



# NATIONAL QUALITY FORUM

Driving measurable health  
improvements together

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

---

*Meeting Summary*

*July 6, 2022*

*This report is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-T0003, Option Year 3.*

## Table of Contents

Measure Applications Partnership (MAP) Health Equity Advisory Group: 2022 Measure Set Review Meeting.....	1
Measure Applications Partnership (MAP) 2022 Measure Set Review (MSR) Health Equity Web Meeting.....	4
Welcome, Introductions, and Review of Web Meeting Objectives.....	4
Review of MSR Process and Measure Review Criteria .....	5
Hospital Programs .....	5
Hospital Outpatient Quality Reporting (OQR) Program Measures.....	5
00922-C-HOQR: Left Without Being Seen .....	6
00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients .....	8
00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain .....	9
02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material.....	9
02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery .....	11
Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures.....	12
01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery.....	13
02936-C-ASCQR: Normothermia Outcome.....	13
The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures.....	14
05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice.....	14
Clinician Programs .....	15
Medicare Shared Savings Program (MSSP) Measures .....	15
00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan .....	16
eCQM ID:CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM) .....	17
06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups .....	17
02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.....	18
Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey.....	18
01246-C-MSSP: Controlling High Blood Pressure.....	19
eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM) .....	19
Merit-based Incentive Payment System (MIPS) Measures .....	20
00641-C-MIPS: Functional Outcome Assessment.....	20
01101-C-MIPS: Barrett's Esophagus.....	21

02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery.....	22
00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care .....	22
05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care .....	23
05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report.....	23
05837-E-MIPS: Children Who Have Dental Decay or Cavities .....	24
Post-Acute Care/Long-Term Care Programs.....	25
Home Health Quality Reporting Program (HH QRP) Measures .....	25
Functional Outcome Measures .....	25
02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP).....	26
03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).....	27
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 .....	27
00196-C-HHQR: Timely Initiation of Care.....	28
00212-C-HHQR: Influenza Immunization Received for Current Flu Season .....	28
01000-C-HHQR: Improvement in Bed Transferring.....	29
02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP .....	29
Public Comment .....	30
Next Steps.....	31
Appendix A: MAP Health Equity Advisory Group Attendance (Voting Only) .....	32
Appendix B: Full Polling Results .....	32
Appendix C: MSR Process Feedback Polling Results.....	33

## Meeting Summary

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

---

The National Quality Forum (NQF) convened a public web meeting, on behalf of the Centers for Medicare & Medicaid Services (CMS), for members of the Measure Applications Partnership (MAP) on June 15, 2022. The purpose of the meeting was for the MAP Health Equity Advisory Group to provide input on measures under review with a lens to measurement issues impacting health disparities. Additionally, the advisory group provided input on measures under review with the goal to reduce health differences closely linked with race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, and geographical location. There were eighty-six attendees at this meeting, including MAP members, NQF staff, government representatives, and members of the public.

#### Welcome, Introductions, and Review of Web Meeting Objectives

Jenna Williams-Bader, senior director, NQF, welcomed participants to the MAP Measure Set Review (MSR) Health Equity Advisory Group Web Meeting and thanked all participants for providing their time and support to the MSR initiative. Ms. Williams-Bader provided an overview of the WebEx platform functionality and the meeting agenda. Dr. Elizabeth Drye, Chief Scientific Officer, NQF, joined Ms. Williams-Bader in thanking MAP participants and provided opening remarks noting the multistakeholder representation of MAP. Dr. Drye spoke about how the 2022 MSR process expanded upon the 2021 MSR pilot by bringing the three setting-specific Workgroups (Clinician, Hospital, and Post-Acute/Long-Term Care (PAC/LTC)) and two Advisory Groups (Rural Health and Health Equity) into the process. This process follows congressional direction on the multistakeholder representation of MAP. She also spoke on the points of discussion for advisory group members to consider during review measures. Following Dr. Drye, opening remarks were provided by the Health Equity Advisory Group co-chairs, Dr. Rebekah Angove, and Dr. Laurie Zephyrin.

Next, Ms. Williams-Bader introduced the NQF team and the CMS staff supporting the MAP activities. Ms. Williams-Bader then reviewed the following meeting objectives: provide a review of 2022 MSR process and measure review criteria, provide MAP members with an opportunity to discuss and recommend measures for potential removal, and seek feedback from the advisory group on the MSR process.

Next, Dr. Michelle Schreiber, deputy director of the Centers for Clinical Standards & Quality (CCSQ) for CMS and the group director for the Quality Measurement and Value-Based Incentives Group (QMVIG), offered opening remarks and thanks to all MAP members. Dr. Schreiber acknowledged the CMS staff at the meeting and their expertise. Dr. Schreiber noted the importance of health equity to the current presidential administration and recognized past pre-rulemaking public comments that expressed concern around the number or functionality of measures within a program. Dr. Schreiber also provided guidance around the timing of accepted recommendations from MAP to CMS. Recommendations from the 2022 MSR cycle will not affect rule writing for this year but will be taken into consideration for rule writing next year.

## Review of MSR Process and Measure Review Criteria

Ivory Harding, manager, NQF, reviewed the 2022 MSR process and measure review criteria. Ms. Harding provided an overview of the 2022 MSR process, including the steps to prioritize, survey, prepare, and discuss the measures for review, with the output being a set of final recommendations and rationale for measure removal being provided to CMS. Ms. Harding also reviewed the process by which advisory group feedback will be incorporated into the reviews of the measures by the MAP workgroups and the Coordinating Committee. Ms. Harding presented the 10 measure review criteria used by MAP members to evaluate measures during the survey process and again during the web meeting. Lastly, Ms. Harding reviewed the process for the meeting. Each program is introduced by NQF staff. The public is given an opportunity to provide comment on the measures under review within that program. For each measure, the lead discussants provide their evaluation of the measure before the discussion is opened up to the entire group, and advisory group members then participate in a poll to express their support for retaining a measure within the program.

During the opportunity for MAP members to raise questions on the 2022 MSR process, a MAP member commented on the information provided to members ahead of the survey process. The member highlighted difficulties in reviewing a measure through an equity lens when the outcomes of those measures regarding measure review criterion number 10 (negative unintended consequences or potential contributions to health disparities) were not shown. Additionally, the member recommended some of the criteria could potentially be expanded to account for the aspects needed when evaluating measures for health equity. At the conclusion of the presentation, MAP members participated in a test poll to ensure everyone had access to participate in the polling process throughout the remainder of the meeting.

## Hospital Programs

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

Ms. Williams-Bader provided an overview of the Hospital OQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms. Williams-Bader then introduced Dr. Angove to lead members of the public through public comment.

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

Dr. Angove provided instructions to members of the public on the public commenting process. No comments from members of the public were received.

A MAP member asked a process question regarding the public commenting process, specifically if measures should be commented on separately within a program or all together and if the group was past the point of considering the relevance of health equity for each measure. Ms. Williams-Bader clarified public comments can be made on measures as a group or individually within a program. Ms. Williams-Bader also clarified that during the review of measures in the next section, MAP members could provide feedback on the measures from two perspectives: 1) would the retention of a measure within a program raise concerns from a health equity perspective? 2) would there be anything about the measure members would like to see adjusted to improve health equity? Dr. Zephyrin also contributed measures could be examined for disparity-sensitive conditions, in addition to issues with equitable access to care or unintended consequences.

A MAP member commented on 00922-C-HOQR: Left Without Being Seen, highlighting removal of this measure could impact certain groups who experience longer wait times. Additionally, they reported

whether members of the denominator are included in the assessment of emergency department experiences among patients seeking care could contribute to unintended equity impacts.

Another MAP member asked a process question regarding the timing of public comment coming before the discussion and review of measures. Ms. Williams-Bader clarified past feedback received from voting members in the MAP workgroups suggested public comments may impact voting decisions, so they have been moved ahead of group discussion and measure review.

A separate MAP member commented on 00922-C-HOQR: Left Without Being Seen regarding the validation of the criteria used to pull the measure for discussion. The member questioned if the reasoning provided for this measure to be nominated for removal, “the measure does not result in improved patient outcomes,” was based on public comment received prior to this meeting. Ms. Williams-Bader clarified the measure review criteria currently being used for the 2022 MSR is based on the measure review criteria used during the 2021 pilot, feedback on the piloted criteria from the MAP Coordinating Committee, and contributions from CMS colleagues.

#### **00922-C-HOQR: Left Without Being Seen**

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure’s endorsement status is “endorsement removed.” MAP members selected the measure for discussion based on the following criteria:

- 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

Ms. Williams-Bader then turned the program over to Dr. Angove to lead the review of the measure by MAP members. The first lead discussant opened the dialogue, stating a significant portion of the population would be overlooked and important data would be missed if this measure were to be removed from this program. A second lead discussant noted the measure review criteria selected by survey respondents who nominated the measure for discussion. The lead discussant further commented it would be helpful to consider the reasons behind the selected criteria as well. They added the information provided to review the measures was limited and contributed to a challenge in determining if this measure should be removed from the program.

Dr. Angove opened the discussion to all MAP members. A MAP member commented on the variety of reasons patients leave the emergency department (ED) without being seen, such as extreme wait times, and these reasons are not all tracked by systems or physicians. The MAP member noted it is possible this measure meets the criteria of not contributing to the overall goals and objectives of the program because the proper data may not be available when asking this question. In response to this comment, a lead discussant stated this measure could highlight certain important inequities, for example, a lack of basic interpreter services within a hospital could cause certain patients to experience extreme wait times before being effectively triaged. Thus, the MAP member stated this measure is equity sensitive. Another MAP member concurred certain equity trends could be tracked within this measure, such as

lack of childcare, transportation issues, employment conflicts, or other reasons preventing patients from being available to wait in the ED for long periods of time.

A separate MAP member mentioned the issue of reliability when tracking this data between hospitals and between populations. The MAP member commented it may be more important to measure true hospital performance rather than why individual patients left. Another MAP member responded some minority populations rely on access to the ED for care rather than primary care services, so removing the measure could impact access issues. The MAP member supported retaining the measure within the program. Another MAP member echoed previous comments in support of retaining the measure within the program and noted some patients may leave the ED due to transphobia or homophobia.

A MAP member posed a question regarding the fit of this measure in an ambulatory-based program with a focus on inpatient-based performance. A CMS program lead responded this measure fits within the program because it is a chart-abstracted measure and information is available on the patient from the time they enter the ED until the time they are discharged. The program lead stated if the patient is admitted into the hospital, the data is tracked under the inpatient program. Dr. Schreiber further clarified this measure tracks a patient from when they enter the ED and for whatever reason left without being seen by a practitioner either due to wait times or unsatisfactory service. Dr. Schreiber stated this measure does not necessarily imply access issues, but noted there may be long wait times or access within the ED. Dr. Schreiber also noted the next measure on the agenda indicates specifically patients were able to be seen by a practitioner before being discharged. Dr. Schreiber explained that both measures fit within the outpatient program because the ED visits are considered ambulatory visits and not inpatient visits. Dr. Schreiber stated it is the hospital's responsibility to report on these measures because the EDs belong to the hospital. Dr. Schreiber noted the measures appear in public reporting, but they are not tied to a payment program. Dr. Schreiber also stated the real intent of both measures is if a patient is being seen in a timely manner. While the data on equity was not available on hand, Dr. Schreiber did agree on the possible equity implications. A MAP member expressed appreciation for the clarifications on the measure from CMS and noted it was helpful to know that the measure is not tied to payment, as hospitals would not be penalized for serving lower income populations or people who utilize the ED as a primary care alternative. The MAP member also suggested the measure could be improved if it could track subpopulations. Dr. Schreiber agreed and said this suggestion brings up two important points for the group to consider: 1) which of these measures are most appropriate for stratification? 2) what variables are used as there are multiple to use? Dr. Schreiber noted CMS believes this measure provides important data to patients for consideration regarding wait times.

A MAP member suggested a stratification variable of population size or acuity to better examine the communities being served by EDs. They also suggested the measure gather data at an aggregated level. One MAP member requested more information on why Consensus-Based Entity (CBE) endorsement was removed. A representative from the measure developer reported the measure lost endorsement in 2012 because the original steward did not pursue re-endorsement. A CMS program lead provided additional clarity around the endorsement status in the chat: "According to the NQF website, OP-22 was endorsed initially in 2008 but endorsement was removed on May 12, 2012. Our measure inventory archives indicate after several unsuccessful attempts by CMS to engage Louisiana State University (LSU) with maintaining endorsement, CMS withdrew the measure from endorsement consideration in 2012. There is little information on the NQF website about testing or endorsement for OP-22. We are not aware of, nor has CMS asked Mathematica to support, seeking endorsement of OP-22 since then."



The advisory group was polled on their support of retaining the measure 00922-C-HOQR: Left Without Being Seen within the Hospital OQR program. Results are as follows: Yes – 15, No – 1, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- 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

A lead discussant opened the dialogue on the measure by questioning if the measure provides sufficient data on quality of care an individual patient receives. The MAP member supported removal of this measure from the program.

Dr. Angove opened the discussion to all MAP members. The lead discussant clarified their previous comment, noting that the complexity of cases is not captured and this is a concern. A CMS program lead for another program responded that a stakeholder group, the American College of Emergency Physicians (ACEP), provided historical support of this measure even though there are variables beyond their control, like bed availability. A MAP member noted delays could be related to entire hospital system workflow rather than the quality of service provided by the ED. Another MAP member questioned if this measure was tied to payment because unidentified structural issues could impact equity components, for example, with psychiatric patients. A CMS program lead clarified the Hospital OQR program is a pay for reporting program and there is no payment directly connected to performance. The program lead also stated the reporting measure OP-18B is stratified and does not include psychiatric patients. The program lead added this measure is a meaningful measure for beneficiaries and stakeholders and provided in the chat this measure is also included in the calculation of hospital star ratings. Another CMS program lead provided a comment in the chat to clarify this measure does not include patients that are admitted to the hospital.

Another MAP member provided commentary on their support of retaining this measure because it accurately demonstrates what is occurring in EDs because it cannot be "gamed." Other MAP members provided support for retaining this measure in the program because of the implications of throughput in EDs along with the health equity implications. A MAP member summarized comments and again questioned the main goal of the measure. CMS program leads clarified the focus of this measure is not outcomes. The measure developer commented there is a companion measure in the Hospital Inpatient Quality Reporting Program, so when hospitals are using data to examine throughput, they have a larger scope of measures to use than this single measure. The measure developer noted this measure is not designed to uncover the causes of extended wait time or provide solutions, it is one piece of a larger picture.

The advisory group was polled on their support of retaining the measure 00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients within the Hospital OQR program. Results are as follows: Yes – 13, No - 5, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).



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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant and provided background on the measure as an inappropriate use/overuse measure and noted payment is not driven by performance but rather for reporting. The lead discussant highlighted the criteria/rationale selected by members during the survey to nominate this measure for discussion. The lead discussant highlighted the measure previously lost endorsement by a NQF standing committee based on validity criteria, largely concerns about the inclusion of the elderly population. The lead discussant also noted the NQF standing committee had concerns about exclusions and that the definition of antecedent conservative therapy was not broad enough to capture things in the claims data like telephone support. The lead discussant summarized the measure's performance, noting the average performance rate in 2016 was 39.8% and dropped to 38.7% in 2018, so there was a small improvement within three years. The lead discussant also noted, regarding the significance of imaging utilization and its potential impact on health equity, literature published by the National Health Interview Survey suggests that Black, Hispanic, and Asian participants are less likely to report ever undergoing a computed tomography (CT) scan in comparison to White participants. The lead discussant also mentioned an article looking at differences in ED diagnostic imaging at U.S. children's hospitals, which found approximately a 20-30% difference in the use of imaging services among African American and Hispanic populations. Lastly, the lead discussant noted a meta-study, which found greater overuse among White patients. The lead discussant determined the equity problem may not be inappropriate use or overuse, but may be underuse.

A second MAP member and lead discussant commented the measure is more about overuse and access to these services within minority communities contributes to equity impacts.

Dr. Angove opened the discussion to all MAP members. There were no questions or discussion.

The advisory group was polled on their support of retaining the measure 00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients within the Hospital OQR program. Results are as follows: Yes – 4, No – 6, Unsure of Retaining in Proposed Program – 7. Full polling results can be found in [Appendix B](#).

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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the

survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant and highlighted the lack of endorsement of the measure. The lead discussant also highlighted the complexities within the measure regarding where the scans were ordered, such as the trauma unit, or whether there was an allergy to the scan or the contrast itself. The lead discussant member stated it was unclear if patient outcomes improved or worsened as a result of the measure. The lead discussant noted the measure is coded by someone other than the person who performed the procedure and this may impact how accurately the data is captured. The lead discussant stated there were comparable findings across the demographic categories but noted geographic differences, which could be due to the availability of resources in smaller and rural areas. The lead discussant also intersectionality was not accounted for, such as the experience encountered by an older Black male. The lead discussant stated, regarding the health equity perspective, there are known racial and ethnic differences attributed to pain treatment. The lead discussant commented the measure would be helpful if it captured whether the CT was ordered in these instances.

Another MAP member and lead discussant highlighted this measure as an overuse measure. The lead discussant noted it is difficult to determine health equity implications from the measure, because there is usually the reverse: these services are underutilized by minority communities. The lead discussant noted the variation in reported data has decreased over the years as well, so this measure would not be a good indicator of health equity impacts. The lead discussant recommended removal of the measure from the program.

Dr. Angove opened the discussion to all MAP members. A CMS program lead suggested there is a difference between evaluating whether a measure would be useful for a program versus being useful for measuring health equity, and reported performance on the measure has improved over time. The CMS program lead stated because this measure does highlight quality issues, it is useful for the program. Dr. Angove and Ms. Williams-Bader clarified the intent of the advisory groups and how their comments are brought forth to the MAP workgroups. Dr. Angove highlighted the intent of the advisory group and the wording of the poll focused on retention or removal of a measure from a program may be confusing. Dr. Tricia Elliott, senior managing director for NQF, provided clarity on the opportunities for the Health Equity Advisory Group members to provide nuanced observations. Dr. Elliott stated, in addition to commentary being captured for the meeting, there are opportunities for members to participate in the workgroup meeting and provide verbal commentary or provide public comments in the next public commenting period. Dr. Elliott noted the language of the polling questions was streamlined to incorporate feedback from the prior measures under consideration (MUC) cycle. Discussion continued on the differentiation of the polling choices and alignment with the true intent of the advisory group members and how the polling results would be shared with the workgroups.

A MAP member commented while this measure is indeed focused on overuse of services, if overuse is directed at one particular group more than others, there is a systemic problem, and it means those resources may be better directed somewhere else.

The advisory group was polled on their support of retaining the measure 00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients within the Hospital OQR program. Results are as follows: Yes – 6, No – 7, Unsure of Retaining in Proposed Program – 5. Full polling results can be found in [Appendix B](#).

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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant and highlighted the past endorsement history of the measure. The lead discussant stated the measure was endorsed in 2015 and received re-endorsement in 2020. The lead discussant noted the measure was never reviewed by the MAP. The lead discussant then reviewed the criteria selected to nominate this measure for discussion by survey respondents. The lead discussant highlighted the additional feedback on the measure provided in the survey. The lead discussant asked NQF staff to clarify the endorsement status of this measure. Ms. Williams-Bader provided background on the collaborative review of measure endorsement between NQF and CMS and explained if measures contain significant enough differences from the original version they are no longer considered endorsed. Ms. Williams-Bader confirmed this measure is endorsed. A CMS program lead concurred. The lead discussant then noted there were differences in performance by age, income, and dual eligibility status, stating this measure could be helpful in the examination of health disparities.

Another MAP member mentioned the issue of voting again and requested final guidance. Dr. Angove expounded on the member's concern and asked NQF for an opportunity to huddle and determine a solution for the group. Dr. Angove suggested a solution would be formulated during the lunch break.

Dr. Angove opened the discussion to all MAP members. A MAP member provided a comment in the chat and questioned if the group could try to use the same terminology when referring to populations of color, such as BIPOC (Black, Indigenous and People of Color), instead of minority. Dr. Angove acknowledged this is an important topic that will have to be addressed at a future time due to the time limitations on the meeting's agenda.

During a break in the meeting for lunch, NQF, Advisory Group co-chairs and CMS leadership determined the polling of the advisory group regarding the support of retaining a measure within a program would cease and feedback in the form of commentary would be captured moving forward. The reasons for this decision were as follows:

1. The most important information regarding the output of the advisory group are the comments in support of retaining or removing measures from the program and their view on if the measures would harm health equity.
2. Due to the number of measures to be reviewed, the health equity perspective must be a priority, rather than a holistic review of the measures with a broader poll.
3. Attendees were encouraged to offer different perspectives as part of the discussion.

A MAP co-chair further clarified the polls were designed to understand the level of consensus within the group and allow multiple voices to be heard. The co-chair encouraged all voices be shared during remaining discussions throughout the meeting.

A CMS program lead commented on plans to stratify Medicare claims-based measures by dual-eligibility, and the data were provided in confidential hospital reports beginning in May.

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

Ms. Williams-Bader provided an overview of the ASCQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms. Williams-Bader then introduced Dr. Zephyrin to lead members of the public through a public commenting period on the measures for review within the ASCQR program.

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

Dr. Zephyrin provided instructions to members of the public on the public commenting process.

A CMS program lead raised a question regarding the nomination of this measure for discussion (01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery). The program lead reported the measure is under voluntary reporting and the data is at the aggregate level, which would make it difficult to extrapolate health equity concerns. Ms. Williams-Bader clarified the process for measure nomination through the advisory group and workgroup member completion of the survey.

A member of the public provided commentary in the chat and verbally that this measure (01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery) will be mandatory for reporting in the 2025 ASCQR Program. The commenter also provided in the chat the normothermia measure (02936-C-ASCQR: Normothermia Outcome) is currently a mandatory-reported measure. The commenter further provided feedback from stakeholders regarding reporting burden, specifically ASCs do not usually have access to data needed for the measure because it is stored with the physician office. The commenter noted there are barriers between ASCs and physician offices, so the data is not accessible under current regulations. Another member of the public, representing the American Academy of Ophthalmology, stated the academy never supported this measure for ASCs because patients are never followed up with after the cataract surgery. The commenter stated this makes the information difficult to gather.

A MAP member commented while there may be concerns regarding disability, there are no health equity concerns. A MAP co-chair asked for clarity on feedback provided on the measure regarding the lack of health equity implications. A member of the public clarified this measure only evaluates function, not socioeconomic status, or race, just outcome of the surgery. Additionally, the commenter noted ASCs do not have control over outcomes within the measure, as outcomes are controlled more by the surgeons and the follow-up care.

A MAP member voiced disagreement regarding the belief the measure does not have any health equity implications. The MAP member stated depending on where a patient lives or how the follow-up is performed, follow-up may not always occur. A member of the public provided additional information on what the measure captures. The commenter noted the measure does not capture follow-up, and follow-up is included in the bundle already. The commenter stated it measures visual function at 90 days following the surgery. The commenter noted it is a measure in the MIPS program for physicians, so the measure is evaluated in an appropriate manner since the ASC does not have an impact on visual function. The commenter also noted the physician has more control on the outcome of visual function and that information is stored in the physician's EHR, which is not directly accessible by the ASC.

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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant and highlighted the PROM (patient reported outcome measure) structure of the measure, being a pre/post-surgery survey. The lead discussant noted that, as designed, the measure may not be equity sensitive because it does not identify who does not complete the survey. The lead discussant also stated, as a PROM, the measure only looks at patients who completed both the pre- and post-survey and whether they had improvement in their visual functioning. The lead discussant further echoed points raised during public comment regarding the level of accountability with this measure with ASCs. The lead discussant noted this measure may not capture data at the level of accountability at which the information would be most useful or actionable. The lead discussant stated, based on the performance data provided by NQF, the measure appears topped out, with 100 ASCs reporting on the measure with scores in the mid-90s. Regarding health equity implications, the lead discussant noted there may be potential measure design issues.

Dr. Zephyrin opened the discussion to all MAP members. A CMS program lead provided information in the chat that the ASCQR program only has aggregate level data for Medicare claims-based measures due to burden considerations for facilities. The program lead also commented that stratification of claims-based measures by dual eligibility was examined, but there are small numbers of these patients. The program lead also mentioned in the chat the sample sizes are minimum numbers only and this is a measure that facilities like very much as they have reported it voluntarily for a while; the program lead noted there is variability even with these facilities.

A MAP member mentioned the distinction of examining a measure for its value within a program or examining a measure for its impact on health equity. The MAP member highlighted the comments presented earlier regarding the challenges ASCs experience with this measure and noted it may not necessarily be the best approach.

A lead discussant raised the point of the small sample size required for reporting this measure being thirty patients. The lead discussant noted a program examined for improving care for patients may not be able to capture everyone with that small sample size and therefore, there may not be harm in removing this measure from the program.

### **02936-C-ASCQR: Normothermia Outcome**

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant and described the main concern regarding this measure being the burden of the data needed to report on the measure. The lead discussant noted there are no known health equity concerns in their viewpoint.

Dr. Zephyrin opened the discussion to all MAP members. A CMS program lead clarified the organization has never received complaints from ASCs regarding reporting burden for this measure but appreciated the discussion regarding this point. The program lead noted the measure only applies to procedures that involve anesthesia, so it would not apply to everything that ASCs do.

## The Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures

Ms. Williams-Bader provided an overview of the PCHQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms. Williams-Bader then introduced Dr. Angove to lead members of the public through a public commenting period on the measures for review within the PCHQR program.

### *Opportunity for Public Comment on PPS [Prospective Payment System]-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures*

Dr. Angove provided instructions to members of the public on the public commenting process. No comments from members of the public were received.

A MAP member commented on the literature surrounding this measure and the health equity implications of patients having access to hospice, patients understanding the communications on the purpose of hospice, and trust issues with hospice. Another MAP member commented on a study about the health equity implications of the measure and the use of hospice, stating hospice use by African Americans is lower than use among White patients.

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

Ms. Williams-Bader provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Williams-Bader noted the measure's endorsement status is "endorsement removed."

Ms. Williams-Bader read a statement from the American Society of Clinical Oncology (ASCO) offering clarifications on the measure, noting this measure is a claims-based measure based on the concept of the NQF-endorsed measure #0215, which is a registry measure of the same name stewarded by ASCO. Ms. Williams-Bader noted ASCO notified NQF of its intention to discontinue maintenance of the registry version of the measure in Spring 2022, since it has not been used in the CMS MIPS program since 2019 and no data were available to obtain NQF endorsement. Ms. Williams-Bader also noted the current claims-based version of the measure is approved by CMS for use in the PCHQR program and will be implemented in the program for the first time this year. MAP members selected the measure for discussion based on the following criteria:

- 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



A MAP member opened the discussion as a lead discussant, noting how new the measure is and performance data is still being submitted, so the hospitals have not had a chance to act on performance. The lead discussant noted it is important to track differential access in regard to health equity, so it would be premature to recommend this measure for removal from the program.

Dr. Angove opened the discussion to all MAP members. A MAP member commented on the fact this measure only applies to cancer-exempt institutions and works under the assumption hospice care is the right outcome. The MAP member noted it is okay if patients do not want hospice because hospice care in this country does not meet the needs of everyone and, in particular, does not meet the structural issues people of color face. The MAP member stated, in terms of an equity lens, this measure does have implications. The MAP member was in support of removal of this measure. Another MAP member agreed with this comment because this care is important as an end-of-life resource and overall patient and family experience. The MAP member also highlighted challenges experienced by patients whose first language is not English. The MAP member stated this care option is not explained in a way in which it is understood by all. The MAP member also noted cultural and ethical components need to be considered during this type of care. The MAP member stated needs are not addressed or often ignored. Regarding an equity perspective, the MAP member stated this measure is needed in regard to race/ethnicity and language.

Another MAP member asked a process question, specifically if it was useful for members to offer an alternative equity perspective on measures for future consideration. The MAP co-chair clarified this meeting was not the space to suggest revisions to the measure or ideas for new measures based on the scope. Another MAP member commented not all hospitals have a hospice care setting to which they can refer patients.

A MAP member asked for clarification on previous comments about the potential for the measure to promote care that may not be aligned with patients' values. Another MAP member responded, noting if hospice is not designed for and responsive to the needs of the whole population and it falls short of important cultural components, then it should not be the desired goal to have the highest proportion of patients who died from cancer to be admitted to hospice. A different MAP member noted the distinction of a patient not having the choice of care in the first place because there was no hospice available is a different question with equity implications. The MAP member recommended that CMS think in the future about a better equity lens for palliative care. A MAP co-chair responded with the idea of considering equity with a lens of systems and structures as opposed to personal choice. The co-chair noted that choice becomes relative depending on where a patient lives and insurance status. The co-chair also highlighted the nuance of the discussion so far between evaluating the current limitations of the measure versus the importance of the measure in regard to health equity if certain changes were made.

A MAP member asked for additional clarification on how to evaluate measures when there are not clear equity-sensitive metrics. The MAP member questioned how to balance considerations when there is emerging knowledge and gaps in the field or topic, for example, consideration towards Quality of Life (QOL). A MAP member commented in the chat hospice is associated with improved QOL among minority communities enrolled, as well as bereaved caregivers.

## Clinician Programs

### Medicare Shared Savings Program (MSSP) Measures

Chelsea Lynch, director, NQF, provided an overview of the MSSP program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms.



Williams-Bader then introduced Dr. Zephyrin to lead members of the public through public commenting on the measures for review within the MSSP program.

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

Dr. Zephyrin provided instructions to members of the public on the public commenting process. No comments from members of the public received.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

Ms. Lynch noted that CMS is planning to sunset the web-interface version of the measure starting with performance year 2025.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member commented on the importance of the measure due to the exacerbation of depression by COVID-19. The MAP member noted negative outcomes of depression make it crucial to identify and treat depression in the early stages. The MAP member also noted, while primary care providers (PCPs) serve as the first line of defense in the detection of depression, studies show PCPs fail to recognize depression in up to 56% of patients and only 36-44% of depressed children and adolescents actually receive treatment. The MAP member stated these statistics suggest the majority of depressed youth are undiagnosed and untreated. The MAP member noted the measure addresses the screening and the follow up plan relating to a positive depression screening, so the member supported the retention of the measure, especially since the measure is not duplicative of another measure within the program.

The co-chair asked for clarity around the measure being sunset. Ms. Lynch clarified that the electronic clinical quality measure (eCQM) version of this measure would take its place. A MAP member asked how members should evaluate this measure if a newer version will be discussed as well.

A CMS program lead noted under the MSSP this is a web-interface measure, and the web-interface measure is based on a sample of Medicare patients. The program lead noted that young individuals are not included in the sample size. The program lead also stated, under the electronic version, the measure captures all-payer data and 70% of the patient population under the provider. The program lead noted the web-interface version sunsets in the MSSP in 2025.

One MAP member commented in the chat that systems that have a higher proportion of patients with access to portals for digital screening have a much easier time reporting on the electronic version of the measure than systems with less affluent patients. Another MAP member commented in the chat the measure (and/or eCQM version) is useful for assessing equity given under-identification of depression in

minority populations. The MAP member noted there may also be an intersectionality value given under-identification in women.

A MAP member asked for clarity on the different versions of the measure (registry versus web-interface versus eCQM) and which version was discussed for potential removal from the program. A CMS program lead clarified under MSSP, the measure is identified as the web-interface version. The program lead noted the measure has a MIPS clinical quality measure (CQM) equivalent, which is considered registry based. The program lead also noted it does have an electronic equivalent, which is the eCQM version. The program lead clarified the version of the measure being discussed is the web-interface version, and the next measure on the agenda is the eCQM version. A MAP member responded due to the web-interface version being sunset in 2025, the version should not be discussed at this time. A MAP member noted it would be important to clarify the versions for the MAP Clinician workgroup, regarding the CQM (registry-based) and the eCQM (electronic) versions of this measure used within the MSSP for ACOs.

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

The MAP co-chair and CMS program leads clarified the measure specifications are the same as the previous measure, but the reporting modality is different. The discussion and comments from the previous section were pulled forward for this measure as well.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member opened the discussion as a lead discussant, commenting while the measure has grouped patients into specialty cohorts, there still seems to be a need for greater specificity for individual condition-specific measures as opposed to global readmissions by these specialty cohorts. The lead discussant noted, for example, within cardiovascular disease, there is a difference between acute myocardial infarction (AMI) readmission versus congestive heart failure. The lead discussant stated data published within Health Affairs has shown that post-the Affordable Care Act (ACA), imposing readmission reduction programs through ACOs has led to worsened mortality regarding heart failure as opposed to pneumonia. The lead discussant noted the measure is too broad from an equity perspective. The lead discussant raised another concern, the need for comprehensive risk-adjustment for socioeconomic status and other social determinants of health (SDOH) factors that can impact outcomes and that are unrelated to quality of care provided. The lead discussant noted that is another area of improvement for the measure.

The second lead discussant commented on their review of the literature and findings that admission post the seven-day window are really related more to SDOH issues or structural determinant of health issues. The lead discussant questioned how much a hospital system be responsible for outside of the seven-day window. Another MAP member commented on the compounding nature of the measure and noted, based on this confounding, accountability should not be placed solely on the shoulders of providers.

A MAP member asked for clarity on this measure used for ACOs and hospitals and not physicians. A CMS program lead clarified under the MSSP, this measure would specifically assess ACO performance and not individual groups underneath the ACOs. The program lead also stated the organization continuously monitors the literature related to the impact and unintended consequences of the measure and noted evidence shows measurement around increased mortality rates have been inconclusive. The program lead also noted the Medicare Payment Advisory Commission completed an analysis on readmission measurement in the Hospital Readmissions Reduction Program (HRRP), a Medicare value-based purchasing program, and found no negative effects on mortality.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status as "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

A MAP member commented as a lead discussant and highlighted the selected criteria MAP members used in the nomination of this measure for discussion. The lead discussant also noted additional survey feedback from MAP members questioned the categorization of this measure for quality instead of utilization and if there were unintended consequences for groups who take care of underserved populations. The lead discussant commented from an equity perspective, chronic conditions do have equity differences and utilization is tied to quality. The lead discussant stated there are compounding factors related to patients with chronic conditions but noted management of chronic conditions as it related to equity is important.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member noted literature indicates there are inequities in BIPOC populations related to chronic illness and disease and for this reason, it is important to assess.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

Ms. Lynch noted the CAHPS for Accountable Care Organizations (ACOs) was last administered on behalf of the MSSP in the 2019 performance year, and beginning in the 2021 performance year, MSSP ACOs were required to administer the CAHPS for the Merit-based Incentive Payment System (MIPS) survey. The surveys are nearly identical, however, there are some scoring differences. Given the recent MSSP adoption in this measure and resulting confusion during MAP member measure selection, NQF and CMS decided to remove the measure from discussion. Ms. Lynch asked advisory group members if there were any questions or concerns about this decision, and no opposition was raised.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

Ms. Lynch noted that CMS is planning to sunset the web-interface version of the measure starting with performance year 2025.

The lead discussant noted the criteria selected by survey respondents who nominated the measure for discussion and highlighted additional survey feedback provided by MAP members, which included consideration of the measure's endorsement status and the strength of performance data in those >75 years of age. The lead discussant also noted public comments on the measure focused on the lack of confirmation and documentation on the measure, as well as not being able to include readings from self-monitoring devices, and the exclusion of specific populations with health failure. The lead discussant further commented patients suffering from high blood pressure deal with equity issues, so the measure is important but suggested the measure could be improved.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member commented the measure will be stratified by race and ethnicity at the health plan level and noted updates to the measure specification will be coming to NQF for review soon.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed."

The lead discussant noted that many of the comments from the previous measure apply to the electronic version.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member commented on her support to retain this measure within the program. Another MAP member commented this measure disproportionately affects patients from lower socioeconomic statuses, and this effect is also seen within the Medicare Advantage program, making this measure doubly important in regard to health equity. Another MAP member commented within the state of Massachusetts, this is one of the most stark inequities observed within provider systems and within fully insured patient populations. A separate MAP member raised the point of several versions of this measure being available and asked NQF staff to clarify which measure version is being reviewed during the Clinician workgroup meeting. Ms. Williams-Bader confirmed NQF will review the measure versions with CMS.

### Merit-based Incentive Payment System (MIPS) Measures

Ms. Lynch provided an overview of the Merit-Based Incentive Payment System (MIPS) program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms. Lynch introduced Dr. Angove to lead members of the public through a public commenting period on the measures for review within the MIPS program.

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

Dr. Angove opened the web meeting to allow for public comment for the measures nominated in the MIPS program.

One commenter shared support for the retainment of 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, and 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care in the MIPS Program. The commenter emphasized the measures are important to health equity and align with the goals of CMS. The commenter shared Black and Latinx populations have significantly high rates of diabetes related complications, specifically blindness and diabetic retinopathy, compared to White populations. The commenter noted Black patients also have higher rates of worse visual acuity after retinal detachment repair, emphasizing that visual acuity is a valid outcome measuring function. The commenter concluded by stating retaining these measures in the program will contribute to advancing health equity in the country and aid physicians to focus on communication, care coordination, and outcomes regarding minorities and disadvantaged populations.

### **00641-C-MIPS: Functional Outcome Assessment**

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- 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

The first lead discussant noted the measure does have equity concerns relating to recovery from strokes and other significant events, however, the measure is too broad due to the specification of all patients aged 18 years and older. The lead discussant also noted the reporting rate is less than 1% for the measure.

The second lead discussant agreed the measure is too broad, and noted more insight regarding the absence of functional outcome assessments in certain populations by stratification would be helpful to fully assess the measure.

Dr. Angove opened the discussion to all MAP members. A CMS program lead addressed the concerns of MAP members regarding the measure being too broad. The program lead noted that while the measure is within its second year of a topped-out life cycle, the measure remains in the program because it can be broadly applicable and can help to reduce the total number of measures within the program. The program lead also noted the measure allows for care comparison across multiple clinician types. The program lead stated the measure requires functional assessment be documented, and a plan of care completed for patients with a positive functional outcome assessment, supporting optimal patient care. The program lead further stated the intent of the measure is to ensure utilization of functional outcome assessment tools every 30 days.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsement removed."

MAP members selected the measure for discussion based on the following criteria:

- 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

The first lead discussant stated difficulty understanding any equity implications because the measure appeared topped out at 99%, indicating the majority of reports contain the dysplasia statement. The lead discussant noted it is important to screen for this type of cancer, and there may be health equity concerns with the screening aspects.

The second lead discussant stated they did not support retainment in the program because they were uncertain of the benefit of the measure and if the data would showcase high rates of patients with diverse backgrounds if stratified.

The measure developer responded to the concerns of the MAP committee stating the measure is focused on pathologists and therefore constitutes a small number of people who report. The measure developer noted the measure is important to pathologists because of the limited number of measures available to report in MIPS. The measure developer also responded to health equity concerns stating there may be concerns that appropriate surveillance intervals are not observed based on race or ethnicity; however, pathologists cannot impact the decisions made by the physicians directly treating the patient. The measure developer also stated having information in the report regarding the presence of Barrett's mucosa and dysplasia is important because the criteria for follow-up are based on the specifics of dysplasia.



A lead discussant followed up with a question regarding the performance of the measure and if there is an assumption that the absence of the measure within MIPS would lead to a decrease in the identification of mucosa and dysplasia. The measure developer responded the descriptions of what pathologists document varies, and the measure's underlying intent is to provide guidance for pathologists to report their findings in a meaningful and understandable way to gastroenterologists. The measure developer also stated it would be hard to predict if adherence would recede if the measure is removed from MIPS and there is only the mean performance score, alluding to the fact there may be variation in reporting.

CMS reiterated pathologists have a limited number of measures to report and they are required to report on at least six measures total. CMS noted there are a total of six measures within the program and if this measure was removed, there would be five measures remaining. CMS also noted a high-performance rate does not necessarily mean all the physicians who can report the measure are necessarily reporting. CMS additionally highlighted if the measure was removed from MIPS, that removal would impact pathologists' ability to report or have their performance assessed.

A MAP member restated the health equity perspective is hard to determine due to the topped-out status of the measure, and the data not being stratified.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status as "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

A lead discussant noted their concern with the measure due to low volume and the difficulty to assess equity issues based on various subgroups. The lead discussant acknowledged the public comment recognizing outcomes for certain groups are worse following retinal detachments, highlighting the health equity concern.

Dr. Angove opened the discussion to all MAP members. A MAP member agreed with the equity aspect being important in the chat.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." Ms. Lynch noted the electronic version of the measure, 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, will be discussed next, therefore MAP can have general discussions regarding both measures. MAP members selected the measure for discussion based on the following criteria:

- 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

Ms. Lynch noted the electronic version of the measure, 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, would be discussed next, and noted MAP could have general discussions regarding both measures.

Dr. Angove opened the discussion to all MAP members. A MAP member expressed concerns with the documentation of the measure. The CMS program lead allowed the measure developer to respond. The measure developer stated the measure's numerator defines communication and requirements to meet clinical quality action. The measure developer also noted the definition of communication may include documentation in the medical record indicating the findings of the dilated macular or fundus exam were communicated with the clinician managing the patient's diabetic care. The measure developer noted documentation may also occur via a copy of a letter in the medical record to the clinician managing the patient's diabetic care, outlining the findings of the dilated macular or fundus exam. The measure developer stated the findings need to include the level of severity of retinopathy and the presence, or absence of macular edema. The measure developer clarified to be numerator compliant in the measure, information must be included in the medical record to ensure communication occurred from the ophthalmologist to the physician. The MAP member thanked CMS for the additional context, however, noted the measure may be measuring information systems rather than what is truly happening.

A MAP member noted the measure is valuable because of the substantially higher prevalence of diabetes in the African American and Hispanic populations and disparities in the diabetes quality measures in general.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsement removed." Ms. Lynch reiterated the measure was discussed concurrently with 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care. MAP members selected the measure for discussion based on the following criteria:

- 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

The discussion and comments from the previous section were pulled forward for this measure as well.

#### **05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report**

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

The first lead discussant stated their concern with the measure is due to its specifications not outlining a timeline for when the referral loop must close, noting potential implications. The second lead discussant shared similar sentiment expressing coordination of care is important with populations that have less access to healthcare, however, there is uncertainty the measure will accurately capture coordination of care.

Dr. Angove opened the discussion to all MAP members. The measure developer clarified the measure is available to report as a CQM and eCQM, and noted clinicians may choose the best collection type within their practice. The measure developer noted the measure is different than other care coordination measures because it ensures the full feedback loop is complete by holding the referring clinician accountable if they do not receive the specialist's report.

A MAP member noted if systems with more resources provide better quality, that reflects true differences in the care patients are receiving in different systems. The MAP member stated this may lead to equity concerns regarding where patients receive care. The MAP member also commented systems with more resources may have higher performance because their EHR system makes it easier to document, highlighting equity concerns from this perspective.

A MAP member noted this measure may not have a strong health equity perspective because it is not a true reflection in differences in quality.

CMS provided context around the measure stating there are different performance benchmarks for the different collection types. CMS noted the eCQM version of the measure has a much lower performance rate than the CQM. CMS stated the historical benchmark rate for 2022 for the MIPSCQM is 81.25%, while the eCQM version is only 34.98%.

Another MAP member highlighted if this measure was stratified by race, then the measure may show inequities in continuum of care for minority patients.

#### **05837-E-MIPS: Children Who Have Dental Decay or Cavities**

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- 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

The first lead discussant expressed concerns the measure may highlight difficulties for primary care physicians to educate family members and patients regarding the dangers and preventative care of tooth decay, however, the measure is important from an equity perspective. The second lead discussant agreed with this sentiment, further adding there is concern the measure is examining only prevalence, but overall, the measure contributes toward holistic healthcare.

One MAP member highlighted the measure may disincentivize physicians or dentists who work in communities that have a lack of healthy food and dental care. The MAP member also noted there are various upstream components from a community perspective and structural components from an equity perspective to consider.

Another MAP member posed the question whether physicians are penalized if they have a high degree of children with cavities. The measure developer clarified the measure is an inverse outcome measure and examines the percentage of patients with cavities, therefore, a lower percentage is better. The measure developer also noted the measure only applies to dental professionals and the measure does not have any risk adjustment variables; however, further confirmation is needed. A MAP member noted if there are payment consequences, patient populations should be adjusted accordingly due to populations with limited resources.

## Post-Acute Care/Long-Term Care Programs

### Home Health Quality Reporting Program (HH QRP) Measures

Ms. Williams-Bader announced to MAP members that the functional improvement measures, 00185-C-HHQR: Improvement in Bathing, 00187-C-HHQR: Improvement in Dyspnea, and 00189-C-HHQR: Improvement in Management of Oral Medications would be discussed collectively. Ms. Lynch introduced Dr. Zephyrin to lead members of the public through public commenting on the measures for review within the HH QRP program.

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

Dr. Zephyrin opened the web meeting for public comment on the Home Health Quality Reporting Program (HH QRP). There were no public comments for HHQRP.

### Functional Outcome Measures

00185-C-HHQR: Improvement in Bathing

00187-C-HHQR: Improvement in Dyspnea

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

Ms. Lynch provided an overview of the Home Health Quality Reporting Program (HH QRP) including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). Ms. Lynch noted the Hospice Quality Reporting program was included in the Measure Set Review; she noted, however, none of the measures received enough votes on the survey for discussion. Ms. Lynch noted the endorsement status for each measure. MAP members selected the measures for discussion based on the following criteria:

#### *00185-C-HHQR: Improvement in Bathing*

- 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

#### *00187-C-HHQR: Improvement in Dyspnea*

- 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

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

- *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

A lead discussant stated there were no health equity concerns with 00187-C-HHQR: Improvement in Dyspnea. Another lead discussant raised concerns with 00185-C-HHQR: Improvement in Bathing, stating there is a discretionary aspect to how someone assesses whether the patient has improvement in their ability to bathe during the episode of homecare. The lead discussant also noted there could be communication barriers and other disability concerns which undermines the validity of the measure.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member stated that understanding what percentage of patients have difficulty bathing would add important context from an equity perspective.

Another MAP member stated from an equity perspective, fewer patients from historically marginalized communities or patients with cultural differences compared to their provider, referred for home health. Another MAP member agreed there is a programmatic access problem due to a limited population. Overall, MAP agreed specifically for the functional outcome measures, there were limited equity implications, however, limitations in access to home health causes challenges when evaluating equity.

The measure developer acknowledged there is currently exploration of measures that address access issues and avenues for home health agencies to address social determinants of health.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsed" and the measure is required by statute. MAP members selected the measures for discussion based on the following criteria:

- 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

A lead discussant noted resources available in the community are important in determining whether patients can stay at home when the measure is focused on discharged to community or readmission to a hospital or nursing home. The lead discussant noted there are equity concerns in rural populations and concerns some patients may not relate to resources for discharge to home. A second lead discussant agreed there are health equity concerns for rural populations, and additionally other disadvantaged zip codes.

Dr. Zephyrin opened the discussion to all MAP members. There were no additional comments.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status as "not endorsed" and the measure is required by statute. MAP members selected the measures for discussion based on the following criteria:

- 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

A lead discussant noted this measure has a quality component which is prescribing less medications that cause falls and referring patients to physical therapy, however, there was not a health equity component. A second lead discussant stated there may be a health equity component if an individual lives at home alone and does not have social support systems. The lead discussant additionally noted the measure be examined further for differences based on race or geographic location. MAP agreed there are equity concerns with measures that have a self-reporting component.

Dr. Zephyrin opened the discussion to all MAP members. There were no additional comments.

#### **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**

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed" and the measure is required by statute. MAP members selected the measures for discussion based on the following criteria:

- 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

A lead discussant expressed concerns with measures that are self-reported and the health equity implications. The lead discussant stated from an equity perspective, certain populations may be missing from the measure's data, highlighting the difficulties in assessing for disparities or inequities.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member noted measures that contain discharge goals be patient-centered and acknowledge the outcomes that are individually important.

A MAP member inquired what would happen if there was a recommendation to not retain a measure required by statute. CMS responded the measure cannot be removed from the program unless there was permission from Congress to change statutory legislation, however, individuals have the ability to lobby Congress in various advocacy capacities.

CMS additionally stated there is work being done to create a more robust outcome function measure and replace the measure of discussion. A MAP member further inquired if a measure can be replaced, but not removed. CMS responded a measure can be amended or modernize but cannot be removed if statutory.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsement removed." MAP members selected the measures for discussion based on the following criteria:

- 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

A lead discussant noted this measure had overall performance of 95.60%, and similar rates among subgroups, indicating this measure may be topped out.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member noted stated the performance data may indicate the measure may not accurately measure quality.

The measure developer agreed the measure is topped out, however, if the bottom 10<sup>th</sup> percentile is examined, data shows home health agencies are unable to initiate timely care about 17% of the time and this may indicate an area of concern.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsement removed." MAP members selected the measures for discussion based on the following criteria:

- 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

The lead discussant stated when examining flu vaccination rates between 2019 and 2021, the rate remained around 79%, however, there are certain races and ethnicities that demonstrate lower rates. The lead discussant noted, from an equity perspective, the measure may highlight complications in accessing or scheduling vaccinations.

Dr. Zephyrin opened the discussion to all MAP members. A MAP member agreed this measure has strong equity implications and should continue to be retained in the program.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "endorsed." MAP members selected the measures for discussion based on the following criteria:

- 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

Dr. Zephyrin opened the discussion to all MAP members. A MAP member stated the improvement component of the measure may not be the correct standard for someone with a disability, and a more fitting standard may be maintenance of current functionality. The measure developer agreed measures that account for both maintenance and improvement is something that they are examining further.

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

Ms. Lynch provided an overview of the measure for review, including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process. Ms. Lynch noted the measure's endorsement status is "not endorsed" and the measure is required by statute. MAP members selected the measures for discussion based on the following criteria:

- 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

The lead discussant expressed concern the measure may incentivize home health agencies to spend less on certain patient populations.



Dr. Zephyrin opened the discussion to all MAP members. Regarding the health equity component, a MAP member raised concern if stratifying the measure would reveal less spending on certain populations. The measure developer noted spending more does not mean better outcomes, and there is a process in place to look at specific outcomes to better examine the relationship. Another representative from the measure developer added the measure includes any Medicare spending during the episode window, highlighting the measure also captures if a patient has negative outcomes such as re-admission.

A MAP member then asked if the measure is tied to other outcome measures. The measure developer responded the measure is used among other measures to address health equity. Another MAP member inquired if the measure had any implications for value-based payment due to concerns the measure only examines fee-for-service costs. The measure developer responded there is a goal to broaden inclusion to Medicare advantage patients, but there are no value-based purchasing implications at the moment.

## Public Comment

Dr. Angove opened the web meeting for the final public comment. No comments from members of the public were received.

## MAP Health Equity Advisory Group Feedback on MSR Process

Ms. Williams-Bader asked the advisory group to share feedback on the MSR process. Three poll questions were presented to the advisory group, and can be found in Appendix C.

MAP agreed it was difficult to understand what the advisory group was evaluating and what questions need to be addressed regarding health equity when using the polling questions during the MSR Meeting. A MAP member noted it may be useful to separate equity concerns by categories such as care delivery issues or community resource issues that leads to unintended consequences. Another MAP member suggested it may be useful to reframe the polling questions as the following: potentially determinantal to health equity, neutral to health equity, or beneficial to health equity; noting it is not the charge of the advisory group to assess the scientific accessibility and feasibility of the measure.

MAP noted the facilitation of the meeting went well but reiterated there was difficulty focusing on the equity perspective without context and understanding of measure design, collection of information to report the measure, and intent for how measure is used for accountability or quality improvement.

MAP also noted information varied on stratification which caused difficulty to assess measures that did not clearly have an equity component. MAP suggested in order for the committee to assess measures there should be information on validity and stratification of the measure. Additionally, components of equity that differ from race and ethnicity, were not specified in materials that supplemented the review of the measures. This caused difficulty in providing a comprehensive assessment and discussion of the measures. MAP agreed the materials should focus on helping the reviewers evaluate the measure from an equity perspective and should contain more information, so members are not solely relying on individual research through literature or their own experiences. A MAP member suggested crowdsourcing from the scholar community may assist with gathering literature regarding health equity on measures and help set a framework of how the measures can be discussed. The member also noted this strategy may help answer whether equity is being measured or if the measure is sensitive to equity.

MAP also expressed concern the charge of the advisory group is limited and the insight and expertise from the members is limited to whether a measure should be retained, highlighting there is not an

effective feedback loop to professionals who designed the measures. MAP noted risk adjustment and stratification are integral to health equity and quality measures.

MAP stated the turnaround time for the survey was challenging, however, the interface for the survey was adequate in selecting measures for discussion. MAP members also noted the number of measures were overwhelming and knowing statutory requirement for each measure would have helped streamline the review process.

MAP agreed overwhelming for a checklist that could assist in determining equity ramifications for a given measure. The checklist would help clarify if the discussion of health equity is concerning the measure itself, certain uses of the measure, or a hypothetical situation in which the addition of resources would allow a system to “game” a measure. Additionally, MAP agreed the checklist would help the committee determine the unknowns regarding the health equity specifications of a measure.

## **Next Steps**

Joelencia LeFlore, NQF Associate, shared the Health Equity Advisory Group’s meeting will be followed by the setting-specific Workgroup meetings (Hospital, June 22; Clinician, June 27; and PAC/LTC, June 30) and Coordinating Committee Meeting (August 24 and August 25). The second public commenting period on the MSR list will run from July 22, 2022 -August 5, 2022, and the final recommendations of the measures under review will be submitted to CMS by September 22, 2022.

## Appendix A: MAP Health Equity Advisory Group Attendance (Voting Only)

The following members of the MAP Health Equity Advisory Group were in attendance:

### Co-chairs

- Rebekah Angove, PhD
- Laurie Zephyrin, MD, MPH, MBA

### Organizational Members

- Aetna
- American Medical Association
- American Nurses Association
- 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
- Planned Parenthood Federation of America
- Vizient Inc.

### Individual Subject Matter Experts (SMEs)

- Susannah Bernheim, MD, MHS
- Damien Cabezas, MPH, MSW
- Mark Friedberg, MD, MPP
- Nneka Sederstrom, PhD, MPH, MA, FCCP, FCCM
- Cardinale Smith, MD, PhD
- Melony Sorbero, PhD, MPH
- Jason Suh, MD

## Appendix B: Full Polling Results

Some MAP members were unable to attend the entire meeting. The poll totals reflect members present and eligible to vote.

<b>Measure Name</b>	<b>Program</b>	<b>Yes (N/%)</b>	<b>No (N/%)</b>	<b>Unsure of Retaining in Proposed Program</b>	<b>Total (N/%)</b>
<b>00922-C-HOQR: Left Without Being Seen</b>	Hospital OQR Program	15 (83%)	1 (6%)	2 (11%)	18 (100%)
<b>00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients</b>	Hospital OQR Program	13 (65%)	5 (25%)	2 (10%)	20 (100%)

<i>Measure Name</i>	<i>Program</i>	<i>Yes (N/%)</i>	<i>No (N/%)</i>	<i>Unsure of Retaining in Proposed Program</i>	<i>Total (N/%)</i>
<b>00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain</b>	Hospital OQR Program	4 (24%)	6 (35%)	7 (41%)	17 (100%)
<b>02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material</b>	Hospital OQR Program	6 (33%)	7 (39%)	5 (28%)	18 (100%)

### Appendix C: MSR Process Feedback Polling Results

Some MAP members were unable to attend the entire meeting. The polling totals reflect members present and eligible to vote.

<i>Poll Question</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree Nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Total</i>
<b>The MSR survey to nominate measures for discussion worked well</b>	2	2	4	5	1	14
<b>I had what I needed to respond to the MSR survey</b>	1	6	1	5	0	13
<b>The advisory group review of the measures under review worked well</b>	0	7	1	5	1	14