NATIONAL QUALITY FORUM
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Meeting Summary

MAP Health Equity Advisory Group Orientation to the 2021-2022 Pre-Rulemaking Process Web Meeting

The National Quality Forum (NQF) convened a public web meeting for members of the Measure Applications Partnership (MAP) Health Equity Advisory Group on October 26, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chelsea Lynch, NQF Director, began by welcoming participants to the web meeting. Ms. Lynch also introduced co-chairs Dr. Rebekah Angove and Dr. Laurie Zephyrin, who provided opening remarks.

Ms. Lynch reviewed the meeting agenda and meeting objectives:

- Orientation to the 2021-2022 MAP pre-rulemaking activities
- Overview of MAP and pre-rulemaking process
- Overview of the MAP Health Equity Advisory Group's role in pre-rulemaking

Victoria Freire, NQF Analyst, facilitated the roll call.

Dr. Michelle Schreiber, Deputy Director for Quality and Value at the Centers for Medicare & Medicaid Services (CMS), also provided opening remarks. Dr. Schreiber emphasized the commitment of the current administration to advance health equity in a serious, meaningful, and actionable way. CMS has released equity-related Requests for Information for almost all current value-based purchasing programs, seeking input on whether CMS should stratify performance reports to inform organizations' quality improvement efforts, and if so what dimensions, data sources, and other factors are appropriate to consider and use. Dr. Schreiber shared that this Advisory Group will provide valuable guidance and insight into equity considerations that should inform the use of quality measures, and thanked NQF staff, co-chairs, and Advisory Group members in advance for their participation.

Overview of MAP and the Pre-Rulemaking Process

Ms. Lynch provided an overview of the MAP and the pre-rulemaking process. The Affordable Care Act requires the Department of Health and Human Services (HHS) to contract with a consensus-based entity (e.g., NQF) to convene multistakeholder groups to provide input on the selection of measures for public reporting, payment, and other programs. The MAP serves key roles as follows: to inform and provide input to HHS on the selection of performance measures for federal programs; identify measure gaps for development, testing, and endorsement; and encourage measurement alignment across CMS programs.

The MAP provides this feedback through the pre-rulemaking process. This occurs prior to the rulemaking process, during which Congress sets policy mandates, the public provides comments, and the rule is finalized with any modifications. During the pre-rulemaking process, CMS selects measures under consideration for use in federal programs. The MAP reviews the list of measures and advises which measures are recommended or not recommended for use in specific programs. CMS considers these recommendations before proposing final rules. As part of the pre-

rulemaking process, CMS also receives input on measure priorities and needs for measure development. Pre-rulemaking provides value because multistakeholder input and consensus-building enables proposed laws to be "closer to the mark." The process also reduces effort needed by individual stakeholder groups to submit official comments on proposed rules.

The MAP structure includes a Coordinating Committee, three Workgroups, and two Advisory Groups. The two Advisory Groups (Rural Health and Health Equity) provide input on all measures under consideration and their impact on rural communities or health disparities, respectively. Input from the Advisory Groups is shared with the setting-specific Workgroups – Clinician, Hospital, and Post-Acute Care and Long-Term Care (PAC/LTC) – for further discussion of the measures under consideration in federal programs within each setting. The Workgroups provide their recommendations on the measures to an overarching Coordinating Committee, which provides the final recommendations to CMS at the end of the MAP cycle. MAP membership includes organizational representatives, individual subject matter experts, and non-voting federal government liaisons.

Measure Set Review Process

Ms. Lynch provided a brief overview of the Measure Set Review process. The Measure Set Review process is a new process that was piloted during the 2021-2022 MAP cycle. It is intended to increase the amount of stakeholder input collected for measures in CMS programs for the Clinician, Hospital, and PAC/LTC settings. In September 2021, the Coordinating Committee discussed, evaluated, and provided feedback on 22 measures currently used in CMS programs, with a focus on select programs in the hospital setting. The measures reviewed for the pilot were selected based on pilot year criteria and process for potential consideration for removal from CMS programs. A report summarizing the pilot process was published and submitted to CMS in October. The Measure Set Review process will be fully implemented in the 2022-2023 pre-rulemaking cycle to include input from all Workgroups and Advisory Groups.

Creation of the Measures Under Consideration (MUC) List

Ivory Harding, NQF Manager, provided an overview of the process by which CMS creates the Measures Under Consideration (MUC) list. The pre-rulemaking process is supported by the CMS Center for Clinical Standards and Quality and is established under Section 1890A of the Social Security Act and Section 3014 of the Affordable Care Act. The statute requires that the MUC list be publicly published by December 1 each year, and that the consensus-based entity (i.e., NQF) provides a report of the input collected through MAP by February 1 of each year. To select measures for the MUC list, CMS considers the following criteria: alignment with Meaningful Measures and gap areas, measure type (outcome and patient-reported measures preferred), reporting burden, completeness of measure specifications (NQF endorsement is preferred, but not required), feasibility (measures using digital vs. claims data), and alignment across programs.

Ms. Harding provided a broad overview of the timeline for the 2021-2022 pre-rulemaking cycle, including submission of new candidate measures and stakeholder education/outreach between January 2021 and May 2021; CMS review of the MUC list in July through August 2021; release of the MUC list by December 2021; MAP Advisory Groups and Workgroups review meetings in December 2021; MAP Coordinating Committee meeting in January 2022; and release of the MAP recommendations report by February 2022. The approach to the analysis and selection of measures as part of pre-rulemaking includes evaluating MUCs for what they would add to the program measure set as well as identifying and prioritizing gaps for programs and settings.

Setting-Specific Workgroups and Associated Federal Programs

Susanne Young, NQF Manager, shared the charge of the MAP Coordinating Committee. The Coordinating Committee provides input to HHS on the coordination of performance measurement strategies across public sector programs, settings of care, and payer types. The Coordinating Committee also provides strategic input and ensures alignment across all Workgroups and Advisory Groups.

Ms. Harding reviewed the charge for the MAP Hospital Workgroup. The Hospital Workgroup reviews measures for ten programs:

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

Ms. Harding also reviewed the charge for the MAP Clinician Workgroup. The Clinician Workgroup reviews measures for three programs:

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (SSP)
- Medicare Parts C & D Star Ratings

Finally, Ms. Young reviewed the charge for the MAP PAC/LTC group. The PAC/LTC Workgroup reviews measures for six programs:

- Home Health Quality Reporting Program (HH QRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Hospice Quality Reporting Program (HQRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

Role of the MAP Health Equity Advisory Group in the 2021-2022 Pre-Rulemaking Cycle

Ms. Lynch provided an overview of the role of the Health Equity Advisory Group during the upcoming pre-rulemaking cycle. The Health Equity Advisory Group is charged with providing input on the measures under consideration with a lens to measurement issues that impact health disparities and critical access hospitals. Ms. Lynch shared that the group will provide input on whether measures will reduce health disparities that affect vulnerable populations (e.g., addressing conditions linked with social, economic, or environmental disadvantages).

Ms. Lynch shared that the Advisory Group will convene for a full-day meeting in early December to discuss the measures under consideration. Prior to the meeting, NQF staff will circulate preliminary analyses describing the measures, as well as lead discussant assignments in order to encourage discussion. NQF will attempt to match lead discussants with measures based on areas of expertise and

experience wherever possible, and will provide additional guidance by email prior to the December meeting.

During the full-day meeting, the Advisory Group will review each of the measures under consideration. Each review will begin with a description of the CMS program in which the measure is being proposed. The lead discussant will then summarize the measure and provide initial thoughts on the health equity impacts of the measure and whether it should be included in the proposed program. The discussion will then be opened to the entire Advisory Group to discuss the relative priority, data collection and reporting challenges, methodological problems, and potential unintended consequences related to health disparities for the measure.

After each measure is discussed, the Advisory Group will participate in a poll to provide a quantitative assessment of the Advisory Group's evaluation of the measure's potential impact on health disparities (average rating 1-5, where 1 indicates a measure that is likely to increase disparities and 5 indicates a measure likely to reduce disparities). While the polling information is not a direct vote on whether the measure should be recommended as part of the program, it will inform the setting-specific Workgroups when they vote on measure inclusion in the program.

Ms. Lynch also noted that the Advisory Group will discuss gap areas in measurement related to health disparities and critical access hospitals. Additionally, during the December review meeting, the Advisory Group will be able to provide feedback on the Health Equity Advisory Group process and suggestions for improvements for future review cycles. The Advisory Group's input will be integrated into the preliminary analysis documents provided to the setting-specific Workgroups and will also be summarized at each of the setting-specific Workgroup review meetings to help inform discussion.

An Advisory Group member noted that they will have a large number of measures to review in a short time period, and asked whether there would be an opportunity before December for the Advisory Group to refine the discussion questions or discuss the approach the Advisory Group should take when evaluating the measures since there are different ways to use measures to advance health equity (e.g., measures directly assessing structural considerations such as planning and staffing vs. measures that address clinical areas where disparities persist). Ms. Lynch thanked the member for this comment and shared that the Health Equity Advisory Group activities have been structured to be similar to the Rural Health Advisory Group activities during this pre-rulemaking cycle. She also noted that NQF will discuss this request with CMS and follow up with the Advisory Group before the December meeting.

An Advisory Group member asked for clarification on how the Advisory Group will consider data reporting and data collection for measure stratification during the discussion. The member commented that many measures are connected to health equity through stratification and tracking of disparities, but this might need to be handled differently than a structural measure (e.g., availability of interpretive services). Ms. Lynch noted that while NQF does not have information on the measures under consideration yet, they will likely include a mix of measure types (e.g., outcome, process, structural) and the Advisory Group's discussion will likely center on what data for stratification and risk adjustment are available or, if no data are available, what data would be beneficial to include. This input will be shared with CMS and CMS may follow up with measure developers to discuss data collection needs and suggested dimensions for stratification. Ms. Lynch also shared that any general themes that recur during the discussion will also help inform CMS' strategy on health equity measurement. NQF may also consider adjusting the structure of the Health Equity Advisory Group's review in the future based on the actual measures under consideration.

An Advisory Group member asked whether stratification is the right approach, or whether the Advisory Group should also consider risk adjustment for social risk factors. Ms. Lynch shared that the Health

Equity Advisory Group will evaluate the measures under consideration as they are submitted by the developers. The preliminary analysis prepared by NQF for each measure under consideration will include any details on existing stratification and/or the risk adjustment model that are provided by the developer, but this information may not be available for all measures. Dr. Schreiber added that it would be beneficial for the Advisory Group to provide recommendations on each measure related to stratification and risk adjustment (e.g., risk adjustment model is appropriate as-is; suggest stratification of the measure among identified dimensions).

An Advisory Group member asked if there will be a common set of equity- and disparity-related analyses provided for each measure, or if there will be variation in the information provided across measures. The member also asked whether there would be an opportunity to provide input on the measures ahead of time to specify information that would be useful to consider. Dr. Schreiber shared that the type of information available will depend on the measure; some measures may include detailed analyses and others may not include any direct analysis of equity gaps. Dr. Schreiber also highlighted that the timeframe for measure review will be short (i.e., MUC list released by December 1, Advisory Group review meeting on December 9).

An Advisory Group member commented that they should be cautious with recommending risk adjustment, sharing that in their past experience with hospital-acquired infection data, some of the worst-performing hospitals were difficult to identify after risk adjustment was applied. The member also shared that facilities that serve at-risk populations (e.g., more than half of patients have high blood pressure) should be prepared to address these conditions instead of risk-adjusting out these considerations. The member shared that the Advisory Group needs to consider how the data collected for these measures will be utilized by the end user, how it will be used to improve patient care, and whether it will be publicly shared with all details in a timely fashion.

An Advisory Group member asked in the chat whether health equity measures fall into categories, factors, or domains of determinants of health. A co-chair responded that this has not yet been defined, and the Advisory Group may be able to provide some guidance and structure related to this question in order to ensure the Advisory Group is considering the full range of determinants and disparities.

An Advisory Group asked whether the goal of the Advisory Group would be determining whether there is a health disparity in the topic area, or determining whether measures address a known disparity and should be stratified and monitored to close gaps in care. Ms. Lynch shared that the approach will depend on the identified measures under consideration that are presented for evaluation, but the Advisory Group might flag that a measure addresses a topic area with known disparities and then make recommendations about the stratification that would be needed in order to appropriately track disparities if that stratification is not included with the measure. A co-chair also added that many of the measures that are being submitted for consideration were likely not developed with equity as the primary lens, and the Advisory Group may be able to provide helpful insight on ways that measures may exacerbate disparities or have unintended consequences.

An Advisory Group member asked for additional clarification on the screening process for measures under consideration, and recommended that health equity should be considered earlier in the MAP process (e.g., during measure development or during CMS' development of the MUC list). Ms. Lynch shared that the Advisory Group can provide input on equity considerations that developers should integrate into future measure development as well as discuss measurement gaps. Ms. Lynch also shared that NQF uses a preliminary analysis algorithm approved by the Coordinating Committee that addresses elements including critical quality objectives, evidence base, feasibility, etc. The current algorithm does not include a dedicated field related to health equity except for a field that will summarize the Health

Equity Advisory Group's discussion and a summary of the Advisory Group's discussion will also be shared for consideration by the setting-specific Workgroups during their review meetings.

The Advisory Group member also commented that the current process focuses on individual measures, and asked whether there is a mechanism for the Advisory Group to comment on the overall balance of measure sets used in CMS programs (e.g., the Medicaid Adult Core Set has a strong imbalance for Home and Community-Based Services; few measures are available in this area, so quality measurement related to disabilities is much weaker than quality measurement related to acute care conditions). Ms. Lynch shared that this is an opportunity for the Measure Set Review process next year, when the Workgroups and Advisory Groups discuss the existing measure sets and discuss potential measure removals from existing programs. A member agreed with the need to evaluate measures as groups, and suggested that one of the goals for the Advisory Group be creation of an equity framework for how to proactively identify and assess both individual measures and measure sets.

An Advisory Group member referenced the 2017 NQF Roadmap for Promoting Health Equity and Eliminating Disparities in the chat and shared that these considerations might be helpful as the Advisory Group discusses how to prioritize measures:

1. Does measure directly address culture of equity/structural measure supporting culture? (e.g., measure of translation services, strategic plan addresses health equity, data collection)
2. Does measure address a clinical quality area of known disparities? (e.g., disparities-sensitive condition); and therefore, should it be used ideally with stratified results and for what populations?
3. Does it address equitable access to care?
4. Are their important unintended consequences of measure use?

The co-chairs thanked the member for sharing this resource. Ms. Lynch also shared that NQF will discuss with CMS the potential integration of these elements into the structure of the Advisory Group's review of the measures under consideration.

An Advisory Group member asked whether the Advisory Group's discussion would be limited to dimensions such as race, ethnicity, and gender, or if they would be able to consider other elements related to social determinants of health (e.g., transportation, housing, food insecurity). Ms. Lynch shared that the Advisory Group is intended to take a broad approach to health equity and these items should be considered if appropriate for the measure under consideration. At least three Advisory Group members agreed with the importance of this suggestion, and one member added that disability, language, sexual orientation, and gender identity should also be considered. A co-chair also added that it is important that the Advisory Group adopt intentional language to frame and acknowledge the role of racial equity throughout discussion, instead of using the general term "determinants of health" for all issues. At least three members agreed in the chat, and one member added that access, affordability, engagement/trust, and structural racism all impact health outcomes.

An Advisory Group member shared that the Advisory Group should also consider knowledge gaps (e.g., do clinicians have enough awareness and knowledge of conditions that affect the populations they serve, for example sickle cell anemia, even if the conditions do not affect the majority of the population). Ms. Lynch thanked the member for this comment, and another member agreed with this comment in the chat.

Public and Member Comment

Ms. Freire opened the web meeting to allow for public comment. A member of the public shared that in their experience, measures themselves do not lead to inequity. The commenter shared that the

relationship between measurement and inequity is associative, not causal, and improvement in measure performance may not lead to real-world benefit and impact. The commenter also shared that there is significant value in using measures associated with worsening healthcare disparities in order to understand locus of control and cause and effect. Ms. Freire thanked the commenter for their input.

Next Steps

Amy Guo, NQF Manager, reminded the Advisory Group of upcoming activities in the MAP timeline, notably the release of the MUC list by December 1 and the full-day review meeting for the Health Equity Advisory Group on December 9. Ms. Guo shared links to the CMS Measurement Needs and Priorities Document (PDF) and the CMS website providing an overview of pre-rulemaking. Finally, Ms. Guo shared that the MAP Member Guidebook will be shared by email and invited Advisory Group members to reach out to the NQF project team via email with any additional questions or comments.

An Advisory Group member asked whether the Advisory Group would schedule additional time to debrief on the effectiveness of the Health Equity Advisory Group process. Ms. Lynch shared that the meeting in December will include time to discuss the process and potential improvements. The member clarified that they would like to touch base at the end of the full MAP process to understand how the feedback from the Advisory Group was used by the Workgroups, and if there are potential opportunities for improvement. A co-chair agreed with this suggestion. Ms. Lynch shared that some of the discussion from the Advisory Group may inform measure development, so the results may not be immediately apparent at the end of the MAP cycle, but the MAP team will plan to share back the overall results of discussion.

A co-chair asked whether the NQF team anticipates that the Health Equity Advisory Group will be a long-term addition to MAP, emphasizing the importance of providing continuous input on equity in order to change culture and workflow. Ms. Lynch shared that the intent is for the Advisory Group to provide long-term input related to measures under consideration and the pre-rulemaking process, but the current task order does not include activities related to framework development. Dr. Schreiber confirmed that CMS views the Health Equity Advisory Group as a long-term institution that will be embedded in the review and recommendation process for CMS. Dr. Schreiber also shared that NQF and CMS will meet for further discussion on whether the Health Equity Advisory Group should consider a different approach rather than measure-by-measure discussion in order to best utilize the Advisory Group's expertise in the future. A co-chair added that the topic of health equity is central and cross-cutting for all measures; Dr. Schreiber agreed and noted that since there is not a clearly defined way to address equity in measures (e.g., inconsistency around risk adjustment, data collection, reporting, stratification), CMS will look to the Advisory Group's discussion to provide both measure-specific recommendations and more global recommendations related to equity.

Ms. Lynch thanked the Health Equity Advisory Group for their participation and noted that a meeting summary will be developed and posted on the project webpage in the following weeks.