

# Welcome to Today's Meeting!

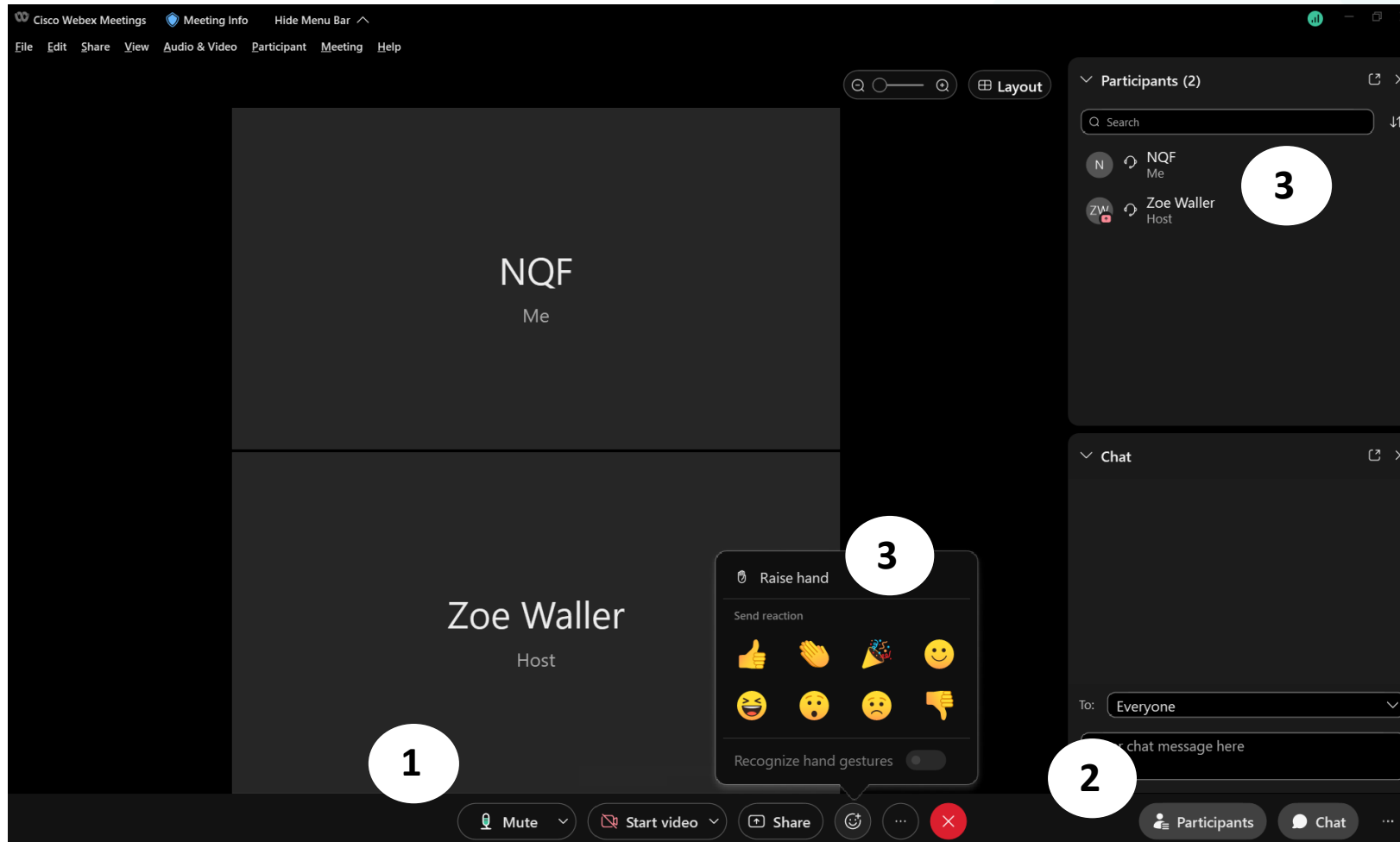
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- Be prepared, having reviewed the meeting materials beforehand
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- Base your evaluation and recommendations on the measure review criteria and guidance
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- Share your experiences
- Learn from others

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# Measure Applications Partnership (MAP) Health Equity Advisory Group 2022 Measure Set Review (MSR) Meeting

*June 15, 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
  - ▣ Hospital Outpatient Quality Reporting (Hospital OQR) Program
  - ▣ Ambulatory Surgical Center Quality Reporting (ASCQR) Program
  - ▣ PPS [Prospective Payment System] -Exempt Cancer Hospital Quality Reporting (PCHQR) Program
  - ▣ Medicare Shared Savings Program (MSSP)
  - ▣ Merit-Based Incentive Payment System (MIPS)
  - ▣ Home Health Quality Reporting Program (HH QRP)
- Opportunity for Public Comment
- MAP Health Equity Advisory Group Feedback on MSR Process
- Next Steps and Closing Comments

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

# Opening Remarks



**Elizabeth Drye, MD, SM**

Chief Scientific Officer, National Quality Forum  
(NQF)

## Welcoming Remarks from Advisory Group Co-Chairs



Rebekah Angove, PhD  
Patient Advocate Foundation



Laurie Zephyrin, MD, MPH, MBA  
Commonwealth Fund



## 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.*

# Health Equity Advisory Group Membership

*Advisory Group Co-Chairs: Rebekah Angove, PhD / Laurie Zephyrin MD, MPH, MBA*

## Organizational Members (Voting)

- Aetna
- American Medical Association
- American Nurses Association
- American Society of Health-System Pharmacists
- America's Essential Hospitals
- Beth Israel Lahey Health
- Fenway Health
- IBM Watson Health
- Kentuckiana Health Collaborative
- National Committee for Quality Assurance
- National Health Law Program
- Patient Safety Action Network
- Planned Parenthood Federation of America
- The SCAN Foundation
- Vizient Inc.

## Health Equity Advisory Group Membership (cont.)

### Individual Subject Matter Experts (Voting)

- Emily Almeda-Lopez, MPP
- Susannah Bernheim, MD, MHS
- Damien Cabezas, MPH, MSW
- Mark Friedberg, MD, MPP
- Jeff Huebner, MD
- Gerald Nebeker, PhD, FAAIDD
- J. Nwando Olayiwola, MD, MPH, FAAFP
- Nneka Sederstrom, PhD, MPH, MA, FCCP, FCCM
- Cardinale Smith, MD, PhD
- Melony Sorbero, PhD, MPH
- Jason Suh, MD

### Federal Government Liaisons (Nonvoting)

- Centers for Medicare & Medicaid Services (CMS)
  - CMS Office of Minority Health (OMH)
- Health Resources & Services Administration (HRSA)
- Office of National Coordinator for Health Information Technology (ONC)
- Veterans Health Administration (VHA)

## MAP Advisory Group 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 Health Equity Advisory Group 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 advisory group 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)**

## MAP Health Equity Advisory Group Charge

- Provide input on measures under consideration (MUCs) and measures under review with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs and measures under review with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

## 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

- In progress: AGs to discuss measures under review
- 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

## Health Equity Advisory Group Feedback on Measures Under Review

- Health Equity Advisory Group feedback will be provided to the setting-specific workgroups and Coordinating Committee through the following mechanisms:
  - ▣ Advisory group participation in workgroup meetings
    - Advisory group volunteers will participate in workgroup meetings and summarize advisory group discussion
  - ▣ Measure summary sheets
    - NQF staff will provide a summary of the advisory group polling results and discussion in the measure summary sheets for the Coordinating Committee

## 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)

## 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 summarize the measure and offer initial thoughts about retaining the measure in the program
- **Step 4.** Advisory group discusses each measure and provides feedback on:
  - Relative priority in terms of advancing health equity for all
  - Data collection and/or reporting challenges regarding health disparities
  - Methodological problems of calculating performance measures adjusting for health disparities
  - Potential unintended consequences related to health disparities of measure use in specific programs
- **Step 5.** Advisory group takes a poll on their support for retaining the measure in the program
  - Response options: Yes, No, Undecided

# Questions on 2022 MSR Process?



# Polling Test

# Hospital Programs

## Hospital Programs (continued)

Hospital  
Outpatient Quality  
Reporting  
(Hospital OQR)

Ambulatory  
Surgical Center  
Quality Reporting  
(ASCQR)

PPS-Exempt Cancer  
Hospital Quality  
Reporting (PCHQR)

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

## Opportunity for Public Comment on the Hospital Outpatient Quality Reporting (Hospital OQR) Program Measures (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 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 does not contribute to the overall goals and objectives of the program
  - ▣ 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.
- 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
- **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 does not contribute to the overall goals and objectives of the program

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

### ■ 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.

## 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.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 7

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

### ■ 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 does not contribute to the overall goals and objectives of the program
- 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.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 6

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

### ■ **Criteria/Rationale:**

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

### ■ **Additional Survey Feedback:**

- Standard of care
- May be topped 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 not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Measure is duplicative of other measures within the same program
  - 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, STTrR), we strongly recommend that ratio measures be avoided in favor of risk-adjusted rates or year-over-year normalized rates."
- 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.

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

- 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

## 02936-C-ASCQR: Normothermia Outcome (continued)

### ■ 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.

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

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

- **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 Measures**

# 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 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
  - Measure is duplicative of other measures within the same program

## 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



# Clinician Programs

## Clinician Programs (continued)

Medicare Shared  
Savings Program  
(MSSP)

Merit-Based  
Incentive Payment  
System (MIPS)

# Medicare Shared Savings Program (MSSP)

# Medicare Shared Savings Program (MSSP)

- **Program Type:** Shared Savings Program - Mandated by section 3022 of the Affordable Care Act
- **Incentive Structure:**
  - ▣ CMS assesses Shared Savings Program Accountable Care Organization (ACO) performance annually based on quality and financial performance to determine share savings and losses.
  - ▣ Beginning with performance year 2021, ACOs are required to report their quality data to CMS via the Alternative Payment Model (APM) Performance Pathway (APP).
  - ▣ Performance categories and weights under the APP used to calculate an ACO's MIPS Quality performance category score:
    - Quality (50%)
    - Cost – (0%)\*
    - Improvement Activities (IA) (20%)\*\*
    - Promoting Interoperability (30%)
- **Program Goals:**
  - ▣ Promote accountability for a patient population
  - ▣ Coordinate items and services for the ACOs' patient population Medicare fee-for-service beneficiaries
  - ▣ Encourage investment in high quality and efficient services

\*APMs are already responsible for costs

\*\* All MIPS APM participants who report through the APP will receive a full score for the IA category for performance year 2022, and would not need to submit additional IA activity information

# Opportunity for Public Comment on Medicare Shared Savings Program (MSSP) Measures

## Opportunity for Public Comment on the Medicare Shared Savings Program (MSSP) Measures

- 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- eCQM ID: CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)
- 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups
- 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey
- 01246-C-MSSP: Controlling High Blood Pressure
- eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM)

## 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

- **Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **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
  - 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:**
  - None

## eCQM ID: CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)

- **Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is document.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** This measure was not presented in the original survey but is an electronic clinical quality measure (eCQM) version of a measure presented in the original survey.
- **Criteria/Rationale:** N/A



## 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups

- **Description:** This measure is a re-specified version of the measure, “Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition” (NQF 1789), which was developed for patients 65 years and older using Medicare claims. This re-specified measure attributes outcomes to MIPS participating clinician groups and assesses each group’s readmission rate. The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): medicine, surgery/gynecology, cardio-respiratory, cardiovascular, and neurology.
- **Endorsement Status:** Not endorsed; based on an endorsed measure.
- **MSR Selection Count:** 5

## 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups (continued)

### ■ Criteria/Rationale:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure is duplicative of other measures within the same program
- Measure does not contribute to the overall goals and objectives of the program
- 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 has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

### ■ Additional Survey Feedback:

- We think this is a good measure and it should be endorsed.
- Would need very large sample size to be valid at the individual group level over an actionable timeframe
- This is not quality measure. It is a utilization measure.

## 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

- **Description:** Annual risk-standardized rate of acute, unplanned hospital admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with multiple chronic conditions (MCCs).
- **Endorsement Status:** Not endorsed; based on an endorsed measure.
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - Measure leads to a high level of reporting burden for reporting entities
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- **Additional Survey Feedback:**
  - I would wonder how often this is being reported and does it have unintended consequences for groups who take care of higher underserved populations?
  - This is not quality measure. It is a utilization measure.

## Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey

- **Description:** The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 6 months.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 3

## Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey (continued)

### ■ **Criteria/Rationale:**

- 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
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

### ■ **Additional Survey Feedback:**

- Have received feedback from stakeholders that the questions, feedback and rates from the CG-CAPHS tools are very hard to impact/ improve. Additionally, the vendor requirements around administration were so burdensome we actually had state legislature prohibiting the statewide quality and measurement program including these metrics and we stopped collecting and aggregating this information
- People with intellectual disabilities are unlikely to be able to participate.

## 01246-C-MSSP: Controlling High Blood Pressure

- **Description:** Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 6
- **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 has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
  - Measure leads to a high level of reporting burden for reporting entities
- **Additional Survey Feedback:**
  - We consider this being a good measure and wonder why it is not endorsed.
  - Uncertain as to strength of data in those >75 years of age

## eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM)

- **Description:** Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** This measure was not presented in the original survey but is an electronic clinical quality measure (eCQM) version of a measure presented in the original survey.
- **Criteria/Rationale:** N/A

# Break

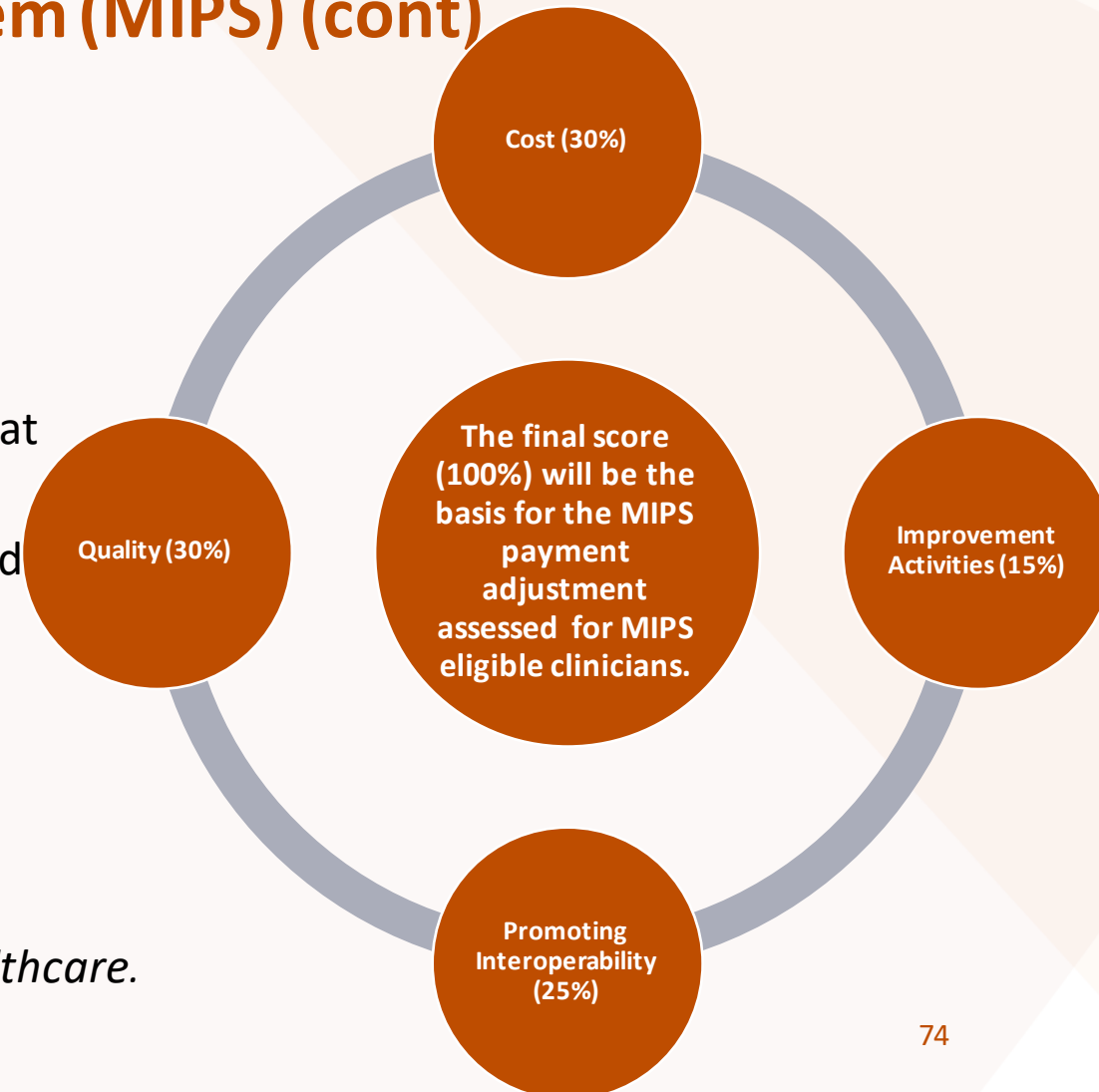


# Merit-Based Incentive Payment System (MIPS)

## Merit-Based Incentive Payment System (MIPS) (cont)

- **Program Type:**
  - Quality Payment Program (QPP).
- **Incentive Structure:**
  - Pay-for-performance.
    - There are four connected performance categories that affect a clinician's payment adjustment.

Each performance category is scored independently and has a specific weight.
- **Program Goals:**
  - Improve quality of patient care and outcomes.
    - For Medicare fee-for-service (FFS)
      - *Reward clinicians for innovative patient care.*
      - *Drive fundamental movement toward value in healthcare.*



# Opportunity for Public Comment on Merit-Based Incentive Payment System (MIPS) Measures

## Opportunity for Public Comment on the Merit-Based Incentive Payment System (MIPS) Measures

- 00641-C-MIPS: Functional Outcome Assessment
- 01101-C-MIPS: Barrett's Esophagus
- 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
- 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)
- 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)
- 05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)

## 00641-C-MIPS: Functional Outcome Assessment

- **Description:** Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4

## 00641-C-MIPS: Functional Outcome Assessment (continued)

### ■ **Criteria/Rationale:**

- Measure leads to a high level of reporting burden for reporting entities
- Measure does not contribute to the overall goals and objectives of the program
- Performance or improvement on the measure does not result in better patient outcomes
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement

### ■ **Additional Survey Feedback:**

- This measure is so broadly inclusive that it is unclear how it will lead to better patient outcomes. Becomes a check box assessment rather than thoughtful practice.
- Measure denominator of all adults age 18 and older at with assessment during every visit with standardized tool makes this measure more burdensome than it could be with a more focused denominator

## 01101-C-MIPS: Barrett's Esophagus

- **Description:** Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 4

## 01101-C-MIPS: Barrett's Esophagus (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
- ❑ Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

### ■ Additional Survey Feedback:

- ❑ CMS has acknowledged this measure is topped out
- ❑ Measure construct appears to be measuring a standard of care. Does the rate diagnosing this condition indicate good or poor performance
- ❑ Does this encourage excessive endoscopy in GERD?



## 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery

- **Description:** Patients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment and achieved an improvement in their visual acuity, from their preoperative level, within 90 days of surgery in the operative eye.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
  - Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
- **Additional Survey Feedback:**
  - The incidence of this condition is 1 in 10,000 per year may pose small volume problems

## 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3

## 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (continued)

### ■ Criteria/Rationale:

- Performance or improvement on the measure does not result in better patient outcomes
- 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:

- This measures information exchange, not necessarily care coordination and a primary care clinician or endocrinologist may not be able to influence this outcome from a patient vision standpoint.
- Has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost, strong performance could indicate better resourced organization rather than higher standard of care.

## 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)

- **Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 3

## 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM) (continued)

### ■ **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

### ■ **Additional Survey Feedback:**

- Has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost, strong performance could indicate better resourced organization rather than higher standard of care.
- This measures information exchange, not necessarily care coordination and a primary care clinician or endocrinologist may not be able to influence this outcome from a patient vision standpoint.

## 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)

- **Description:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **Criteria/Rationale:**
  - Measure leads to a high level of reporting burden for reporting entities
  - 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:**
  - Redundant to measure 02527-C-MIPS, could combine.
  - Penalizes those not in systems of care; benefits those who are in such systems - no requirement to demonstrate that report was read

## 05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)

- **Description:** Percentage of children, 6 months - 20 years of age at the start of the measurement period, who have had tooth decay or cavities during the measurement period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 3
- **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
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- **Additional Survey Feedback:**
  - Need more information; while this outcome needs to be measured because it is important for childhood dental health, it could disincentivize a dentist from treating patients with inadequate dental care or at high risk for dental problems.

# Post-Acute Care/Long-Term Care (PAC/LTC) Programs



## PAC/LTC Programs

# Home Health Quality Reporting Program (HH QRP)

# Home Health Quality Reporting Program (HH QRP)

## Home Health Quality Reporting Program (HH QRP)

- **Program Type:** Pay for Performing & Public Reporting
- **Incentive Structure:** Section 484.225(i) of Part 42 of the Code of Federal Regulations (C.F.R.) provides that HHAs that meet the quality data reporting requirements are eligible to receive the full home health (HH) market basket percentage increase. HHAs that do not meet the reporting requirements are subject to a two (2%) percentage point reduction to the HH market basket increase.
- **Program Goals:** Alignment with the mission of the National Academy of Medicine (NAM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

# **Opportunity for Public Comment on Home Health Quality Reporting Program (HH QRP) Measures**

## Opportunity for Public Comment on the Home Health Quality Reporting Program (HH QRP) Measures

- 00185-C-HHQR: Improvement in Bathing
- 00187-C-HHQR: Improvement in Dyspnea
- 00189-C-HHQR: Improvement in Management of Oral Medications
- 00196-C-HHQR: Timely Initiation of Care
- 00212-C-HHQR: Influenza Immunization Received for Current Flu Season
- 01000-C-HHQR: Improvement in Bed Transferring
- 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP
- 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
- 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
- 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

## 00185-C-HHQR: Improvement in Bathing

- **Description:** Percentage of home health quality episodes of care during which the patient got better at bathing self.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 5
- **Criteria/Rationale:**
  - 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 has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
  - Performance or improvement on the measure does not result in better patient outcomes
- **Additional Survey Feedback:**
  - Clarification need, does this exclude patients who don't have a bathing goal?
  - Challenge with skilled maintenance. Focus on level of assistance only.
  - Would like to have discussion of which measures of function have strongest relationship to patient outcomes.
  - Must evaluate whether the patient has a terminal disease where one would not anticipate improvement.

## 00187-C-HHQR: Improvement in Dyspnea

- **Description:** Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 6

## 00187-C-HHQR: Improvement in Dyspnea (continued)

### ■ Criteria/Rationale:

- 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
- Measure does not contribute to the overall goals and objectives of the program
- 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
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

### ■ Additional Survey Feedback:

- Is this measure topped?
- Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement



## 00189-C-HHQR: Improvement in Management of Oral Medications

- **Description:** Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly (by mouth).
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 4
- **Criteria/Rationale:**
  - 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
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- **Additional Survey Feedback:**
  - Would like to know distribution on these assessor reported data.
  - Stabilizing management should be considered success not just improvement.
  - Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement.

## 00196-C-HHQR: Timely Initiation of Care

- **Description:** Percentage of home health quality episodes in which the start or resumption of care date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date, whichever is later.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 5

## 00196-C-HHQR: Timely Initiation of Care (continue)

### ■ Criteria/Rationale:

- ❑ Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- ❑ Measure does not contribute to the overall goals and objectives of the program
- ❑ 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 has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

### ■ Additional Survey Feedback:

- ❑ Is this measure topped?
- ❑ Some measure of timeliness is important.
- ❑ I like this measure.

## 00212-C-HHQR: Influenza Immunization Received for Current Flu Season

- **Description:** Percentage of home health quality episodes of care during which patients received influenza immunization for the current flu season.
- **Endorsement Status:** Endorsement removed
- **MSR Selection Count:** 6
- **Criteria/Rationale:**
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
  - 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

## 00212-C-HHQR: Influenza Immunization Received for Current Flu Season (continued)

### ■ Additional Survey Feedback:

- This measure may be difficult for the HHA to have control over, can't act on this.
- I like this measure. (\*did not vote for measure, but entered comment).

## 01000-C-HHQR: Improvement in Bed Transferring

- **Description:** Percentage of home health quality episodes of care during which the patient improved in ability to get in and out of bed.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 5

## 01000-C-HHQR: Improvement in Bed Transferring (continued)

### ■ Criteria/Rationale:

- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
- Measure does not reflect current evidence
- Performance or improvement on the measure does not result in better patient outcomes
- Measure is duplicative of other measures within the same program

### ■ Additional Survey Feedback:

- Issues with skilled maintenance.
- Examine pros/cons of targeted functional measures, composite measures rather than separate measures of functional outcomes.
- I like this measure.

## 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP

- **Description:** The assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency's MSPB-PAC HH episodes across the same performance period. Note: An MSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 7
- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - 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 is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement



## 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP (continued)

### ■ Additional Survey Feedback:

- Need more data to evaluate this measure. Measure seems to incentivize spending less per patient, which could have unintended consequences.
- Concern that it only looks at Medicare FFS cost, which in some markets is negligible.
- Note that measure is required by statute; are there any pending measures of cost/spending that provide more insight into the relationship between quality and cost.

## 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)

- **Description:** This measure assesses successful discharge to the community from HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge. It assesses a HHA's risk-standardized rate of Medicare FFS patients who are discharged to the community following a HH episode, and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home/self-care without HH services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.
- **Endorsement Status:** Endorsed
- **MSR Selection Count:** 4

## 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (continued)

### ■ Criteria/Rationale:

- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- Measure is duplicative of other measures within the same program.
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
- Measure leads to a high level of reporting burden for reporting entities
- Measure does not reflect current evidence
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure does not contribute to the overall goals and objectives of the program

### ■ Additional Survey Feedback:

- Would like to look at set of measures related to hospitalizations during home health; which have strongest relationship to outcomes, most effective timeframe for measuring. Hospitalization rates required by statute - which would drive quality improvement the most?
- This is important but a burden to report.

## 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- **Description:** Percentage of quality episodes in which the patient experiences one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health episode.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 5
- **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

## 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (continued)

### ■ Additional Survey Feedback:

- Possibly redundant with readmission measures. Need more information to understand if patients can be excluded due to home safety.
- Home health does not have residents and does not have a long stay definition. Agency relies on patient self report.
- Question its applicability for care in the home where there is not 24/7 home health aides in one's home. Lacks a risk adjustment component.
- A very important factor to consider reporting.

## 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- **Description:** Percentage of home health quality episodes in which patients mobility and self-care functional status was documented and at least one discharge goal was recorded.
- **Endorsement Status:** Not endorsed
- **MSR Selection Count:** 4
- **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
  - Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
- **Additional Survey Feedback:**
  - Expect topped out; would like to discuss issues of using standard OASIS data as performance measures since OASIS required.

# Opportunity for Public Comment

# MAP Health Equity Advisory Group Feedback on MSR Process



## Feedback on MAP Health Equity Review Process

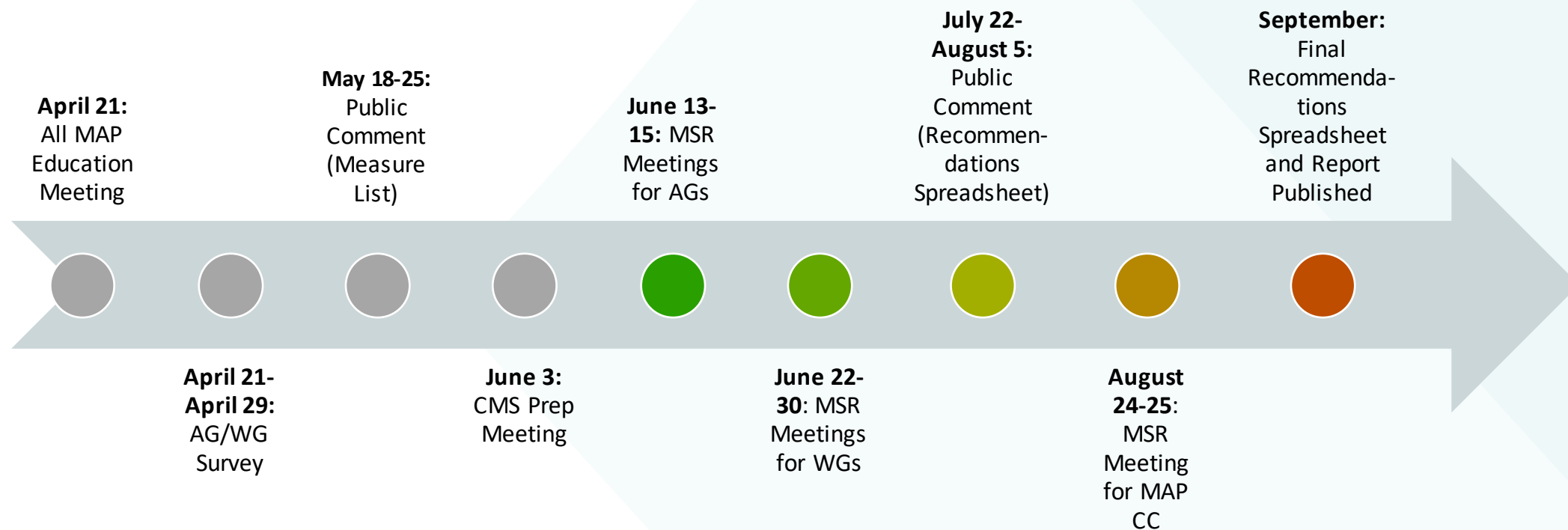
- Polling Questions:
  - ▣ The MSR survey to nominate measures for discussion worked well
  - ▣ I had what I needed to respond to the MSR survey
  - ▣ The advisory group review of the measures under review worked well
  
- Discussion Questions:
  - ▣ What worked well during the advisory group survey?
  - ▣ What worked well during the advisory group's review of the measures under review? What would help the advisory group'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

## Timeline of Upcoming Activities

- **Advisory Group Meetings**
  - ▣ Rural Health Advisory Group – June 13, 2022
  - ▣ Health Equity Advisory Group – June 15, 2022
- **Workgroup Review Meetings**
  - ▣ Hospital Workgroup – June 22, 2022
  - ▣ Clinician Workgroup – June 27, 2022
  - ▣ Post-Acute Care/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

## 2022 MSR Timeline



## Contact Information

- ▣ **Project page:** [Health Equity Advisory Group](#)
- ▣ **Email:** [MAPHealthEquity@qualityforum.org](mailto:MAPHealthEquity@qualityforum.org)

# THANK YOU.

**NATIONAL QUALITY FORUM**

<https://www.qualityforum.org>

# Appendix

## Health Equity Advisory Group and Measures Under Review

- The Health Equity Advisory Group will provide the following feedback to the setting-specific workgroups about the measures under review:
  - ▣ Relative priority in terms of advancing health equity for all
  - ▣ Data collection and/or reporting challenges regarding health disparities
  - ▣ Methodological problems of calculating performance measures adjusting for health disparities
  - ▣ Potential unintended consequences related to health disparities of measure use in specific programs
  - ▣ Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs



## 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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## Federal Programs Prioritized by CMS/NQF for MAP PAC/LTC WG Review

Federal Programs for MAP PAC/LTC	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Home Health Quality Reporting Program (HHQRP)	20	X
Hospice Quality Reporting Program (HQRP)	4	X
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	18	**
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	18	**
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	15	**
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	1	**

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## Federal Programs Prioritized by CMS/NQF for MAP Clinician WG Review

Federal Programs for MAP Clinician	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
<b>Merit-based Incentive Payment System (MIPS)</b>	<b>200</b>	<b>1/3 of measures will be reviewed for 2022 MSR*</b>
<b>Medicare Shared Savings Program (SSP)</b>	<b>13</b>	<b>X</b>
Medicare Part C and D Star Ratings	40 (38 unique measures)	**

*\*To obtain 1/3 of measures for review, measures will be grouped by clinical topic or meaningful measure area.*

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## Narrowing List of Measures for Discussion

