

Welcome to Today's Meeting!

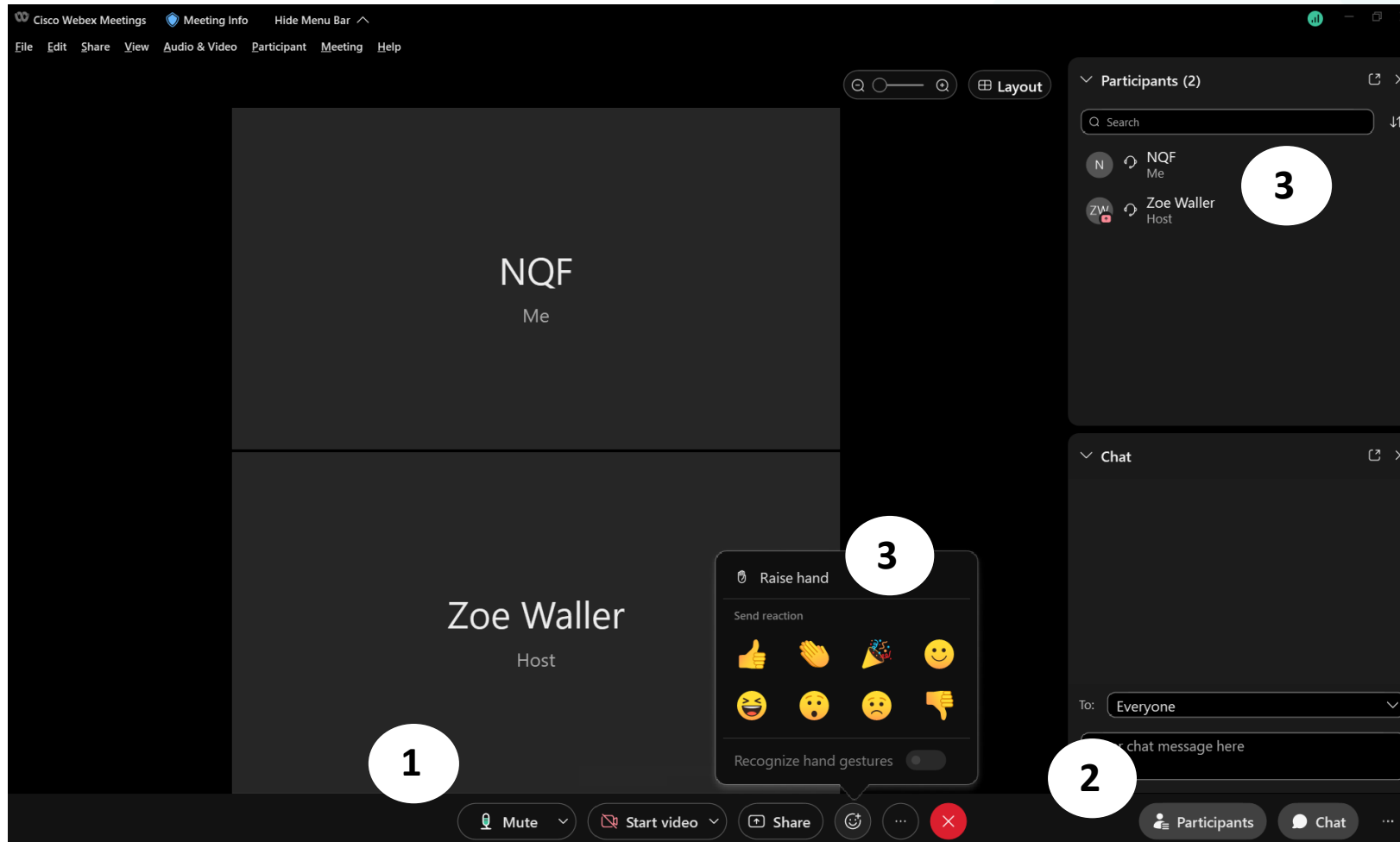
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Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure review criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

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Measure Applications Partnership (MAP) Hospital Workgroup 2022 Measure Set Review (MSR) Meeting

June 22, 2022

Funding provided by the Centers for Medicare & Medicaid Services, Task Order HHSM-500-T0003, Option Year 3

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Review of MSR Process and Measure Review Criteria (MRC)
- Discuss Measures Under Review
 - ▣ PPS [Prospective Payment System]-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures
 - ▣ Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures
 - ▣ Hospital Outpatient Quality Reporting (HOQR) Program Measures
- Opportunity for Public Comment
- Discussion of Gaps in Hospital MSR Programs
- MAP Hospital Workgroup Feedback on MSR Process
- Next Steps and Closing Comments

Welcome, Introductions, and Disclosures of Interests (DOIs)

Opening Remarks



Elizabeth Drye, MD, SM

Chief Scientific Officer, National Quality Forum
(NQF)

Welcoming Remarks from Workgroup Co-Chairs



Akin Demehin, MPH
American Hospital
Association



R. Sean Morrison, MD
National Coalition for
Hospice and Palliative
Care – *not present*



Cristie Upshaw Travis,
MSHA
Memphis Business Group
on Health – *acting co-chair*

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project*:
 - ▣ Engagement with project sponsors (*Centers for Medicare & Medicaid Services*)
 - ▣ Research funding, consulting/speaking fees, honoraria
 - ▣ Ownership interest
 - ▣ Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

Hospital Workgroup Membership

Workgroup Co-Chairs: Akin Demehin, MPH; Acting Co-Chair: Cristie Upshaw-Travis, MSHA

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
- Kidney Care Partners
- Medtronic
- Memphis Business Group on Health
- 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

Individual Subject Matter Experts (Voting)

- Lindsey Wisham, MPA
- Richard Gelb, MA
- Suellen Shea, MSN, RN-BC, CPHQ, CPPS, LSSGB

Federal Government Liaisons (Nonvoting)

- Centers for Medicare & Medicaid Services (CMS)
- Centers for Disease Control and Prevention (CDC)

MAP Workgroup Staff

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ**, Senior Managing Director
- **Jenna Williams-Bader, MPH**, Senior Director
- **Katie Berryman, MPAP, PMP**, Director, Project Management
- **Ivory Harding, MS**, Manager
- **Susanne Young, MPH**, Manager
- **Ashlan Ruth, BS IE**, Project Manager
- **Joelencia LeFlore**, Associate
- **Gus Zimmerman, MPP**, Associate

CMS Staff

- **Kimberly Rawlings**, Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS
- **Gequincia Polk**, Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), Interim TO COR, CCSQ, CMS

Meeting Objectives

- For the 2022 Measure Set Review (MSR), the MAP Hospital MSR Virtual Review Meeting will:
 1. Review the 2022 MSR process and measure review criteria (MRC)
 2. Provide MAP members with an opportunity to discuss and recommend measures for potential removal
 3. Seek feedback from the workgroup on the MSR process

CMS Welcoming Remarks

Opening Remarks



Michelle Schreiber, MD

Deputy Director of the Centers for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)

Review of MSR Process and Measure Review Criteria (MRC)

Summary of 2022 MSR Process

Prioritize

- Completed: CMS and NQF prioritized programs for discussion
- Completed: NQF staff refines the list of measures by program and creates survey

Survey

- Completed: Workgroup (WG) and advisory group (AG) members nominate measures for removal via survey; use measure review criteria as rationale for nomination
- Completed: NQF staff selects measures with the most votes for AG and WG discussion

Prepare

- Completed: NQF staff posts narrowed list of measures for public comment
- Completed: NQF staff prepares measure summary sheets, including summary of public comment, for review by WG/AG prior to AG and WG meetings; measures will be assessed against measure review criteria

Discuss

- Completed: AG to discuss measures under review
- In progress: Each WG to discuss 10-12 measures and vote for removal of measure or to maintain measure, based on measure review criteria; AG volunteers will be integrated into each WG
- CC to discuss 30-36 measures and vote to uphold WG recommendations or to change recommendation category

2022 MSR Measure Review Criteria

1. Measure does not contribute to the overall goals and objectives of the program
2. Measure is duplicative of other measures within the same program
3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
4. Performance or improvement on the measure does not result in better patient outcomes
5. Measure does not reflect current evidence
6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

2022 MSR Measure Review Criteria (Continued)

8. Measure leads to a high level of reporting burden for reporting entities
9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
 - Feedback from end users or implementers identified negative unintended consequences (e.g., premature discharges, overuse and/or inappropriate use of care or treatment)
 - The measure does not support rural health by negatively impacting issues relevant to the rural population (e.g., access, costs, data collection and/or reporting challenges)
 - The measure does not support health equity by negatively impacting disparities (e.g., race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, geographical consideration)

2022 MSR Decision Categories

Support for Retaining

Conditional Support for Retaining

Conditional Support for Removal

Support for Removal

2022 MSR Decision Categories (Continued)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Retaining	MAP supports retaining the measure, as specified, for a particular program.	After discussion, MAP determines the measure does not meet review criteria for removal OR the measure meets at least one review criterion, but MAP thinks the benefits of retaining it in the program outweigh the met criterion. Additionally, MAP has not identified any changes for the measure.	<p>MAP supports retaining the measure despite it meeting a review criterion; for example:</p> <ul style="list-style-type: none"> • The measure is a PRO-PM that is associated with reporting burden, but it is an important measure to patients • The measure is not reported by some entities due to low volume, but it is a meaningful measure for those entities that can report it

2022 MSR Decision Categories (Continued-2)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Retaining	MAP supports retaining the measure for a particular program but has identified certain conditions or modifications that would ideally be addressed.	The measure meets at least one review criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. However, MAP support for retaining is based on certain conditions or modifications being addressed.	<p>MAP supports retaining the measure if certain conditions or modifications are addressed; for example, if the measure:</p> <ul style="list-style-type: none"> • Receives CBE endorsement • Is aligned to the evidence • Is respecified as an electronic clinical quality measure (eCQM) • Is modified so that it no longer meets review criteria

2022 MSR Decision Categories (Continued-3)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Removal	MAP supports removal of the measure from a particular program but has identified certain conditions that would ideally be addressed before removal.	The measure meets at least two review criteria, but MAP thinks that removing the measure will create a measurement gap. Therefore, MAP does not support removal until a new measure is introduced to the program.	<p>MAP supports removal once a new measure is introduced that can replace the existing measure; for example:</p> <ul style="list-style-type: none"> • The measure is integrated into a composite • A process measure is replaced by an outcome measure or PRO-PM

2022 MSR Decision Categories (Continued-4)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Removal	MAP supports removal of the measure from a particular program.	The measure meets at least two review criteria. MAP does not think that removal of the measure will create a measurement gap.	The workgroup determines that the measure no longer meets program priorities and removing it will not lead to a measurement gap; for example, the measure is topped out.

Workgroup Review Meetings and Key Voting Principles

- **Quorum** is defined as **66 percent** of the **voting members** present virtually for live voting to take place.
 - ▣ Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee or workgroup, 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 review will receive a recommendation.

Process for Today's Discussion

- **Step 1.** NQF staff describes the program in which the measure is currently included.
- **Step 2.** Co-chairs will open the discussion for public comment on measures under review within the program.
- **Step 3.** The lead discussants will offer initial thoughts about retaining the measure in the program.
- **Step 4.** Advisory group volunteers and NQF staff will summarize the advisory groups' discussion of the measure.
- **Step 5.** The co-chairs will ask for clarifying questions and open the measure for discussion.
 - CMS leads will respond to clarifying questions about the measures.
 - NQF staff will respond to clarifying questions about the process.

Process for Today's Discussion (continued)

- **Step 6. Workgroup discusses each measure and provides feedback on:**
 - ▣ Data collection and/or reporting challenges for hospitals, including inpatient acute, outpatient, cancer, and psychiatric hospitals
 - ▣ Methodological problems of calculating performance measures
 - ▣ Potential unintended or negatives consequences relating to the removal of the measure in specific programs
- **Step 7. Co-chairs will put forward a decision category.**
 - ▣ Co-chairs will summarize the major themes of the discussion and will determine what decision category will be put to a vote first based on potential consensus emerging from the discussion.
 - ▣ 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 conditional support for retaining, then conditional support for removal, then support for removal, then support for retaining.

Process for Today's Discussion (continued-2)

- **Step 8.** NQF staff will tally 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%, the measure will be assigned the decision “support for retaining.”

Questions on 2022 MSR Process?

Voting Test

Hospital Programs

Hospital
Outpatient Quality
Reporting
(Hospital OQR)

Ambulatory
Surgical Center
Quality Reporting
(ASCQR)

PPS-Exempt Cancer
Hospital Quality
Reporting
(PCHQR)

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program (continued)

- **Program Type:** Quality Reporting
- **Incentive Structure:** PCHQR is a voluntary reporting program. Data are reporting on Provider Data Catalog (PDC)
- **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.

Opportunity for Public Comment on PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure

Opportunity for Public Comment on the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measure

- 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice

05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice

- **Description:** Proportion of patients who died from cancer not admitted to hospice.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 5
- **Criteria/Rationale:**
 - Measure is duplicative of other measures within the same program
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice (continued)

■ Additional Survey Feedback:

- Need more information about this measure, this could be measuring a lack of access to hospice.
- Note that the MSR Measure Spreadsheet lists this measure's endorsement status as "Endorsement Removed", but the CMS Measure Inventory says this measure is endorsed.
- Does not take into account the availability of hospice services (e.g., for rural patients) and does not take into account those offered hospice but decline.
- Many cancer patients benefit from palliative care and do not need to be enrolled in hospice if followed by high quality palliative care programs

Lunch Break

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

- **Program Type:** Quality Payment Program & Public Reporting
- **Incentive Structure:** Ambulatory Surgical Centers (ASCs) that do not participate, or participate but fail to meet program requirements, receive a two-percentage point (2%) reduction of their annual payment update (APU) under the ASC Fee Schedule (ASCFS) for not meeting program requirements
- **Goals:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about ASC quality so they can make informed choices about their care.

Opportunity for Public Comment on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures

Opportunity for Public Comment on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures (continued)

- 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- 02936-C-ASCQR: Normothermia Outcome

01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- **Description:** Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 5
- **Criteria/Rationale:**
 - ▣ Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - ▣ Performance or improvement on the measure does not result in better patient outcomes
 - ▣ Measure leads to a high level of reporting burden for reporting entities

01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (continued)

■ Additional Survey Feedback:

- This measure is difficult to track, in part because the term "improved" is ambiguous. Would favor a more objective assessment of patient visual acuity.
- Despite endorsement having been removed for this measure, it's a voluntary measure and the only PRO-PM so we did not nominate it for removal.
- Interested in reasons for endorsement removal

02936-C-ASCQR: Normothermia Outcome

- **Description:** The percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post-anesthesia care unit (PACU).
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 6
- **Criteria/Rationale:**
 - ▣ Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - ▣ Measure leads to a high level of reporting burden for reporting entities
- **Additional Survey Feedback:**
 - ▣ Lost endorsement. Important but is a standard of care and I think was topped out.
 - ▣ Revise to match hospital standard.
 - ▣ Selected criteria #8 if data source truly is paper medical records (as opposed to EHRs).
 - ▣ Interested in learning if the measure has been submitted for endorsement and if so if it failed endorsement and why. If not been submitted, then why has it not been submitted.

Hospital Outpatient Quality Reporting (Hospital OQR) Program

Hospital Outpatient Quality Reporting (OQR) Program

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Hospitals outpatient departments (HOPDs) that do not participate, or participate but fail to meet program requirements, receive a two-percentage point (2%) reduction of their annual payment update (APU) under the OPPS for not meeting program requirements
- **Goals:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about HOPD quality so they can make informed choices about their care.

Opportunity for Public Comment on Hospital Outpatient Quality Reporting (Hospital OQR) Program

Opportunity for Public Comment on Hospital Outpatient Quality Reporting (Hospital OQR) Program (continued)

- 00922-C-HOQR: Left Without Being Seen
- 00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients
- 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain
- 02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material
- 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery

00922-C-HOQR: Left Without Being Seen

- **Description:** Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA).
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7
- **Criteria/Rationale:**
 - ▣ Measure does not contribute to the overall goals and objectives of the program
 - ▣ Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - ▣ Performance or improvement on the measure does not result in better patient outcomes
 - ▣ Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

00922-C-HOQR: Left Without Being Seen (continued)

■ **Additional Survey Feedback:**

- Needs more information. Performance of this measure could indicate the health system or availability of care within the community rather than a quality/performance issue at the ED.
- Interested in knowing if submitted for endorsement but failed endorsement and why; or if not submitted for endorsement, why.
- However, data during the COVID-19 Public Health Emergency could reveal meaningful differences between hospitals, although unclear what actions could be taken.

00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients

- **Description:** This measure calculates the median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department (ED). The measure is calculated using chart-abstracted data, on a rolling quarterly basis, and is publicly reported in aggregate for one calendar year. The measure has been publicly reported since 2013 as part of the ED Throughput measure set of the CMS Hospital Outpatient Quality Reporting (HOQR) Program.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 5

00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients (continued)

■ **Criteria/Rationale:**

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes

■ **Additional Survey Feedback:**

- This measure is hard to collect, lack of definition as to when the clock starts and ends. Need more information about why endorsement was removed.
- Interested in knowing if submitted for endorsement but failed endorsement and why; or if not submitted for endorsement, why.

Break

00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain

- **Description:** This measure evaluates the percentage of magnetic resonance imaging (MRI) of the lumbar spine studies for patients with low back pain performed in the outpatient setting where antecedent conservative therapy was not attempted prior to the MRI. Antecedent conservative therapy may include claim(s) for physical therapy in the 60 days preceding the lumbar spine MRI, claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the lumbar spine MRI, and/or claim(s) for evaluation and management at least 28 days but no later than 60 days preceding the lumbar spine MRI. The measure is calculated based on a one-year window of Medicare claims. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare & Medicaid Services (CMS), since 2009, as a component of its Hospital Outpatient Quality Reporting (HOQR) Program.
- **MSR Selection Count:** 7
- **Endorsement Status:** Endorsement removed

00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain (continued)

■ Criteria/Rationale:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities

■ Additional Survey Feedback:

- This measure has a good intent but without revision this measure may not function as intended. Could lead to long wait times for patients. Favors cost savings over patient care.
- Interested in understanding why endorsement was removed.

02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material

- **Description:** This measure calculates the percentage of abdomen and abdominopelvic computed tomography (CT) studies that are performed without and with contrast, out of all abdomen and abdominopelvic CT studies performed (those without contrast, those with contrast, and those with both) at each facility. The measure is calculated based on a one-year window of Medicare claims. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare & Medicaid Services (CMS), since 2009, as a component of its Hospital Outpatient Quality Reporting (HOQR) Program.
- **MSR Selection Count:** 6
- **Endorsement Status:** Not endorsed

02599-C-HOQR: Abdomen Computed Tomography (CT) - Use of Contrast Material (continued)

■ **Criteria/Rationale:**

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement

■ **Additional Survey Feedback:**

- Standard of care
- May be tapped out
- Interested in knowing if submitted for endorsement but failed endorsement and why; or if not submitted for endorsement, why.

02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery

- **Description:** Facility-level, post-surgical risk-standardized hospital visit ratio (RSHVR) of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD) among Medicare fee-for-service (FFS) patients aged 65 years and older.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 5
- **Criteria/Rationale:**
 - Measure is duplicative of other measures within the same program
 - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
 - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery (continued)

■ Additional Survey Feedback:

- This highlights our longstanding concern about the use of ratio measures and preference for risk-adjusted rates or year-over-year normalized rates, e.g., "As with CMS's standardized ratio measures in the ESRD-related programs, (e.g., the SMR, SHR, SRR, STTr), we strongly recommend that ratio measures be avoided in favor of risk-adjusted rates or year-over-year normalized rates. Based on our experience in reviewing the QIP measures, the standardized ratio measures have relatively wide confidence intervals that can lead to providers being misclassified and their actual performance being misrepresented. The confusion around the ratio measures and misclassification of providers creates an unnecessary burden on both providers and patients who are interested in understanding the actual performance of providers and cannot. We note that for the ESRD QIP, CMS has acknowledged in rulemaking that rate measures are more transparent and easier for patients and caregivers to understand, but continues to use the ratio measures. We also note that a ratio that is then multiplied by a national median is not a true risk-standardized rate."
- Since there is a similar measure that is endorsed by NQF, CMS should consider including the endorsed measure in the HOQRP
- Interested in knowing if submitted for endorsement but failed endorsement and why; or if not submitted for endorsement, why.

Opportunity for Public Comment

Discussion of Gaps in Hospital MSR Programs

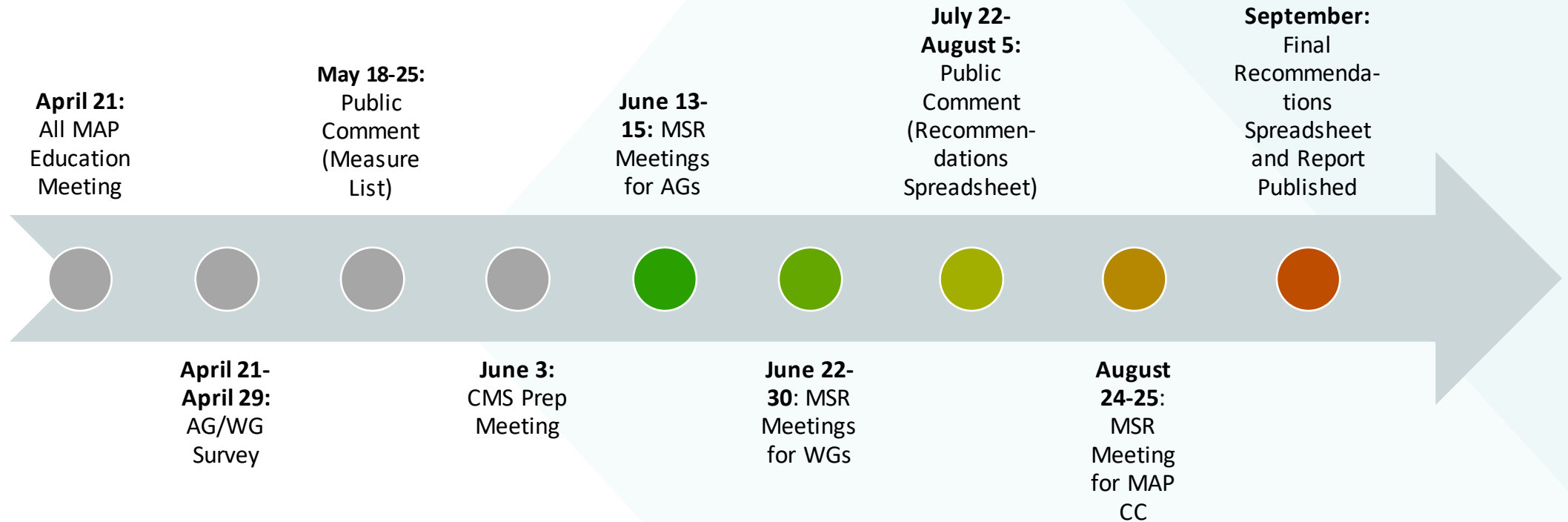
MAP Hospital Workgroup Feedback on MSR Process

Feedback on MAP Hospital Workgroup Review Process

- Polling Questions:
 - ▣ The MSR survey to nominate measures for discussion worked well
 - ▣ I had what I needed to respond to the MSR survey
 - ▣ The workgroup review of the measures under review worked well
- Discussion Questions:
 - ▣ What worked well during the workgroup survey?
 - ▣ What worked well during the workgroup's review of the measures under review? What would help the workgroup's review process be even better?
 - ▣ Do you have any suggested improvements to the criteria used to review the measures under review, meeting processes and logistics, etc.?

Next Steps

2022 MSR Timeline



Timeline of Upcoming Activities

- **Workgroup Review Meetings**
 - ▣ Clinician Workgroup – June 27, 2022
 - ▣ Post-Acute/Long-Term Care (PAC/LTC) Workgroup – June 30, 2022
 - ▣ Coordinating Committee – August 24-25, 2022
- **Public Comment on Measure Removal Recommendations:** July 22 – August 05, 2022
- **Final Recommendations Report to CMS** – September 22, 2022

Contact Information

- ▣ Project page: [MAP Hospital Workgroup](#)
- ▣ Email: MAPHospital@qualityforum.org

THANK YOU.

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Appendix

Federal Programs Prioritized by CMS/NQF for MAP Hospital WG Review

Federal Programs for MAP Hospital	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Hospital Outpatient Quality Reporting (HOQR) Program	15	X
Ambulatory Surgical Center Quality Reporting (ASCQR) Program	8	X
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	15	X
Medicare Promoting Interoperability Program for Hospitals	9	**
Hospital Value-Based Purchasing (VBP) Program	13	**
Hospital Inpatient Quality Reporting Program (Hospital IQR Program)	25	**
Hospital Readmissions Reduction Program (HRRP)	6	**
Hospital-Acquired Conditions Reduction Program (HACRP)	6	**
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program	14	**
End-Stage Renal Disease Quality Improvement Program (ESRD QIP)	14	**

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Narrowing List of Measures for Discussion

