



The MAP Hospital Workgroup Orientation Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measures Application Partnership (MAP) Hospital Workgroup on October 1, 2020.

Welcome and Review of Web Meeting Objectives

Matthew Pickering, NQF Senior Director, Quality Measurement, began by welcoming participants to the web meeting. The MAP Hospital Workgroup Co-chairs Akin Demehin and Sean Morrison provided opening remarks. Matthew Pickering reviewed the meeting agenda and meeting objectives:

- Review of the MAP Pre-Rulemaking Approach
- Briefly Review and Discuss Hospital Programs Under Consideration

CMS Welcoming Remarks

Dr. Michelle Schreiber, Deputy Director for the Quality and Safety – Center for Clinical Standards and Quality, Centers for Medicare and Medicaid Services (CMS) also provided opening remarks. Dr. Schreiber provided a brief overview of the MAP and shared that while considering measures, Hospital Workgroup members should consider whether they are appropriate for use in federal programs, whether the measures are impactful and will motivate improvement, whether the measures are aligned with important clinical questions and priorities, and whether they reduce reporting burden. Dr. Schreiber also noted CMS' specific support for digital measures as well as patient-centered and patient-reported measures. Dr. Schreiber thanked the Hospital Workgroup for their participation in the MAP Pre-Rulemaking Process.

The MAP Pre-Rulemaking Approach

Matthew Pickering provided a brief overview of the timeline of the MAP activities. The cycle began with a nominations period, which closed on August 11, 2020. In the month of September 2020, NQF hosted a series of Workgroup-specific orientation web meetings. In October 2020, NQF staff will begin drafting preliminary analyses of measures under consideration, which will assist the Hospital Workgroup with subsequent evaluations. The Measures Under Consideration (MUC) list will be released on or by December 1, 2020, after which the MAP Rural Health Workgroup will convene to provide their input in early December. The Rural Health Workgroup review will be followed by a one-day virtual review meeting on December 17, 2020, for the Hospital, Clinical, and PAC/LTC Workgroups, and the Coordinating Committee Review will be on January 19, 2021. On February 1, 2021, NQF will submit the final report to the CMS.

Overview of Programs Under Consideration

Matthew Pickering provided an overview on each of the programs to be considered by the Hospital Workgroup. Each overview gave information on the type of program, the incentive structure, program goals, a list of current measures, and a summary of the CMS priorities for future measure consideration

derived from the [2020 CMS Program-Specific Measure Needs and Priorities report](#). The following programs were reviewed:

- End-Stage Renal Disease Quality Program (ESRD QIP)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
- Hospital Outpatient Quality Reporting Program (HOQR)
- Hospital Inpatient Quality Reporting Program (IQR)
- Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals
- Hospital Value-Based Purchasing Program (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Condition Reduction Program (HACRP)

Following the overview of each program, NQF opened the floor for CMS Measure and Program leads to provide additional insights into the Hospital Programs. The Hospital Workgroup Co-Chairs then led the Hospital Workgroup through a discussion on the high-priority domains for future measurements. These discussions featured iterative dialogue between Hospital Workgroup members and CMS. The discussion resulted in Hospital Workgroup member recommendations of additions or improvements to these high-priority domains. These recommendations are listed by program below:

- End-Stage Renal Disease Quality Program (ESRD QIP)
 - Add measures of access to transplant care and equity
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
 - Incorporate ongoing developments in advance directives to refine priorities
- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
 - Incorporate cross-setting safety measures
 - Incorporate patient-reported outcomes measures to address follow-up and multiple procedures
 - Include additional perioperative measures (i.e., glucose management)
 - Include measures of postoperative recovery
 - Add infectious disease measures
 - Add immunization documentation measures (i.e., documentation of vaccinations already received elsewhere)
 - Include additional safety measures on common procedures (i.e., colonoscopies)
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
 - Promote the integration of care for behavioral health disorders in combination with medical disorders
 - Emphasize follow-up after inpatient psychiatric hospitalization
 - Include measures that track progress over time
 - Include considerations and challenges of access to inpatient psychiatric care
 - Incorporate Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for patients and patient family members for inpatient psychiatric facilities
- Hospital Outpatient Quality Reporting Program (HOQR)
 - Introduce additional Emergency Department process measures (i.e., screening for Substance Use Disorder; navigating patient treatment)
- Hospital Inpatient Quality Reporting Program (IQR)
 - Incorporate equity of care as a high-priority area
 - Explore measure concepts for hospital accountability to ensure advance care plans

- Medicare and Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals
 - No additional recommendations from Hospital Workgroup members
- Hospital Value-Based Purchasing Program (VBP)
 - Prioritize diagnostic improvement measures
 - Include hospital-wide infection measures that are not pathogen specific
- Hospital Readmissions Reduction Program (HRRP)
 - Add measures for unscheduled breast reconstructive surgery
- Hospital-Acquired Condition Reduction Program (HACRP)
 - Include measures of transparency and frequency of reporting events
 - Include measures of communication with patients and families who have had unexpected outcomes
 - Promote patient access to medical information, particularly while hospitalized

During the ESRD QIP discussion, Hospital Workgroup members also suggested an overarching focus on equity or use of an ‘equity lens’ throughout all the programs. Dr. Michelle Schreiber shared CMS’ commitment to this focus and some of its current activities that center on socio-economic status (SES) measures, such as the dual eligibility proxy measure and ongoing SES-focused task orders with NQF. Dr. Schreiber expressed CMS’ intentions to continue working in this area.

Following the discussion, Matthew Pickering reviewed the 2019-2020 MAP Hospital Overarching Themes, which included the need for proactive patient safety measures, using a system-level measurement approach to capture, identify, and determine quality care, and the Hospital Workgroup reaction to the [CMS Meaningful Measures Initiative 2.0](#). Matthew Pickering also reviewed the importance of the MAP Rural Health Workgroup Review of the MUC and the process for the Rural Health Workgroup feedback. This feedback will be included in each of the preliminary analyses that staff will conduct to be shared with the Hospital Workgroup prior to the December 17, 2020 review meeting.

Opportunity for Public Comment

Matthew Pickering opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Chris Dawson, NQF Manager, summarized the next steps for the Hospital Workgroup. Reminders were provided to complete Disclosure of Interest forms, notify NQF of organizational representatives, and to ensure Hospital Workgroup members had received the appropriate meeting calendar appointments from NQF. The MAP Rural Health Workgroup will convene for their review in early December and the one-day virtual review meetings for the Hospital, Clinician, and Post-Acute Care/Long-Term Care (PAC/LTC) MAP Workgroup members will be on December 17, 2020. *Hospital Workgroup members should note that following the MAP Hospital Workgroup Orientation, the MAP Clinician virtual review was rescheduled to December 16, 2020.* The MAP Coordinating Committee review will be held on January 19, 2021. Chris Dawson reviewed relevant resources, including the [2020 CMS Program-Specific Measure Needs and Priorities report](#), the [CMS Pre-Rulemaking Process webpage](#), and the [MAP Member Guidebook](#). Chris Dawson also provided contact information including the NQF MAP Hospital Workgroup project team [email address](#), [NQF webpage for the MAP Hospital Workgroup](#) and the Hospital Workgroup’s [NQF SharePoint site](#).