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The Measure Applications Partnership (MAP) Hospital Workgroup Orientation Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Hospital Workgroup on November 2, 2021, with support from the Centers for Medicare & Medicaid Services (CMS).

Welcome and Review of Web Meeting Objectives

Dr. Matthew Pickering, Senior Director, NQF, welcomed participants to the Orientation Web Meeting. The MAP Hospital Workgroup Co-Chairs Sean Morrison and Akin Demehin provided opening remarks, welcomed the MAP Hospital Workgroup members, and shared their excitement for the opportunity to provide CMS with multistakeholder feedback on the 2021 Measures Under Consideration (MUCs), as well as for new MAP initiatives. Dr. Pickering reviewed the meeting agenda and the following meeting objectives:

- Review the 2021-2022 pre-rulemaking approach
- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas

CMS Welcoming Remarks

Dr. Michelle Schreiber, Deputy Director for the Quality and Safety, Center for Clinical Standards and Quality, CMS, welcomed participants to the meeting and emphasized the importance of the Workgroup's input to CMS' pre-rulemaking process. Dr. Schreiber noted that the Hospital Workgroup's past input has influenced pre-rulemaking decisions. This input will continue to be critical in future years as the MAP Workgroups expand their scope to include the new Measure Set Review (MSR) process. Dr. Schreiber thanked the Co-Chairs, MAP members, and NQF and CMS staff for their work and support in these efforts and extended special thanks to the many Hospital Workgroup members on the front lines of the pandemic response.

The MAP Pre-Rulemaking Approach

Ivory Harding, Manager, NQF, provided an overview of the MAP timeline of activities. Ms. Harding noted that following the release of the MUC List on or before December 1st, the MAP Rural and Health Equity Advisory Groups and Workgroups would convene in early to mid-December for their respective Review Web Meetings. The MAP Coordinating Committee will convene its Review Web Meeting in January 2022 and will be followed by the submission of a final report of MAP recommendations to the U.S. Department of Health and Human Services (HHS) by February 1, 2022.

Ms. Harding also provided a brief review of the pilot MSR process conducted by the MAP Coordinating Committee in September 2021. During this pilot, the MAP Coordinating Committee members reviewed and provided input on 22 measures from several Hospital programs and provided feedback on processes for future MSR meetings. Ms. Harding noted that the MSR initiative will be expanded and implemented

among all MAP Workgroups and Advisory Groups in the coming year, and MAP members will receive additional information in early 2022. Dr. Pickering added that MAP Hospital members can review the [final report](#) from the pilot and emphasized that no MSR activity would be conducted during the MAP Hospital Workgroup's pre-rulemaking activities during the current cycle.

Overview of Programs Under Consideration

Dr. Pickering reviewed each of the programs included in the MAP Hospital Workgroup charge. For each program, Dr. Pickering provided 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 [2021 CMS Program-Specific Measure Needs and Priorities document](#). The following programs were reviewed:

- End-Stage Renal Disease Quality Improvement Program (ESRD QIP)
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
- Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Outpatient Quality Reporting (OQR) Program
- Hospital Inpatient Quality Reporting (IQR) Program
- Medicare Promoting Interoperability Program for Hospitals
- Hospital Value-Based Purchasing (VBP) Program
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Condition Reduction Program (HACRP)

After the overview of each program, the MAP Hospital Co-Chairs facilitated discussion on additional priorities that MAP Hospital members agreed should be considered for the program. MAP Hospital members suggested a cross-cutting focus on health equity for all programs, and the following program-specific additions were suggested:

- End-Stage Renal Disease Quality Improvement Program (ESRD QIP)
 - Modernizing data collection methods, such as the approaches being taken for Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, in ESRD QIP and across programs
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
 - Measures on symptom management
 - Goals of care or patient desires, particularly for end of life
 - Measures related to clinical trials
 - Measures focusing on transitions to palliative care
- Ambulatory Surgical Center Quality Reporting (ASCQR) Program
 - Retaining and emphasizing patient and family-centered care
 - Aligning surgical measures across settings (ambulatory, hospital inpatient, and hospital outpatient settings)
 - Patient safety broadly, and including opioid-related harm
 - Continuity of care, recognizing the transition of procedures to new care settings
 - 30-day outcomes measures (safety, infections, etc.)
 - Use, and measurement of the use, of shared decision making
 - Measures that allow for the examination of surgery and quality across settings
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
 - Expanding conditions for which patient-reported outcome-based performance measures (PRO-PMs) are used and looking at existing validated tools for behavioral

- health
 - Education about gun safety
- Hospital Outpatient Quality Reporting (OQR) Program
 - Continuing the focus of making care safer
 - Communication and care coordination alignment across inpatient and outpatient settings
 - Pain management and patient safety (including communication across providers and monitoring opioid prescriptions upon discharge)
- Hospital Inpatient Quality Reporting (IQR) Program
 - Additional end of life metrics and advanced care planning
 - Measures to indicate if hospitals are collecting information on social needs/social determinants of health and making appropriate referrals
- Medicare Promoting Interoperability Program for Hospitals
 - Advanced care planning (eCQMs)
- Hospital Value-Based Purchasing (VBP) Program
 - Moving more measures towards digital measures and examining existing hybrid measures that may be suitable for the VBP context
- Hospital Readmissions Reduction Program (HRRP)
 - Continued emphasis on care coordination and communication
 - Keeping focus on condition-specific measures
- Hospital-Acquired Condition Reduction Program (HACRP)
 - No additional recommendations from Hospital members

In addition to the suggestions for program priority domains, MAP Hospital Workgroup members discussed strategic concerns or changes for several Hospital programs. During discussion of the ESRD QIP, Dr. Schreiber sought Hospital members' recommendations on the development or use of measures relying on clinical algorithms or tools that include built-in racial bias. Hospital members noted this would be an excellent discussion topic for the MAP Health Equity Advisory Group, time permitting.

MAP Hospital Workgroup members raised questions during the review of the PCHQR program regarding upcoming changes for Medicare programs and accountable care organizations (ACOs), and how these changes may impact future measurements. Dr. Schreiber acknowledged upcoming transitions but noted that transformations to outcome and digital measures will provide information on all payors and that there will still be measures that need to be reported at the facility level.

Hospital members had cross-cutting discussions about how to capture the quality of procedures (i.e., surgeries) across expanding options for care settings. Members emphasized the need for patient safety and quality no matter the setting of a given procedure and noted that patients may want a means to compare performance across settings.

Following the discussion of programs, Dr. Pickering provided an overview of overarching themes that emerged during the 2021-2022 MAP cycle. These themes included measures to address COVID-19 vaccination rates, evolving trends in service setting, connections between cost measures and quality measures, measure burden and digital measures, composite measures, and care coordination.

MAP Rural Health and Health Equity Advisory Groups Review of Measures Under Consideration (MUCs)

Dr. Pickering reviewed the role of the MAP Rural Health and Health Equity Advisory Groups in the pre-rulemaking process. The Advisory Groups will provide input to the MAP Workgroups and Coordinating

Committee on each measure under consideration which will be shared during the Review Web Meetings. The feedback from the Rural Health and Health Equity Advisory Groups will focus on the rural perspective and impacts of measure implementation on rural providers and facilities, and the potential impacts of each measure on health differences linked to social, economic, or environmental disadvantages, respectively.

Opportunity for Public Comment

No public comments were offered during the meeting.

Next Steps

Becky Payne, Senior Analyst, NQF, summarized next steps for the MAP Hospital Workgroup. Members were reminded of upcoming MAP Advisory Group and Workgroup Review Web Meetings, which are open to the public. Ms. Payne noted that resources available to Hospital members to prepare for upcoming meetings include the [2021 CMS Program-Specific Measure Needs and Priorities document](#), the [CMS Pre-Rulemaking website](#), and the [MAP Member Guidebook](#) (PDF). All MAP Hospital Workgroup members are encouraged to contact NQF staff with any questions or concerns at MAPHospital@qualityforum.org.