funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I – HHSM-500-T0003.

## Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks and Meaningful Measures Update
- Overview of Pre-Rulemaking Approach
- CMS Presentation on COVID-19 Measures and Q&A
- **Lunch and Separate into Individual Workgroup Meetings**
- Program Measures Review
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

# Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

## PAC/LTC Workgroup Membership

*Workgroup Co-Chairs: Gerri Lamb, PhD, RN, FAAN; Kurt Merkelz, MD, CMD*

### Organizational Members (Voting)

- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Physical Medicine and Rehabilitation (AAPM&R)
- American Geriatrics Society
- American Occupational Therapy Association
- American Physical Therapy Association
- ATW Health Solutions
- Kindred Healthcare
- LeadingAge
- National Hospice and Palliative Care Organization
- National Partnership for Healthcare and Hospice Innovation
- National Pressure Injury Advisory Panel
- National Transitions of Care Coalition
- SNP Alliance

## **Individual Subject Matter Experts (Voting)**

- Dan Andersen, PhD
- Terrie Black, DNP, MBA, CRRN, FAHA, FAAN
- Sarah Livesay, DNP, APRN, ACNP-BC, ACNS-BC
- Paul Mulhausen, MD, MHS
- Rikki Mangrum, MLS
- Eugene Nuccio, PhD

## **Federal Government Liaisons (Nonvoting)**

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)

## Hospital Workgroup Membership

*Workgroup Co-Chairs: Akin Demehin, MPH; Sean Morrison, MD*

### Organizational Members (Voting)

- America's Essential Hospitals
- American Case Management Association
- American Society of Anesthesiologists
- American Society of Health-System Pharmacists
- Association of American Medical Colleges
- City of Hope
- Dialysis Patient Citizens
- Greater New York Hospital Association
- Henry Ford Health System
- Intermountain Health Care
- Medtronic
- Memphis Business Group on Health
- Molina Healthcare
- Mothers Against Medical Error
- National Association for Behavioral Healthcare
- Premier Healthcare Alliance
- Press Ganey
- Project Patient Care
- Service Employees International Union
- Society for Maternal-Fetal Medicine
- Stratis Health
- UPMC Health Plan

## **Hospital Individual Subject Matter Experts (Voting)**

- Andreea Balan-Cohen, PhD
- Lindsey Wisham, MPA

## **Hospital Federal Government Liaisons (Nonvoting)**

- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)





## Workgroup Staff

### *MAP Hospital*

- **Matthew Pickering, PharmD**, Senior Director
- **Samuel Stolpe, PharmD, MPH**, Senior Director
- **Udara Perera, DrPHc, MPH**, Senior Manager
- **Katie Berryman, MPAP**, Project Manager
- **Chris Dawson, MHA**, Manager
- **Carolee Lantigua, MPA**, Manager
- **Becky Payne, MPH**, Analyst
- **Michael Haynie**, Managing Director
- **Taroon Amin, PhD**, Consultant

### *MAP PAC/LTC*

- **Amy Moyer, MS, PMP**, Director
- **Samuel Stolpe, PharmD, MPH**, Senior Director
- **Janaki Panchal, MSPH**, Manager
- **Wei Chang, MPH**, Analyst
- **Katie Berryman, MPAP**, Project Manager
- **Michael Haynie**, Managing Director
- **Taroon Amin, PhD**, Consultant

# **CMS Opening Remarks and Meaningful Measure Update**

# CMS Quality Action Plan

Draft – Do Not Distribute



# Disclaimer

*This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations.*

*This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulation.*

*We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

# Our Vision

Use impactful quality measures to improve health outcomes and deliver value by empowering patients to make informed care decisions while reducing burden to clinicians.

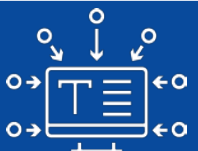
# Goals of the CMS Quality Action Plan



Use Meaningful Measures to Quality Measurement



Leverage Measures to Drive Value and Outcome Improvement



Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics



Empower Patients to Make Best Healthcare Choices Through Person-Centered Quality Measures and Public Transparency

# Meaningful Measures 1.0



## ● Promote Effective Communication & Coordination of Care

### Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

## ● Promote Effective Prevention & Treatment of Chronic Disease

### Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

## ● Work with Communities to Promote Best Practices of Healthy Living

### Meaningful Measure Areas:

- Equity of Care
- Community Engagement

## ● Make Care Affordable

### Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

## ● Make Care Safer by Reducing Harm Caused in the Delivery of Care

### Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

## ● Strengthen Person & Family Engagement as Partners in their Care

### Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

# Meaningful Measures 1.0 Accomplishments

- Since its inception in 2017, the Meaningful Measures Framework 1.0 has been utilized to review, reduce, and align measures.
- Meaningful Measures 1.0 highlighted 6 strategic domains and 17 strategic focus areas.
- This has resulted in a 15% reduction of the overall number of measures in the CMS Medicare FFS programs (from 534 to 460 measures).
- Overall, the measures portfolio has demonstrated a 25% increase in percentage of outcome measures; the percentage of process measures has dropped from 52% in 2017 to 37% in 2021.
- Streamlining measures has a projected savings of an estimated \$128M and a reduction of 3.3M burden hours through 2020.\*

\*Seema Verma's Speech at the 2020 CMS Quality Conference: <https://www.cms.gov/newsroom/press-releases/speech-remarks-cms-administrator-seema-verma-2020-cms-quality-conference>



# Meaningful Measures 2.0

Goals of MM 2.0
Utilize only quality measures of highest value and impact focused on key quality domains
Align measures across value-based programs and across partners, including CMS, federal, and private entities
Prioritize outcome and patient reported measures
Transform measures to fully digital by 2025, and incorporate all-payer data
Develop and implement measures that reflect social and economic determinants



# Use Meaningful Measures to Streamline Quality Measurement

## Objective

Align measures across CMS, federal programs, and private payers

Reduce number and burden of measures

- Leverage Meaningful Measures 2.0 framework to reduce burden and align measures across the Agency and federal government
- Develop (as needed), prioritize, and utilize measures for high priority targeted areas, such as socioeconomic status, maternal mortality, and kidney care
- Align quality measures to quality improvement activities
- Increase the proportion of outcome measures by 50% by 2022
- Continue work of the Core Quality Measures Collaborative to align measures across all payers

# Leverage Measures to Drive Value and Outcome Improvement

## Objective

Accelerate ongoing efforts to streamline and modernize value-based programs, reducing burden and promoting strategically important focus areas

- Introduce 5-10 MIPS Value Pathways (MVPs)
- Continue to examine programs across CMS for modernization and alignment, as appropriate
- Provide additional confidential feedback reports on measure performance
- Incorporate robust quality measurement into all value-based payment models

# Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics

## Objective

Use data and information as essential aspects of a healthy, robust healthcare infrastructure to allow for payment and management of accountable, value-based care and development of learning health organizations

- Transform to all digital quality measures by 2025
- Accelerate development and testing eCQMs using FHIR API technology for transmitting and receiving quality measurement
- Transform data collection to use FHIR API technology and all CMS data (all-payer data)
- Accelerate expanded and timely performance feedback reports
- Leverage centralized data analytic tools to examine programs and measures, and develop capacity for using all CMS (or all-payer) data
- Evaluate new technologies of AI and machine learning to innovate new concepts in quality measures

# Empower Patients to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency

## Objective

Empower patients through transparency of data and public reporting, so that patients can make the best-informed decisions about their healthcare

- Expand and prioritize patient and caregiver engagement during the measure development process
- Increase Patient Reported Outcome Measures (PROMs) by 50%
- Continue to modernize Compare Sites
- Advance use of FHIR API to allow patients to receive their health information electronically
- Expand the availability of public use files for CMS data by 2021
- Leverage quality measures to identify health disparities

# Leverage Quality Measures to Highlight Disparities and Close Performance Gaps

## Objective

Commit to a patient-centered approach in quality measure and value-based incentives programs to ensure that quality and safety measures address healthcare equity

- Expand confidential feedback reports stratified by dual eligibility in all CMS value-based incentive programs as appropriate by the end of 2021.
- Introduce plans to close equity gaps through leveraging the pay-for-performance incentive programs by 2022.
- Ensure equity by supporting development of Socioeconomic Status (SES) measures and stratifying measures and programs by SES or dual eligibility as appropriate. Partner with OMH regarding HESS measures (health equity).

# **Expanding the CMS Disparity Methods to Include Stratified Reporting Using Indirect Estimation of Race and Ethnicity**

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# Health Equity: Stratified Reporting

The National Academy of Medicine<sup>1</sup> and Assistant Secretary for Planning and Evaluation<sup>2</sup> have recommended stratified reporting of health care quality measures by social factors

CMS confidentially reports stratified results for 6 condition hospital readmission measures using dual eligibility

Limitations in the accuracy<sup>3</sup> of demographic information in CMS data has hindered stratification by race and ethnicity:

	White	Black	Hispanic	API	AI/AN
Sensitivity	97.1	93.8	30.1	56.7	17.6
Specificity	91.5	99.7	99.9	99.9	99.9

1- The National Academies of Science, Engineering, and Medicine. Accounting for Social Risk Factors in Medicare Payment. Washington DC: The National Academies Press; 2017

2- Office of the Assistant Secretary for Planning and Evaluation. Report to Congress: Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs. 2016

3- Zaslavsky AM, Ayanian JZ, Zaboriski LB. The validity of race and ethnicity in enrollment data for Medicare beneficiaries.. Health Serv Res. 2012 Jun;47(3 Pt 2):1300-21. doi: 10.1111/j.1475-6773.2012.01411.x. Epub 2012 Apr 19.



# Health Equity: Indirect Estimation

CMS is considering confidential, hospital-level, stratified reporting by race and ethnicity using *indirect estimation*

Statistical method for inferring race and ethnicity from names and census data when directly reported information is missing or incorrect

National Quality Forum<sup>4</sup> and Institute Of Medicine<sup>5</sup> have supported indirect estimation for population-based equity measurement when self-reported data are not available

Validation testing suggests high correlation with self-report among White, Black, Hispanic and API patients<sup>6</sup>:

	White	Black	Hispanic	API	AI/AN
Correlation	90.2	94.6	87.6	91.6	53.8

4- NQF. 2008. National voluntary consensus standards for ambulatory care—measuring healthcare disparities. Washington, DC: National Quality Forum.

5- IOM. 2009. Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Washington, DC: The National Academies Press.

6- Haas A, Elliott MN, Dembosky JW, et al. Imputation of race/ethnicity to enable measurement of HEDIS performance by race/ethnicity. Health Serv Res. 2019;54(1):13-23.

# Health Equity: Indirect Estimation

Systematic initiatives to improve data collection across the health care system are often lengthy and resource-intensive

Use of indirect estimation of race and ethnicity has potential to support more timely reporting and quality improvement

Medicare Bayesian Improved Surname Geocoding developed by RAND is currently in use for reporting contract-level Part C & D performance data (HEDIS) stratified by race and ethnicity<sup>7</sup>

No previous use in risk-adjusted quality outcome measures

National confidential reporting and stakeholder engagement would be necessary to monitor usage and acceptability

7- <https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/statistics-and-data/stratified-reporting>

# Overview of Pre-Rulemaking Approach

# Preliminary Analyses

## Preliminary Analysis of Measures Under Consideration (MUC)

- 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.

## MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	<ul style="list-style-type: none"> <li>The measure addresses key healthcare improvement priorities such as CMS's Meaningful Measures Framework; or</li> <li>The measure is responsive to specific program goals and statutory or regulatory requirements; or</li> <li>The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.</li> </ul>	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>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.</p>
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	<ul style="list-style-type: none"> <li>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).</li> <li>For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.</li> </ul>	<p>Yes: Review can continue</p> <p>No: Measure will receive a Do Not Support</p> <p>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.</p>
3) The measure addresses a quality challenge.	<ul style="list-style-type: none"> <li>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</li> <li>The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.</li> </ul>	<p>Yes: Review can continue</p> <p>No: Measure will receive a Do Not Support.</p> <p>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.</p>

## MAP Preliminary Analysis Algorithm (Cont.)

Assessment	Definition	Outcome
<b>4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.</b>	<ul style="list-style-type: none"> <li>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</li> <li>The measure captures a broad population; or</li> <li>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</li> <li>The value to patients/consumers outweighs any burden of implementation.</li> </ul>	<p>Yes: Review can continue</p> <p>No: Highest rating can be Do Not Support with potential for mitigation.</p> <p>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.</p>
<b>5) The measure can be feasibly reported.</b>	<ul style="list-style-type: none"> <li>The measure can be operationalized (e.g., the measure is fully specified, specifications use data are found in structured data fields, and data are captured before, during, or after the course of care).</li> </ul>	<p>Yes: Review can continue</p> <p>No: Highest rating can be Do Not Support with potential for mitigation.</p> <p>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.</p>

## MAP Preliminary Analysis Algorithm (Cont.)<sup>1</sup>

Assessment	Definition	Outcome
6) The measure is applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s).	<ul style="list-style-type: none"> <li>The measure is NQF-endorsed; or</li> <li>The measure is fully developed, and full specifications are provided; and</li> <li>Measure testing has demonstrated reliability and validity for the level of analysis, program, and/or setting(s) for which it is being considered.</li> </ul>	<p>Yes: Measure could be supported or conditionally supported.</p> <p>No: Highest rating can be Conditional support</p> <p>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.</p>
7) If a measure is in current use, no negative unintended issues to the patient have been identified.	<ul style="list-style-type: none"> <li>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</li> <li>Feedback is supported by empirical evidence.</li> </ul>	<p>If no implementation issues have been identified: Measure can be supported or conditionally supported.</p> <p>If implementation issues are identified: The highest rating can be Conditional Support.</p> <p>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.</p>



# MAP Voting Decision Categories

## MAP Decision Categories 2020-2021

Decision Category	Definition	Evaluation Criteria
<b>Support for Rulemaking</b>	MAP supports implementation with the measure as specified.	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.	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. Ideally, the modifications suggested by MAP would be made before the measure is proposed for use.
<b>Do Not Support for Rulemaking with Potential for Mitigation</b>	MAP does not support implementation of the measure as specified. MAP agrees with the importance of the measure and has suggested material changes to the measure specifications.	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.

# MAP 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 has two steps: 1) taking roll call and 2) determining if a quorum is present. 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 percent of the quorum figure voting positively.
  - ▣ Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

## Workgroup Voting Procedure

- **Step 1.** Staff will review the preliminary analysis for each MUC using the MAP selection criteria and programmatic objectives.
  - ▣ Co-chairs may choose to present methodologically or clinically similar measures as a group in the interest of time or to prevent redundant conversations.
  - ▣ Workgroup members can request any item to be removed from the group and discussed individually.
- **Step 2.** The co-chairs will ask for clarifying questions or concerns from the workgroup. The chairs will compile all workgroup questions and concerns.
  - ▣ Measure developers will respond to the clarifying questions and concerns on the specifications of the measure.
  - ▣ NQF staff will respond to clarifying questions and concerns on the preliminary analysis.
- **Step 3.** Voting on acceptance of the preliminary analysis decision.
  - ▣ After clarifying questions and concerns 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 percent 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 percent of the workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

## Workgroup Voting Procedure (Cont.)

- **Step 4. Discussion and Voting on the MUC**
  - ▣ Lead discussants will review and present their findings.
    - » Workgroup member(s) assigned as lead discussant(s) for the measure will be asked to respond to the staff preliminary assessment. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
  - ▣ MAP Rural Health liaisons add a summary of their workgroup's discussion.
  - ▣ The co-chair will then open for discussion among the workgroup. Other 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.
    - » Co-chairs will summarize the major themes of the workgroup's discussion, supported by NQF staff.
    - » 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 the potential for mitigation, then do not support.

## Workgroup Voting Procedure (Cont.)<sup>1</sup>

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

# MAP Rural Health Workgroup Charge



## MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP Workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume
- Rural liaison for PAC/LTC Workgroup: Brock Slabach, National Rural Health Association
- Rural liaison for Hospital Workgroup: Jesse Spencer, Intermountain Healthcare

## Rural Health Workgroup Review of MUC

- The Rural Health Workgroup will review the MUC and provide the following feedback to the setting-specific Workgroups:
  - ▣ Relative priority/utility of MUC in terms of access, cost, or quality issues encountered by rural residents
  - ▣ Data collection and/or reporting challenges for rural providers
  - ▣ Methodological problems of calculating performance measures for small rural facilities
  - ▣ Potential unintended consequences of inclusion in specific programs
  - ▣ Gap areas in measurement relevant to rural residents/providers for specific programs

## Rural Health Workgroup Review (Cont.)

- Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - ▣ **Measure Preliminary Analysis**
    - » A qualitative summary of Rural Health Workgroup's discussion of the MUC
    - » Voting results that quantify the Rural Health Workgroup's perception of suitability of the MUC for various programs
  - ▣ Attendance of a Rural Health Workgroup liaison at each setting-specific MAP Workgroup pre-rulemaking meeting in January

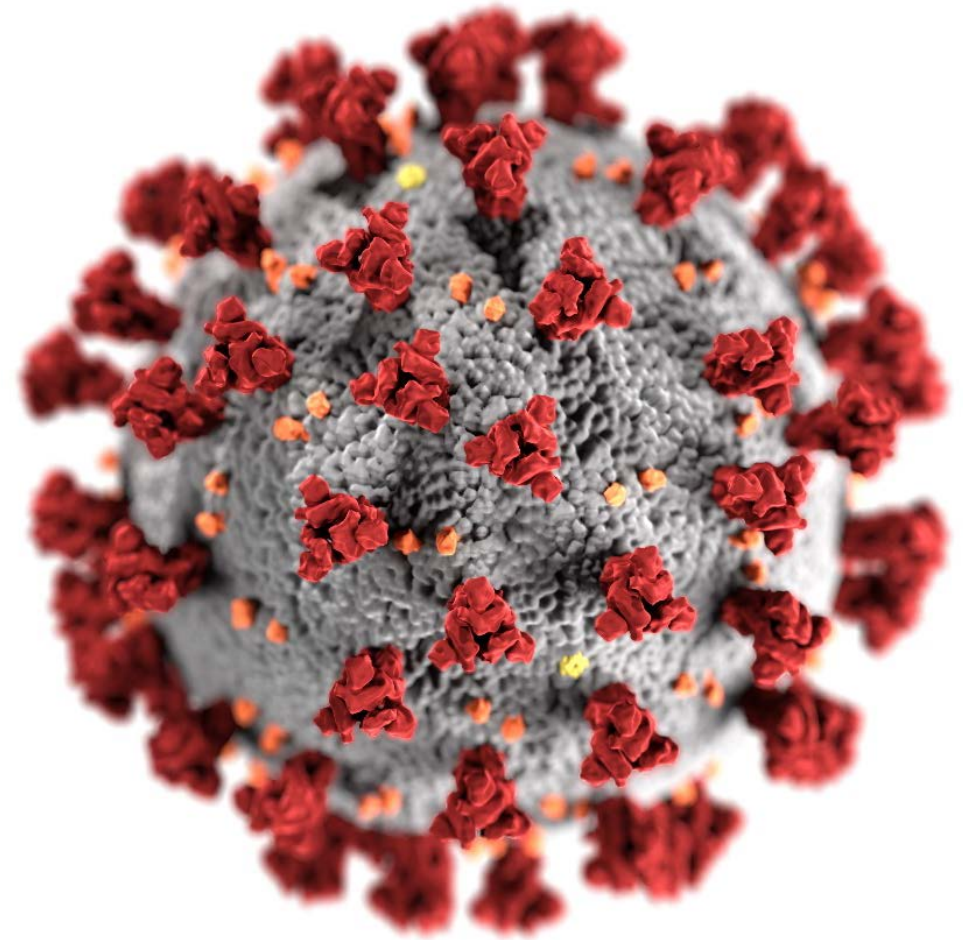
# CMS Presentation on COVID-19 Measures and Q&A

# National Healthcare Safety Network (NHSN) COVID-19 Vaccination Modules for Healthcare Facilities

**CAPT Dan Budnitz, MD, MPH**  
**Division of Healthcare Quality Promotion**

**Megan C. Lindley, MPH**  
**Suchita Patel, DO, MPH**  
**Immunization Services Division**

January 11, 2021  
Measure Application Partnership Meeting

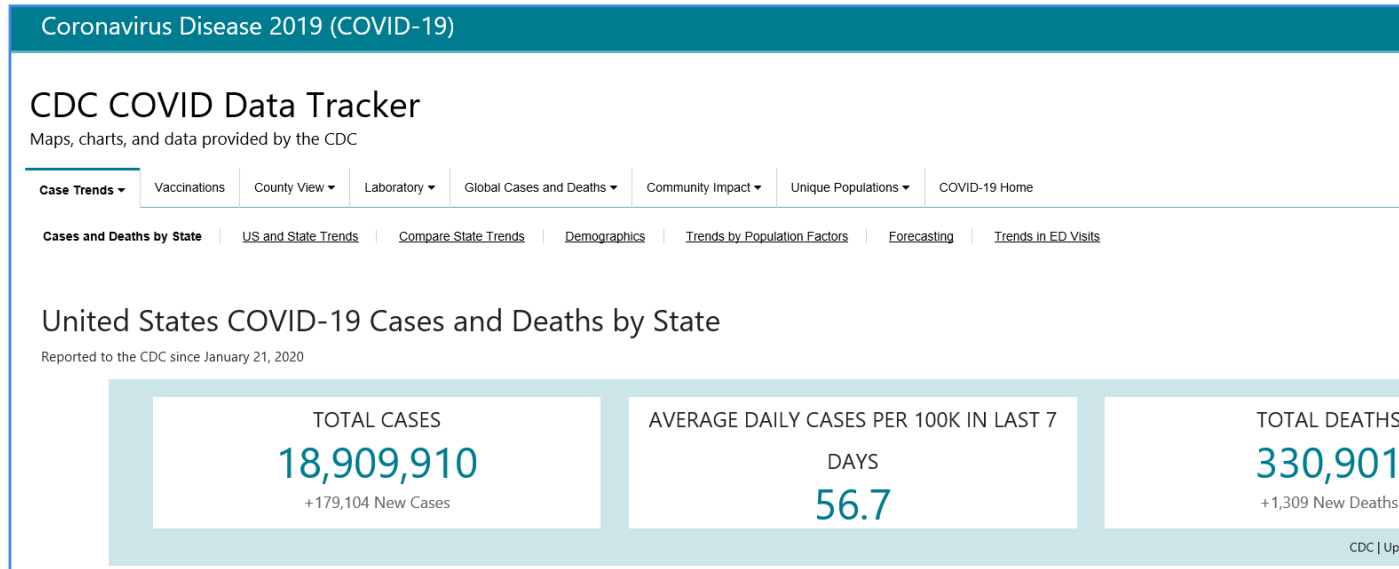


[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Background

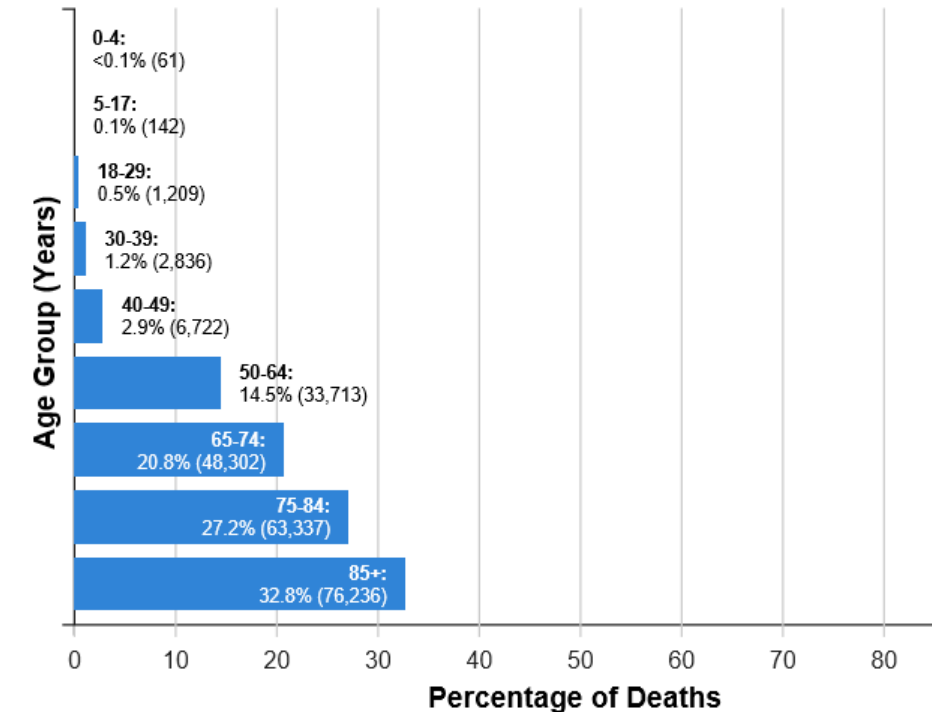


# COVID-19 Disease Burden



[https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)  
Accessed December 28, 2020

Data from 232,576 deaths. Age group was available  
232,558 (99%) deaths.



<https://covid.cdc.gov/covid-data-tracker/#demographics>  
Accessed December 28, 2020

# COVID-19 Vaccines Authorized for Use

## Dec 28, 2020

- Pfizer-BioNTech
  - FDA issued an EUA on 12/11/20
  - ACIP recommended on 12/13/20
  - Vaccinations started on 12/14/20

### Pfizer-BioNTech COVID-19 Vaccine

**General Information:**

Diluent: 0.9% sodium chloride  
(normal saline, preservative-free)

**Mix before using**

Multi-dose vial: 5 doses per vial  
Dosage: 0.3 mL

**Age Indications:**

16 years of age and older

**Schedule:**

2 doses series separated by 21  
days  
Both doses must be COVID-19  
vaccine (Pfizer)

**Administer:**

Intramuscular (IM) injection in the  
deltoid muscle

- Moderna
  - FDA issued an EUA on 12/18/20
  - ACIP recommended on 12/20/20

### Moderna COVID-19 Vaccine

**General Information:**

Multidose vial: 10 doses per vial  
Dosage: 0.5 mL

**Age Indications:**

18 years of age and older

**Schedule:**

2-dose series separated by 28  
days  
A series started with COVID-19  
vaccine (Moderna) should be  
completed with this product.

**Administer:**

Intramuscular (IM) injection in the  
deltoid muscle



# Advisory Committee for Immunization Practices COVID-19 Vaccine Recommendations

Phase	Groups recommended to receive COVID-19 vaccine	No. (millions)		
		Total persons in each group*	Unique persons in each group†	Unique persons in each phase
1a	Health care personnel	21	21	24
	Long-term care facility residents	3	3	
1b	Frontline essential workers§	30	30	49
	Persons aged ≥75 years	21	19	
1c	Persons aged 65–74 years	32	28	129
	Persons aged 16–64 years¶ with high-risk medical conditions	110	81	
	Essential workers§ not recommended for vaccination in Phase 1b	57	20	
2	All persons aged ≥16 years¶ not previously recommended for vaccination	All remaining	All remaining	All remaining

# Advisory Committee for Immunization Practices COVID-19 Vaccine Recommendations

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1a	Health care personnel	21	21	24
	Long-term care facility residents	3	3	
1b	Frontline essential workers§	30	30	49
	Persons aged ≥75 years	21	18	
1c	Persons aged 65–74 years	21	18	49
	Persons aged 16–64 years¶ with high-risk medical conditions	21	18	
	Essential workers§ not recommended for vaccination Phase 1b	21	18	
2	All persons aged ≥16 years¶ not previously recommended for vaccination	remaining	remaining	remaining

## COVID-19 Vaccinations in the United States

Doses Distributed  
**9,547,925**

People Initiating Vaccination  
(1st dose received)  
**1,944,585**

CDC | Updated: 12/26/2020 As of 9:00am ET

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Accessed December 28, 2020

# Why Vaccination Coverage in Healthcare Personnel (HCP) Matters

- Vaccination can protect HCP from acquiring and transmitting potentially fatal illnesses to patients
  - Illness and work absence among healthcare personnel → disruptions of care
- Vaccination can prevent outbreaks of disease in health care settings
  - Morbidity and mortality among patients
  - Nosocomial transmission of measles, mumps, varicella, influenza, and pertussis
- Provider recommendations for vaccination predict vaccine uptake in patients
  - Receipt of influenza vaccine by a healthcare provider is associated with that provider recommending influenza vaccination to patients

# COVID-19 Disease Burden among HCP

## Cases & Deaths among Healthcare Personnel

Data were collected from 13,811,867 people, but healthcare personnel status was only available for 2,762,022 (20.00%) people.  
For the 322,828 cases of COVID-19 among healthcare personnel, death status was only available for 248,313 (76.92%).

CDC | Updated: Dec 27 2020 02:14 PM



HEALTHCARE PERSONNEL CASES

322,828

HEALTHCARE PERSONNEL DEATHS

1,121

<https://covid.cdc.gov/covid-data-tracker/#health-care-personnel>  
Accessed December 28, 2020

# HCP Influenza Vaccination Quality Measurement

- NQF0431, Influenza Vaccination of Healthcare Personnel (HCP)
  - First endorsed in 2012
  - Denominator: All HCP who physically work in the facility for  $\geq 1$  day between October 1 – March 31
  - Numerator: Vaccinated (at or outside facility), contraindicated, declined
- Reported annually via CDC's National Healthcare Safety Network (NHSN)
  - >5,000 facilities participating in CMS' Hospital Inpatient Quality Reporting Program, Long-Term Acute Care Hospital Quality Reporting Program, and Inpatient Rehabilitation Facility Quality Reporting Program
  - Formerly utilized in CMS quality reporting programs for ambulatory surgery centers, outpatient dialysis facilities, and inpatient psychiatric facilities

# National Healthcare Safety Network (NHSN) Overview

- Web-based system for monitoring healthcare-associated adverse events, healthcare worker vaccinations, and other prevention practices
  - In operation since 2005, replaced predecessor CDC systems in use since 1970s
- Includes 37,000 participating facilities in all 50 states
- Data Analysis and Use
  - Once data entered, available in real time
  - Facility-level clinical performance measurement (Hospitals, nursing homes, other healthcare facilities)
  - State- and national-level health surveillance and prevention (CDC, state health agencies)
  - Public reporting of facility-specific data and Medicare reimbursement (CMS)

# NHSN Participation

Facility Type		Active Enrolled Facilities
Non-LTC Facilities	Acute Care Hospitals	4,755
	Critical Access Hospitals	1,301
	Long Term Acute Care Hospitals	459
	Inpatient Rehab Facilities	387
	Outpatient Dialysis, Home Dialysis	7,720
	Ambulatory Surgery Centers	4,673
Long Term Care (LTC) Facilities		17,716
<b>TOTAL</b>		<b>37,011</b>

# COVID-19 Vaccination Modules Overview





# NHSN COVID-19 Vaccination Modules Overview

- Weekly facility-level vaccination coverage among initial priority groups:
  - HCP working in Acute Care Facilities
  - HCP working in LTCFs
  - Residents of LTCFs
  - Patients cared for by outpatient dialysis facilities (Planned 2021)
- Data not reported at individual-level
  - Cumulative number who received COVID-19 vaccination (by vaccine type and dose) either at the facility or elsewhere

# NHSN COVID-19 Vaccination Modules Overview

- Key data source for tracking facility-level vaccination of priority groups
  - Track progress of facility-level vaccination coverage of priority groups, whether vaccination received at the facility or elsewhere
  - Enable jurisdictions to target and address areas of low vaccine coverage
  - Assist federal planning by comparing vaccine coverage to vaccine distribution data
- Modules are currently optional for use by healthcare facilities
  - CDC encourages jurisdictions to promote use of these modules

# Healthcare Personnel (HCP) Modules

- Frequency: Weekly reporting
- Denominator: Number of HCP eligible to work for  $\geq 1$  day of reporting week
- Numerator: *Cumulative* number vaccinated to date
- Stratification: HCP Categories (optional)
- Exclusions: Contra-indication to vaccination
- Other: Declinations, Unknown vaccination status,  
Documented history of SARS-CoV-2 infection (optional)
- Availability: Yes/No/Text description (optional)
- Adverse events: *Incident* events, Clinically significant,  
Weblink to VAERS (optional)

# Acute Care Facility HCP Vaccination: Denominator – Eligible HCP at the Facility

**Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities**

Facility ID # \*: 10067

Vaccination type \*: COVID19

Week of Data Collection: 11/23/2020 - 11/29/2020 Date Last Modified:

Cumulative Vaccination Coverage									
Healthcare Personnel (HCP) Categories									
	*All HCP (Total)	Environmental Services	Nurses <sup>a</sup>	Medical assistants and certified nursing assistants	Respiratory therapists	Pharmacists and pharmacy technicians	Physicians <sup>b</sup>	Other licensed independent practitioners <sup>c</sup>	Other HCP <sup>d</sup>
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Total number of HCP is required
- HCP categories are optional
  - Based on NHSN COVID-19 staffing module

# Long-Term Care Facility (LTCF) HCP Vaccination: Denominator – Eligible HCP at the Facility

Healthcare Personnel COVID-19 Cumulative Vaccination Summary for Long-Term Care Facilities

\*Facility ID: 13792      \*Vaccination type: COVID19  
 \*Week of Data Collection: 11/23/2020 - 11/29/2020      \*Date Last Modified:

Cumulative Vaccination Coverage							
Healthcare Personnel (HCP) Categories							
	*All HCP (Total)	Ancillary services employees <sup>a</sup>	Nurse employees <sup>b</sup>	Aide, assistant, and technician employees <sup>c</sup>	Therapist employees <sup>d</sup>	Physician and licensed independent practitioner employees <sup>e</sup>	Other HCP <sup>f</sup>
1. *Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Total number of HCP is required
- HCP categories are optional
  - Based on weekly influenza vaccination module

# Facility HCP Vaccination:

## Numerator – Cumulative Number of HCP Vaccinated

	Healthcare Personnel (HCP) Categories						
	*All HCP (Total)	Ancillary services employees <sup>a</sup>	Nurse employees <sup>b</sup>	Aide, assistant, and technician employees <sup>c</sup>	Therapist employees <sup>d</sup>	Physician and licensed independent practitioner employees <sup>e</sup>	Other HCP <sup>f</sup>
2. <u>Cumulative number of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere:</u>							
Add vaccine: PFIZBION - Pfizer-BioNTech COVID-19 vaccine ▼							
🗑️ 2.1 *Only dose 1 of Pfizer-BioNTech COVID- 19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
🗑️ 2.2 *Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Any completed COVID- 19 vaccine series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Cumulative number of HCP vaccinated through the reporting week
- Total HCP vaccinated required; Categorization optional

# Facility HCP Vaccination: Contraindications and Other Conditions

	Healthcare Personnel (HCP) Categories						
	*All HCP (Total)	Ancillary services employees <sup>a</sup>	Nurse employees <sup>b</sup>	Aide, assistant, and technician employees <sup>c</sup>	Therapist employees <sup>d</sup>	Physician and licensed independent practitioner employees <sup>e</sup>	Other HCP <sup>f</sup>
3. <u>Cumulative number of HCP in Question #1 with other conditions:</u>							
3.1 *Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2 Offered but declined COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3 Unknown COVID-19 vaccination status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.4 History of laboratory- confirmed SARS-CoV-2 infection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Cumulative number of HCP with contraindications required
  - Optional to report by HCP category
- Other conditions optional

# Facility HCP Vaccination: Vaccine Availability Reporting

## COVID-19 Vaccine(s) Supply

Please contact your state or local health jurisdiction if there is insufficient supply of COVID-19 vaccine available or if your facility is interested in becoming a COVID-19 vaccine provider.

4.1. If your facility has enrolled as a COVID-19 vaccine provider, has your facility received any COVID-19 vaccine(s) by the end of the week of data collection? \*

Please briefly describe your answer.

4.2. If your facility has enrolled as a COVID-19 vaccine provider, was your COVID-19 vaccine supply sufficient to vaccinate your facility's prioritized HCP by the end of the week of data collection? \*

Please briefly describe your answer.

- Weekly reporting
- Supplements, does not replace other vaccine supply tracking systems



# Facility HCP Vaccination: Clinically Significant Adverse Event Reporting

## Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html>.  
To help identify reports from NHSN sites, please enter your NHSN orgID in Box 26 of the VAERS form.

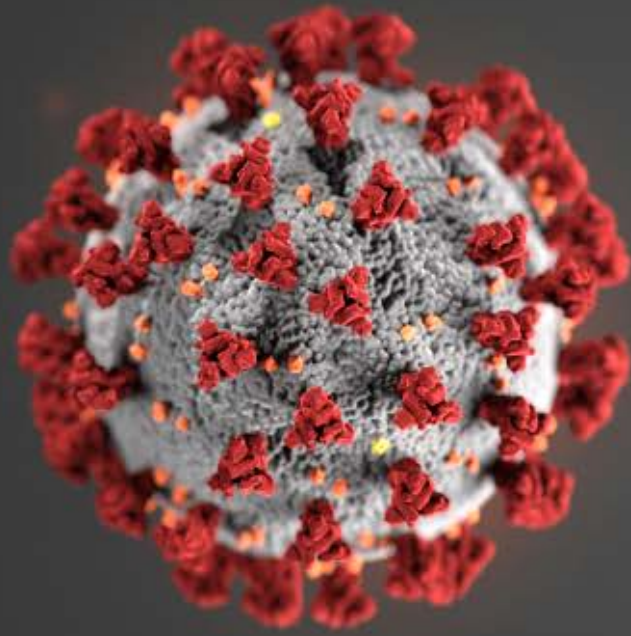
Clinically significant adverse events include vaccine administration errors and serious adverse events (such as death, life-threatening conditions, or inpatient hospitalization) that occur after vaccination, even if it is not certain that vaccination caused the event.

Other clinically significant adverse events may be described in the provider emergency use authorization (EUA) fact sheets or prescribing information for the COVID-19 vaccine(s). Healthcare providers should comply with VAERS reporting requirements described in EUAs or prescribing information.

5. \*Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week

	*All HCP (Total)	Employees	Non-employees
* Pfizer-BioNTech COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Weekly reporting of number of new clinically significant adverse events
- Supplements, does not replace existing adverse event monitoring
- Vaccine(s) automatically populated from Question 2



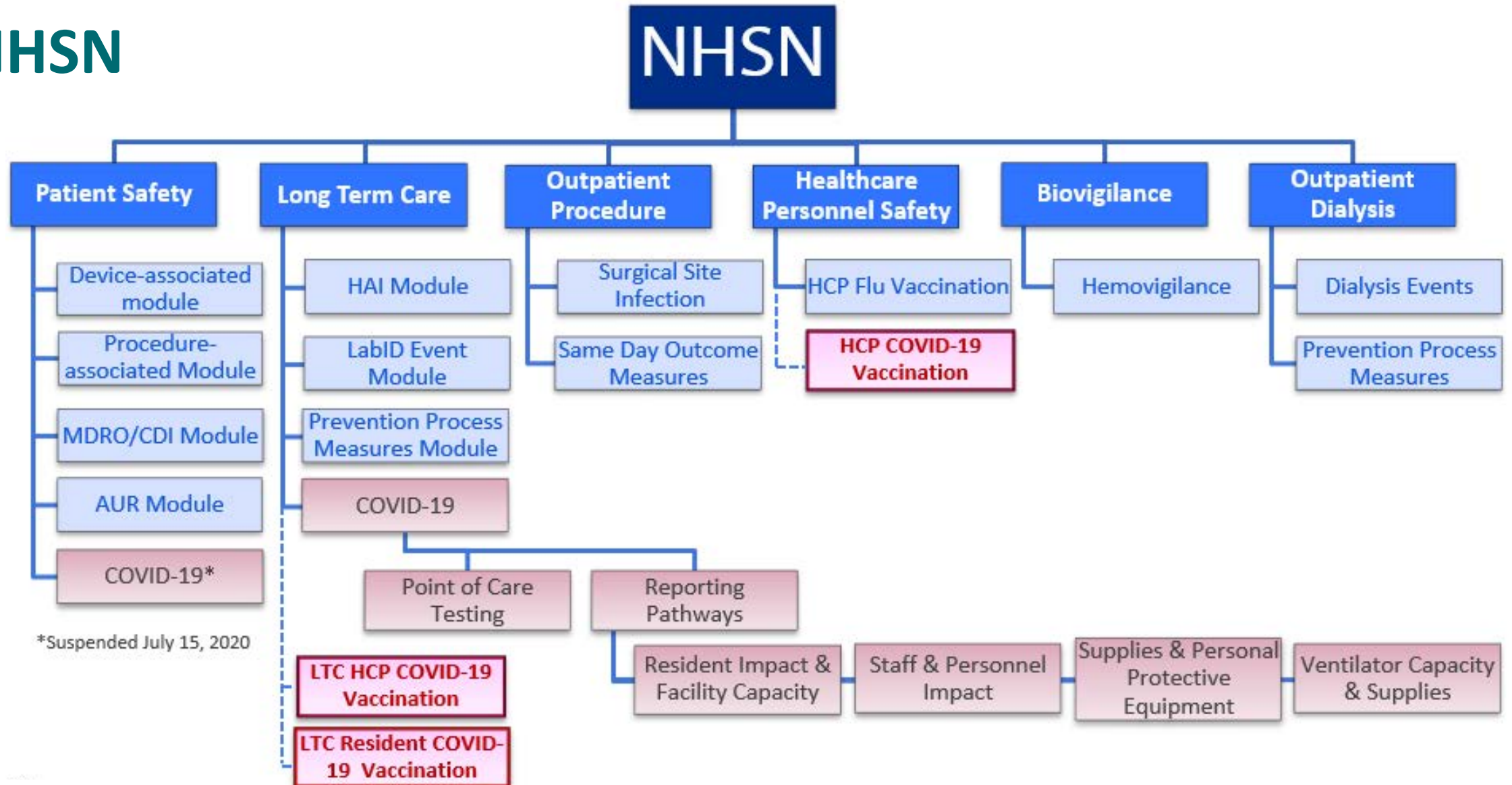
For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# Extra Slides





# Coordination with Federal Long-Term Care Facility Pharmacy Partnership Program

- CDC's Vaccine Task Force is working with pharmacy partners to provide LTCFs with tools that would facilitate reporting of data into the NHSN modules.
- NHSN reporting can continue after the Federal LTCF Pharmacy Partnership Program ends.

## Vaccines & Immunizations

[CDC](#) > [Vaccines and Immunizations Home](#) > [COVID-19 Vaccination](#)  
> [COVID-19 Vaccination Planning](#)

[Vaccines and Immunizations Home](#)

[For Parents](#)

[For Adults](#)

[For Pregnant Women](#)

[For Healthcare Professionals](#)

**COVID-19 Vaccination**

[For Healthcare Professionals](#)

## Understanding the Pharmacy Partnership for Long-Term Care Program

CDC is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities once vaccination is recommended for them.

The **Pharmacy Partnership for Long-term Care (LTC) Program** provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on long-term care facilities (LTCFs) and jurisdictional health departments. LTCF staff who have not received COVID-

Get Answers about the Pharmacy Partnership for Long-term Care

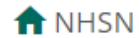


# Overview of NHSN COVID-19 Vaccination Modules for Healthcare Facilities

- Modules also allow for reporting of:
  - Healthcare facility's COVID-19 vaccine supply
  - Number of clinically significant COVID-19 vaccination adverse events in the last week
    - Provides a link to [Vaccine Adverse Event Reporting System \(VAERS\)](#) for reporting individual cases of adverse events.







NHSN Login

About NHSN +

Enroll Here +

Change NHSN Facility  
Administrator**Materials for Enrolled  
Facilities** -

COVID-19 Information +

Ambulatory Surgery  
Centers +Acute Care  
Hospitals/Facilities +Long-term Acute Care  
Hospitals/Facilities +**Long-term Care Facilities** -


COVID-19 Module

# Surveillance for Weekly HCP & Resident Vaccination

## Weekly Influenza Vaccination Data Reporting





Long-term care facilities can track weekly influenza vaccination data for residents and healthcare personnel (HCP) through NHSN. This optional reporting can help facilities monitor influenza vaccination coverage during the influenza season.

### Training -

- [Reporting Weekly Influenza Vaccination Data – November 2020](#)  [PDF – 1 MB]  
Training slides covering weekly influenza vaccination data reporting for residents and healthcare personnel.

### Data Collection Forms and Instructions -

#### All Data Collection Forms are Print-only

- [Weekly Influenza Vaccination Summary Form for Residents at LTCFs \(57.148\) – September 2020](#)  [PDF – 100 KB]
  - [Table of Instructions](#)  [PDF – 200 KB]
- [Weekly Influenza Vaccination Summary Data Form for Healthcare Personnel at LTCFs \(57.149\) – November 2020](#)  [PDF – 150 KB]
  - [Table of Instructions](#)  [PDF – 200 KB]

# LTC Residents Module

- Frequency: Weekly reporting
- Denominator: Number of **Residents in facility for  $\geq 1$  day** of reporting week
- Numerator: *Cumulative* number vaccinated to date
- Stratification:
- Exclusions: Contra-indication to vaccination
- Other: Declinations, Unknown vaccination status, Documented history of SARS-CoV-2 infection (optional)
- Availability: Yes/No/Text description (optional)
- Adverse events: *Incident* events, Clinically significant, Weblink to VAERS (optional)





# MUC20-0044 and MUC20-0048: SARS-CoV-2 Vaccination Coverage Measures



*Alan Levitt M.D.*

*Michelle Schreiber M.D.*

*MAP PAC/LTC and MAP  
Hospital Workgroup  
Review meetings*

*January 11, 2021*

# MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, End-Stage Renal Disease (ESRD) facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities (SNFs), and PPS-exempt cancer hospitals.
- **Measure Type:** Process
- **Measure steward:** Centers for Disease Control and Prevention

# NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

**Use in Federal Program:** Home Health Value Based Purchasing, Hospital Inpatient Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting

Portfolios	Compare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add to Compare	Add to Portfolio	Export	?
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0431

VIEW THE NEW SPEC - *There is a new version under consideration.*

**INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL**  
STEWARDS: Centers for Disease Control and Prevention

**Measure Description:**

Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

**Numerator Statement:**

HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- (c) declined influenza vaccination

Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

**Denominator Statement:**

Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:

- (a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- (b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- (c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

**Exclusions:**

None.

**Risk Adjustment:**

No

# NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

Medication reconciliation				▼
Infections				▼
Prevention				▲
Influenza vaccination coverage among healthcare personnel	85.6%	83.3%	96.1%	
↑ Higher percentages are better				
National average: 88.3%				
Readmissions				▼
Successful return to home & community				▼
Payment & value of care				▼

(From: <https://www.medicare.gov/care-compare/>)

# **MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel**

- **MAP Hospital Workgroup**
  - Ambulatory Surgical Center Quality Reporting
  - End-Stage Renal Disease (ESRD) QIP
  - Hospital Outpatient Quality Reporting
  - Hospital Inpatient Quality Reporting
  - Inpatient Psychiatric Facility Quality Reporting Program
  - PPS-Exempt Cancer Hospital Quality Reporting
- **MAP Post-Acute Care and Long-Term Care Workgroup**
  - Inpatient Rehabilitation Facility Quality Reporting Program
  - Long-Term Care Hospital Quality Reporting Program
  - Skilled Nursing Facility Quality Reporting Program

# MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Numerator:** Cumulative number of HCP eligible to work in the hospital or facility for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used.

Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.

- **Denominator:** Number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to SARS-CoV-2 vaccination.

# MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Exclusions:** HCP with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

# MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among patients in End-Stage Renal Disease (ESRD) facilities.
- **Measure Type:** Process
- **Measure Steward:** Centers for Disease Control and Prevention
- **CMS Program:** End-Stage Renal Disease (ESRD) QIP



# MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities

- **Numerator:** Cumulative number of patients eligible for vaccination during the reporting time-period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval if revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.
- **Denominator:** Number of patients under care for first 2 working days of reporting month in the ESRD facility eligible for vaccination during the reporting time-period, excluding persons with contraindications to SARS-CoV-2 vaccination.

# MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities

- **Exclusions:** Patients with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

# Lunch and Transition to Breakout Workgroup Meetings

## Welcome to Today's Virtual Review! (Afternoon Session)

### Housekeeping reminders:

- ▣ Please mute your computer or line when you are not speaking
- ▣ Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- ▣ We encourage you to turn on your video, especially during the measure discussions and when speaking
- ▣ To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery."
- ▣ Please use the 'hand raised' feature if you wish to provide a point or raise a question.
  - » *To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
- ▣ Feel free to use the chat feature to communicate with the NQF Host or IT Support
- ▣ For this meeting, we will be using Zoom for presentations and discussions, and will use **Poll Everywhere** for voting. Please ensure you have access to both platforms.

If you are experiencing technical issues, please contact us at

[MAPHospital@qualityforum.org](mailto:MAPHospital@qualityforum.org)

# COVID-19 Measures Under Consideration

# Public Comment: COVID-19 Measures Under Consideration

## Hospital Outpatient Quality Reporting Program (Hospital OQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
  - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services.

## MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**



## Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update.
- **Program Goals:**
  - ▣ Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care.

## MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**

## Ambulatory Surgical Center Quality Reporting Program (ASCQR) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0% reduction in annual payment update.
- **Program Goals:**
  - ▣ Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement, and allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care.

## **MUC20-0044: SARS-CoV-2 Vaccination Coverage Among Healthcare Personnel**

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**

## Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Inpatient psychiatric facilities (IPFs) that do not submit data on all required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
  - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices.

## MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**

## PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ PCHQR is a voluntary quality reporting program.
- **Program Goals:**
  - ▣ Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the Inpatient Prospective Payment System and the Inpatient Quality Reporting Program, and encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices.

## MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**



## End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Measures

- **Program Type:** Pay-for-performance and Public Reporting
- **Incentive Structure:**
  - ▣ As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
  - ▣ Improve the quality of dialysis care and produce better outcomes for beneficiaries.

## MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**



## **MUC20-0048: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities**

**Description:** This measure tracks SARS-CoV-2 vaccination coverage among patients of dialysis facilities including those with end-stage renal disease (ESRD) and receiving maintenance dialysis and those with acute kidney injury (AKI) including in-center hemodialysis, home hemodialysis, or peritoneal dialysis.

**LoA:** Facility

**NQF Recommendation:** Do Not Support with Potential for Mitigation

**Lead Discussant:**

# Feedback on COVID-19 Measures Under Consideration

# End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

## End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Measures

- **Program Type:** Pay-for-performance and Public Reporting
- **Incentive Structure:**
  - ▣ As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
  - ▣ Improve the quality of dialysis care and produce better outcomes for beneficiaries.

# ESRD QIP Measures Under Consideration

# Public Comment: ESRD QIP Measures Under Consideration



## MUC20-0039: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)

**Description:** The standardized hospitalization ratio is defined as the ratio of the number of hospital admissions that occur for Medicare ESRD dialysis patients treated at a particular facility to the number of hospitalizations that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate. When used for public reporting, the measure calculation will be restricted to facilities with less than 5 patient years at risk in the reporting year. This restriction is required to ensure patients cannot be identified due to small cell size.

**LoA:** Facility

**NQF Recommendation:** Support for Rulemaking

**Lead Discussant:**



## ESRD QIP Discussion

- What are the gaps in the program measure set that CMS should consider addressing (Program measure set on next slide)?

## ESRD QIP Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	N/A	Hypercalcemia	Not Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for dialysis facilities	Endorsement Removed
Outcome	2977	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	2978	Hemodialysis Vascular Access: LongTerm Catheter Rate Clinical Measure	Endorsed
Outcome	2979	Standardized Transfusion Ratio for Dialysis Facilities	Endorsed
Process	2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)	Endorsed

## ESRD QIP Measure Set (Cont.)

Type	NQF #	Measure Title	NQF Status
Outcome	Based on NQF # 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Not Endorsed
Outcome	N/A	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Process	Based on NQF # 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Process	N/A	Ultrafiltration Reporting Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	N/A	Percentage of Prevalent Patients Waitlisted	Not Endorsed

# Break

# **Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs)**

## Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Eligible hospitals that fail to meet program requirements, including meeting the Clinical Quality Measure requirements, receive a three-fourth reduction of the applicable percentage increase.
- **Program Goals:**
  - ▣ Promote interoperability between EHRs and CMS data collection.

# **Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measures Under Consideration**



# **Public Comment: Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measures Under Consideration**

## MUC20-0032: Global Malnutrition Composite Score

**Description:** Composite measure consisting of 4 component measures of optimal malnutrition care focuses on adults 65 years and older admitted to inpatient service who received care appropriate to their level of malnutrition risk and/or malnutrition diagnosis if identified. Appropriate care for inpatients includes to malnutrition risk screening, nutrition assessment for that at-risk, and proper malnutrition severity indicated along with a corresponding nutrition care plan that recommends treatment approach.

**LoA:** Facility

**NQF Recommendation:** Conditional Support for Rulemaking

**Lead Discussant:**

## Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Discussion

- What are the gaps in the program measure set that CMS should consider addressing (Program measure set on next slide)?

## Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measure Set

Type	NQF #	Measure Title	NQF Status
eCQM Process*	N/A	Admit Decision Time to ED Departure Time for Admitted Patients	Not Endorsed
eCQM Process*	0480e	Exclusive Breast Milk Feeding (eCQM)	Endorsed
eCQM Process*	0435e	Discharged on Antithrombotic Therapy	Not Endorsed
eCQM Process*	0436e	Anticoagulation Therapy for Atrial Fibrillation/Flutter (eCQM)	Not Endorsed
eCQM Process*	0438e	Antithrombotic Therapy by the End of Hospital Day Two	Not Endorsed

\*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

## Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measure Set (Cont.)

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0439e	Discharged on Statin Medication (eCQM)	Not Endorsed
eCQM Process*	0371e	Venous Thromboembolism Prophylaxis (eCQM)	Not Endorsed
eCQM Process*	0372e	Intensive Care Unit Venous Thromboembolism Prophylaxis (eCQM)	Not Endorsed
eCQM Process* **	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed

\*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

\*\*In CY 2022/FY 2024 hospitals are required to report one, self-selected calendar quarter of data for 3 self-selected eCQMs and the Safe Use of Opioids eCQM

# **Hospital Inpatient Quality Reporting Program (Hospital IQR Program)**

## Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update.
- **Program Goals:**
  - ▣ Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care.

# Hospital IQR Program Measures Under Consideration



# **Public Comment: Hospital IQR Program Measures Under Consideration**

## MUC20-0032: Global Malnutrition Composite Score

**Description:** Composite measure consisting of 4 component measures of optimal malnutrition care focuses on adults 65 years and older admitted to inpatient service who received care appropriate to their level of malnutrition risk and/or malnutrition diagnosis if identified. Appropriate care for inpatients includes to malnutrition risk screening, nutrition assessment for that at-risk, and proper malnutrition severity indicated along with a corresponding nutrition care plan that recommends treatment approach.

**LoA:** Facility

**NQF Recommendation:** Conditional Support for Rulemaking

**Lead Discussant:**

## **MUC20-0003: Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)**

**Description:** The measure will estimate a hospital-level, risk-standardized improvement rate for PROs following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age or older. Substantial clinical benefit improvement will be measured by the change in score on the joint-specific patient-reported outcome measure (PROM) instruments, measuring hip or knee pain and functioning, from the preoperative assessment (data collected 90 to 0 days before surgery) to the postoperative assessment (data collected 270 to 365 days following surgery).

**LoA:** Facility

**NQF Recommendation:** Support for Rulemaking

**Lead Discussant:**



## Hospital IQR Program Discussion

- What are the gaps in the program measure set that CMS should consider addressing (Program measure set on next slide)?

## Hospital IQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0230	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke	Endorsed
Claims-based Outcome	1789	Hospital-Wide All-Cause, Unplanned Readmission Measure (HWR)	Endorsed
Claims-based Outcome	2881	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction	Endorsed
Claims-based Outcome	2880	Excess Days in Acute Care after Hospitalization for Heart Failure	Endorsed
Claims-based Outcome	2882	Excess Days in Acute Care after Hospitalization for Pneumonia	Endorsed

## Hospital IQR Program Measure Set (Cont.)

Type	NQF #	Measure Title	NQF Status
Claims-based Outcome	0351	Death Rate Among Surgical Inpatients with Serious, Treatable Complications	Endorsement Removed
Cost/ Resource Use	2431	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction (AMI)	Endorsed
Cost/ Resource Use	2436	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure (HF)	Endorsed
Cost/ Resource Use	2579	Hospital-level, Risk-Standardized Payment Associated with a 30-Day Episode -of Care for Pneumonia	Endorsed
Cost/ Resource Use	3474	Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode -of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Endorsed

## Hospital IQR Program Measure Set (Cont.)<sup>1</sup>

Type	NQF #	Measure Title	NQF Status
eCQM Process*	N/A	Admit Decision Time to ED Departure Time for Admitted Patients	Not Endorsed
eCQM Process*	0480e	Exclusive Breast Milk Feeding and the subset measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice	Endorsed
eCQM Process*	0435e	Discharged on Antithrombotic Therapy	Not Endorsed
eCQM Process*	0436e	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Not Endorsed
eCQM Process*	0438e	Antithrombotic Therapy by the End of Hospital Day Two	Not Endorsed
eCQM Process*	0439e	Discharged on Statin Medication	Not Endorsed
eCQM Process*	0371e	Venous Thromboembolism Prophylaxis	Not Endorsed

\*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eCQMs out of the eight available eCQMs

## Hospital IQR Program Measure Set (Cont.)<sup>2</sup>

Type	NQF #	Measure Title	NQF Status
eCQM Process*	0372e	Intensive Care Unit Venous Thromboembolism Prophylaxis	Not Endorsed
eCQM Process* **	3316e	Safe Use of Opioids – Concurrent Prescribing	Endorsed
Chart-abstracted Composite	0500	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	Endorsed
Chart-abstracted Process	0469	Elective Delivery	Endorsed
Patient Survey	0166	HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (including Care Transitions Measure)	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed

\*For CY 2021/FY 2023 hospitals are required to report only one, self-selected calendar quarter of data for four self-selected eQMs out of the eight available eQMs

\*\*In CY 2022/FY 2024 hospitals are required to report one, self-selected calendar quarter of data for 3 self-selected eQMs and the Safe Use of Opioids eQM



# Break

# **Hospital Outpatient Quality Reporting Program (Hospital OQR Program)**

## Hospital Outpatient Quality Reporting Program (Hospital OQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
  - ▣ Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
  - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services.

# Hospital OQR Program Measures Under Consideration

# **Public Comment: Hospital OQR Program Measures Under Consideration**

## **MUC20-0004: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)**

**Description:** The percentage of emergency department (ED) patients with a diagnosis of ST-segment elevation myocardial infarction (STEMI) who received appropriate treatment. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level.

**LoA:** Facility

**NQF Recommendation:** Conditional Support for Rulemaking

**Lead Discussant:**

## MUC20-0005: Breast Screening Recall Rates

**Description:** The Breast Screening Recall Rates measure calculates the percentage of beneficiaries with mammography or digital breast tomosynthesis (DBT) screening studies that are followed by a diagnostic mammography, DBT, ultrasound, or magnetic resonance imaging (MRI) of the breast in an outpatient or office setting within 45 days.

**LoA:** Facility

**NQF Recommendation:** Conditional Support for Rulemaking

**Lead Discussant:**

## Hospital OQR Program Discussion

- What are the gaps in the program measure set that CMS should consider addressing (Program measure set on next slide)?



## Hospital OQR Program Measure Set

Type	NQF #	Measure Title	NQF Status
Process	0496	OP-18: Median time from ED Arrival to ED Departure for Discharged ED Patients	Endorsement Removed
Structural	0499	OP-22: Left Without Being Seen	Endorsement Removed
Process	0288	OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Endorsement Removed
Process	0290	OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Endorsed
Process	0661	OP-23: ED- Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	Endorsed
Efficiency	N/A	OP-10: Abdomen CT - Use of Contrast Material	Not Endorsed
Efficiency	0669	OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Endorsed

## Hospital OQR Program Measure Set (Cont.)

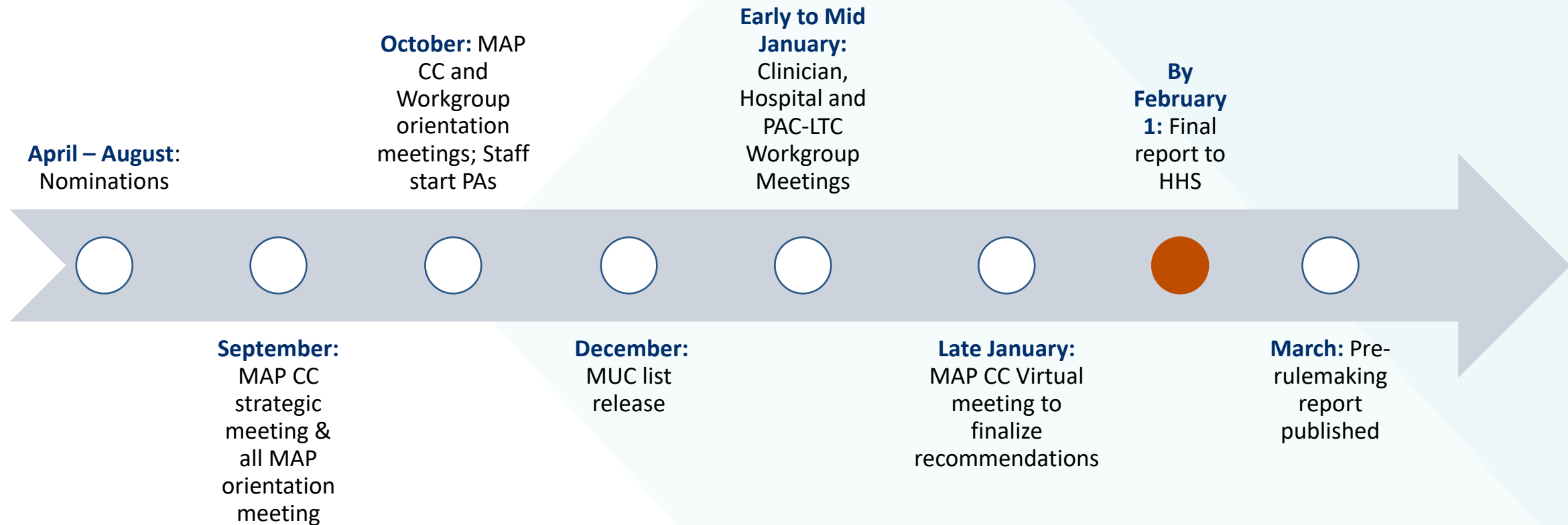
Type	NQF #	Measure Title	NQF Status
Outcome	0514	OP-8: MRI Lumbar Spine for Low Back Pain	Endorsement Removed
Process	0658	OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Endorsed
Outcome	2539	OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Endorsed
Outcome	1536	OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary Measure)	Endorsement Removed
Outcome	3490	OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Endorsed
Outcome	2687	OP-36 Hospital Visits after Hospital Outpatient Surgery	Endorsed
Outcome**	N/A	OP-37 Outpatient CAHPS Facilities and Staff	Not Endorsed

\*\*OP-37 Finalized for the CY 2020 PD (81 FR79784). Implementation delayed beginning with the CY 2020 payment determination (CY 2018 data collection) until further action in future rulemaking (82 FR59433)

# Opportunity for Public Comment

# Summary of Day and Next Steps

## MAP Pre-Rulemaking Approach



## Timeline of Upcoming Activities

- **Public commenting period on Workgroup recommendations:** January 15 – January 20, 2021
- **Coordinating Committee In-Person Meeting:** January 25, 2021
- **Final recommendations to CMS:** by February 1<sup>st</sup>

## Contact Information

- Project page
  - [http://www.qualityforum.org/Project Pages/MAP Hospital Workgroup.aspx](http://www.qualityforum.org/Project_Pages/MAP_Hospital_Workgroup.aspx)
- Workgroup SharePoint site
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# THANK YOU.

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