NATIONAL QUALITY FORUM
Driving measurable health improvements together

Measure Applications Partnership

MAP Member Guidebook Appendix: Measure Set Review

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National Quality Forum

Who is NQF?

The National Quality Forum (NQF), established in 1999, is a nonprofit, nonpartisan, membership-based organization. NQF is recognized and funded in part by the Centers for Medicare & Medicaid Services (CMS) and entrusted with an important public service responsibility of bringing together various public- and private-sector organizations to reach consensus on how to measure quality in healthcare as the nation works to make it better, safer, and more affordable. NQF was created by a coalition of public- and private-sector leaders in response to the recommendation of the *Advisory Commission on Consumer Protection and Quality in the Health Care Industry*.[a] In its final report, published in 1998, the Commission concluded that an organization such as NQF was needed to promote and ensure patient protections and healthcare quality through measurement and public reporting.

For more information about NQF, see the MAP Member Guidebook section "Measure Applications Partnership Overview."

Measure Applications Partnership Overview

What is the MAP?

MAP was created by section 3014 of the Patient Protection and Affordable Care Act (ACA) to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for Medicare public reporting and performance-based payment programs. MAP is a public-private partnership convened by NQF. NQF created MAP, contracted and funded by CMS, to fulfill a statutory requirement to convene multistakeholder groups to provide input to HHS on measures for use in public reporting, performance-based payment, and other programs. MAP provides feedback on the selection of performance measures by reviewing and providing recommendations on the measures under consideration (MUC) list, which is published by CMS no later than December 1 annually.

In 2021, the Consolidated Appropriations Act gave the consensus-based entity responsible for providing feedback on measures under consideration the additional opportunity to provide input on the potential removal of performance measures from Medicare public reporting and performance-based payment programs. This measure set review then became a part of MAP's scope of work.

In convening MAP, NQF brings together stakeholder groups in a unique collaboration that balances the interests of consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers.

What are the objectives of MAP?

To help advance national healthcare priorities, MAP informs the selection of performance measures in federal programs to achieve the goal of improvement, transparency, and value for all. With that, the specified objectives of MAP are as follows:

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[a] President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. *Advisory Commission's Final Report*. 1998. https://archive.ahrq.gov/hcqual/.

- Improve outcomes in high-leverage areas for patients and their families
- Align performance measurement across programs to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value
- Coordinate measurement efforts across programs and across the public and private sectors to accelerate improvement, enhance system efficiency, and reduce provider data collection burden

When MAP reviews performance measures, it prioritizes the selection of NQF-endorsed measures for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective. NQF-endorsed measures have undergone a rigorous multistakeholder evaluation to ensure that they address aspects of care that are important and feasible to measure; provide consistent and credible information; and can be used for comparing providers, public reporting, quality improvement, and decision making.

How does MAP achieve its objectives?

MAP focuses on recommending high quality measures that address national healthcare priorities, fill critical measurement gaps, and increase alignment of measures among public and private measurement programs. For more than a decade, the quality measurement enterprise—the many organizations focused on performance measurement to drive improvement in the quality and cost of healthcare provided in the United States (U.S.)—has rapidly grown to meet the needs of a diverse and demanding marketplace. Through a separate process, called the Consensus Development Process (CDP), NQF charges its CDP Standing Committees with reviewing measures to determine whether they meet NQF's criteria to gain endorsement.

For more information about high priority measures for measure selection and NQF endorsement, see the MAP Member Guidebook sections "Measure Applications Partnership Overview" and "NQF Measure Endorsement."

MAP Structure

The Three Tiers of MAP

MAP operates under a three-tiered structure consisting of a Coordinating Committee along with three workgroups and two advisory groups.

- The MAP Coordinating Committee provides strategic direction to MAP workgroups and provides final approval of the recommendations and guidance developed by the different workgroups and advisory groups.
- MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations.
- MAP advisory groups provide perspectives of stakeholders most affected by, and most knowledgeable about, quality challenges and potential solutions for rural communities and measurement issues affecting health disparities and the 1,000+ U.S. critical access hospitals to the Coordinating Committee and workgroups.

The three setting-specific workgroups (i.e., Hospital, Clinician, and Post-Acute Care/Long-Term Care [PAC/LTC]) provide input to the pre-rulemaking process created by the ACA. The Rural Health Advisory Group provides input on access, cost, or quality issues encountered by rural residents, data collection and/or reporting challenges, and potential unintended consequences for rural providers when reviewing proposed measures. The Health Equity Advisory Group provides input on measures under consideration (MUCs) with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages. While only the three setting-specific workgroups and the Coordinating Committee vote during the pre-rulemaking process, the workgroups receive input from the Rural Health Advisory Group and the Health Equity Advisory Group to ensure a focus on issues affecting rural populations and health disparities.

For more information about the MAP structure and the stakeholder groups, see the MAP Member Guidebook section "MAP Structure."

MAP Membership

Volunteer, multistakeholder groups are the central component of this process, and the success of NQF's MAP work is due in large part to the participation of its members.

Composition of MAP Groups

Each MAP group represents a variety of stakeholders, including consumers and patients, purchasers, providers, health professionals, health plans, suppliers and industry, community and public health, and healthcare quality experts. Due to the importance of representing diverse stakeholder perspectives within MAP groups, a limited number of individuals from each of these stakeholder groups can be seated. MAP members do not need to be members of NQF.

MAP includes organizational members, individual subject-matter experts (SMEs), and nonvoting federal liaisons. Organizational members represent the views of their entire constituency. Individual SMEs represent themselves. Only organizational members may send a substitute to a MAP meeting to represent their perspective, provided that the substitute is identified in advance. All MAP members are encouraged to engage colleagues and solicit input from their stakeholder networks throughout the process.

The MAP Coordinating Committee, workgroup, and advisory group members have staggered terms to allow for engagement from new stakeholders. To strengthen the pool of nominees, NQF staff broadly publicizes the opening of the nomination period to engage a diversity of nominations. In addition, staff will contact MAP members whose terms are expiring to explore their interest in reappointment; however, reappointment is not guaranteed.

For more information about MAP member terms, expectations and time commitment, member disclosure of interest, nomination requirements, member responsibilities, and the role of the co-chairs, see the MAP Member Guidebook section "MAP Membership."

Guidelines for Participation in MAP Meetings

The following principles apply to all MAP meetings:

- **Disclosure of interests** – Once a year, at the start of the pre-rulemaking process or other initiatives, each MAP member is asked to disclose any potential conflicts of interest as identified on submitted DOI forms.
- **Open attendance** – Web meetings are open to the public. Participants can join the meeting via web streaming and/or phone. Information about each meeting is available on the NQF website, including the meeting's agenda and materials.
- **Transparency** – All proceedings are recorded and transcribed. Recordings and/or summaries are posted on NQF's website.
- **Commenting** – NQF members and the public are provided opportunities to comment at designated times during the meeting.
- **Mutual respect** – As a multistakeholder group, MAP brings together varied perspectives, values, and priorities to the discussion. Respect for differences of opinion and collegial interactions with other MAP members and participants are critical. Members must avoid dominating a conversation and allow others to contribute their perspectives.
- **Efficiency in deliberations** – Meeting agendas are typically full. All MAP members are responsible for ensuring that the work of the meeting is completed during the time allotted. MAP members should be prepared for discussion, having reviewed the material before the meeting. Comments should be concise, focused, and relevant to the matter at hand. Members should remember to indicate agreement without repeating what has already been said.

MAP Measure Set Review

Overview

In 2021, NQF collaborated with the Centers for Medicare & Medicaid Services (CMS) and the Coordinating Committee to define a pilot process for the Measure Set Review (MSR). For 2022, the MSR process is expanded to include the advisory groups and setting-specific workgroups. For the MSR process, MAP is charged with the following tasks:

- Offer a holistic review of quality measures with input from diverse multistakeholder groups
- Ease burden associated with the increased number of performance measures
- Continue to inform and educate all those who are invested and committed to advancing measurement science

MAP's MSR Process and Evaluation Approach

Overview

MAP's process for providing input to HHS on the potential removal of performance measures from public reporting and performance-based payment programs consists of a series of meetings that include a planning meeting, education meeting, preparation meeting, and review meetings. The same MAP structure used for the pre-rulemaking review process applies to MSR. MAP's MSR work is conducted by the Coordinating Committee, the Clinician Workgroup, the Hospital Workgroup, the PAC/LTC Workgroup, the Rural Health Advisory Group, and the Health Equity Advisory Group.

MAP MSR Evaluation Approach

The approach to the analysis and recommendation of measures for MSR is a three-step process:

1. **Identify measures for discussion of potential removal.** Advisory group and workgroup members nominate measures that they would like to discuss for potential removal. They use measure review criteria as the rationale for nominating measures. NQF staff analyze the results of the survey and select measures for discussion in the review meetings. NQF staff then complete a measure summary sheet for each measure selected for discussion.
2. **Review preliminary recommendations.** MAP advisory groups review and discuss the measures selected for discussion, and provide input about the rural perspective (i.e., Rural Health Advisory Group) and measurement issues affecting health disparities and critical access hospitals (i.e., Health Equity Advisory Group). MAP workgroups review and discuss the measures selected for discussion during June meetings, taking into account feedback from the advisory groups. The workgroups make an initial recommendation to the Coordinating Committee for each measure being discussed. After a public commenting period ends, the Coordinating Committee meets to review the workgroup recommendations and finalize the input to HHS.
3. **Release reports of MAP's recommendations.** MAP issues a series of reports detailing its recommendations. In September, MAP issues a list of measures with MAP's corresponding recommendations, as well as a final report summarizing the MSR process and MAP meeting discussions.

Selecting Measures to Review

Due to the large number of measures in the federal programs included in MAP's work, NQF and CMS first select programs to include in the MSR. For 2022, NQF and CMS selected seven programs. MAP will consider other programs in future years. To identify measures that MAP will review and discuss as part of the review meetings, NQF provides a list of active measures in each program to advisory group and workgroup members. Advisory group and workgroup members nominate measures that they would like to include in the 2022 MSR, using the measure review criteria as rationale for nomination.

After the measure nomination period, NQF staff selects measures with the highest number of votes for MAP to review. Staff then complete measure summary sheets for these measures.

Measure Summary Sheets

Measure summary sheets are intended to provide MAP members with a succinct profile of each measure and to support discussions by MAP. However, unlike the Preliminary Analyses created during the pre-rulemaking review process, measure summary sheets do not contain initial recommendations from NQF staff. Measure summary sheets are shared with MAP prior to the review meetings and include a summary of public comment.

MSR Measure Review Criteria

MAP uses measure review criteria to guide its review of measures for potential removal. The review criteria are intended to assist MAP with identifying measures that no longer meet program priorities and no longer provide valuable information for public reporting and payment programs. The review criteria are not absolute rules; rather, they are meant to provide general guidance on measure removal decisions and to complement program-specific statutory and regulatory requirements. Preferences for

measure removal include evaluating the relative strengths and weaknesses of a program measure set and how the removal of an individual measure would strengthen the set or create a measurement gap.

To determine whether a measure should be considered for potential removal from a specified program, MAP evaluates measures against the measure review criteria. MAP members are expected to familiarize themselves with the criteria and use them to indicate their support for potential removal of measures.

1. Measure does not contribute to the overall goals and objectives of the program.

2. Measure is duplicative of other measures within the same program.

3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement.

4. Performance or improvement on the measure does not result in better patient outcomes.

5. Measure does not reflect current evidence.

6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation.

7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation.

8. Measure leads to a high level of reporting burden for reporting entities.

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

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

Feedback from end users or implementers identified negative unintended consequences (e.g., premature discharges, overuse, and/or inappropriate use of care or treatment).

The measure does not support rural health by negatively impacting issues relevant to the rural population (e.g., access, cost, data collection and/or reporting challenges).

The measure does not support health equity by negatively impacting disparities (e.g., race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, geographical consideration).

MAP's MSR Standard Decision Categories

MAP reaches a decision about every measure under review for potential removal. The decisions are standardized for consistency. **Table 1** outlines the decision categories and the evaluation criteria used for each category. Each decision is also accompanied by one or more statements of rationale that explain why each decision was reached.

Table 1. MAP MSR Decision Categories

Decision Category	Definition	Evaluation Criteria
Support for Retaining	MAP supports retaining the measure, as specified, for a particular program.	After discussion, MAP determines the measure does not meet review criteria for removal OR the measure meets at least one criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. Additionally, MAP has not identified any changes for the measure.
Conditional Support for Retaining	MAP supports retaining the measure for a particular program but has identified certain conditions or modifications that would ideally be addressed.	The measure meets at least one review criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. However, MAP support for retaining is based on certain conditions or modifications being addressed.
Conditional Support for Removal	MAP supports removal of the measure from a particular program but has identified certain conditions that would ideally be addressed before removal.	The measure meets at least two review criteria but MAP thinks that removing the measure will create a measurement gap. Therefore, MAP does not support removal until a new measure is introduced to the program.
Support for Removal	MAP supports removal of the measure from a particular program.	The measure meets at least two review criteria. MAP does not think that removal of the measure will create a measurement gap.

NQF Member and Public Comment Periods for MSR

It is a priority to ensure broad input into the deliberations on measures. To garner early input, stakeholders will be able to provide feedback on the measures selected for discussion before the advisory groups and workgroups review the measures. These public comments will be provided to MAP workgroups and advisory groups when reviewing the measures for potential removal in June. Then, there will be another opportunity for public comment in which stakeholders can provide feedback on the individual workgroup decisions. The MAP Coordinating Committee will consider these comments when it approves the final decisions on measures. Furthermore, during the advisory group, workgroup, and Coordinating Committee meetings, the general public will have frequent opportunities to comment.

When a comment period opens, a notification is posted on the NQF website and will be available through the event calendar as well as on the specific project page. NQF also sends out an email notification to NQF members and members of the public who have signed up for these notifications. Both NQF members and interested members of the public can submit comments on the list of measures selected for review, and individual workgroup decisions. NQF members and nonmembers value the opportunity to weigh in on the deliberations, often offering constructive criticism, alternative viewpoints, or support for the Committee's recommendations. To ensure transparency, all submitted comments will be posted on the NQF website for public review.

MSR Workgroup and Advisory Group Review of Measures Under Review

For the 2022 MSR, the Hospital, Clinician, and PAC/LTC Workgroups meet in June 2022 to evaluate measures under review and make recommendations about their potential removal from federal programs. These recommendations are then reviewed by the MAP Coordinating Committee in August 2022. In preparation for the June meetings, MAP members receive measure summary sheets, typically five days before the meeting. Familiarizing oneself with the content prior to the meeting is critical.

Although they do not vote during MSR, the Rural Health Advisory Group and the Health Equity Advisory Group convene to provide input on how removing the measures under review could affect the rural population and health disparities and incorporate that input into the deliberations of the workgroups and Coordinating Committee. Workgroup volunteers will participate in the workgroup meetings.

Coordinating Committee Review

The Coordinating Committee is charged with setting the strategic direction for MAP, reviewing the process MAP uses to make its recommendations, and finalizing all input to HHS. The MAP Coordinating Committee meets prior to the June meetings of the MAP workgroups. This meeting focuses on reviewing the process that the workgroups will use to make their initial guidance and providing upstream guidance on strategic issues.

As noted above, the Coordinating Committee meets again after the June workgroup meetings to finalize MAP recommendations to HHS and identify cross-cutting themes across the workgroup deliberations. The Coordinating Committee considers the workgroup recommendations and public and NQF member comments. The Coordinating Committee has the authority to reverse a workgroup decision. The Coordinating Committee can choose to revisit a measure under review, have additional discussion, and vote for a different decision.

MAP's MSR Voting Procedures

MSR Voting Procedures

Key Principles

The procedure described below is intended to allow MAP to move quickly through its decision-making process for straightforward and noncontroversial measures, thus reserving valuable discussion time for consensus building on sensitive issues.

- Quorum is defined as 66 percent of the voting members of the Coordinating Committee or workgroup present virtually for live voting to take place.

    - Quorum must be established prior to voting. The process to establish quorum is composed of the following steps: (1) taking roll call and (2) determining whether a quorum is present. At this time, only if a member of the workgroup or committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting concludes.
- Virtual voting will occur via Poll Everywhere. Voting MAP members will be provided with a link to the poll prior to the meeting and will be instructed to follow the link in order to cast their vote during meetings.
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
    - Abstentions do not count in the denominator.
- Every measure under review will receive a decision.
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and lead discussants, co-chairs will facilitate discussion of the measure. Voting will begin after the discussion.
- Measures under review will be divided into a series of related groups for the purposes of discussion and voting at the review meetings.
- The Coordinating Committee will use a consent agenda for its review meeting. The purpose of the consent agenda is to focus the Coordinating Committee discussion on measures that elicited strong differences of opinion among workgroup members, measures that did not reach consensus, and measures for which new information emerged during public comment.
    - NQF staff will put measures onto the consent agenda if a measure meets all of the following criteria:
        - 80 percent or greater of voting workgroup members vote for the same decision category.
        - No process concern(s) identified that may have affected the recommendation of a measure.
        - No new information is received through public comment that was not available or discussed during the workgroup's measure review meeting, which is conflicting to the workgroup's recommendation(s).
        - The measure was not pulled for discussion by the Coordinating Committee.
        - No additional concerns identified that require Coordinating Committee discussion.

Advisory Group Polling Procedure

- MAP Rural Health Advisory Group
    - MAP Rural Health Advisory Group reviews/discusses each measure under review and provides feedback on the following items:
        - Relative priority/utility in terms of access, cost, or quality issues encountered by rural residents
        - Data collection and/or reporting challenges for rural providers

        - Methodological problems of calculating performance measures for small rural facilities
        - Potential unintended consequences related to rural health of the measure's use in specific programs
        - Gap areas in measurement relevant to rural residents/providers for specific programs
    - Measures under review will be divided into a series of related groups for the purposes of discussion and polling at the review meetings.
    - Polling question:
        - Do you support retaining the measure in the specific program of interest?
            1. Yes
            2. No
            3. Uncertain
- MAP Health Equity Advisory Group
    - MAP Health Equity Advisory Group reviews/discusses each measure under review and provides feedback on the following items:
        - Relative priority in terms of advancing health equity for all
        - Data collection and/or reporting challenges regarding health disparities
        - Methodological problems of calculating performance measures adjusting for health disparities
        - Potential unintended consequences related to health disparities of the measure's use in specific programs
        - Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs
    - Polling question:
        - Do you support retaining the measure in the specific program of interest?
            1. Yes
            2. No
            3. Uncertain

Workgroup Voting Steps

- Step 1. Staff will provide a brief summary of the measure. A representative from each advisory group will then briefly review the advisory group discussion of the measure and identify any concerns the advisory group has with retaining or removing the measure from the specific program. A lead discussant from the workgroup will review and present their findings.
    - Advisory group members will volunteer to participate in the workgroup meeting.
    - Workgroup member(s) will be assigned as lead discussant(s) based on knowledge and experience with measure topics while balancing the opportunity to serve as a lead discussant to as many members as possible. Lead discussants are asked to review their assigned measures in advance of the meeting and will be asked during the meeting to present the rationale for why MAP members nominated the measure for discussion, and their reaction to the rationale, based on information available in the MSS.
    - Co-chairs may choose to present methodologically or clinically similar measures as a group in the interest of time or to prevent redundant conversations.

    - Workgroup members can request any item to be removed from the group and discussed individually.
- Step 2. The co-chairs will ask for clarifying questions or concerns from the workgroup. The chairs will compile all workgroup questions and concerns.
    - CMS leads will respond to the clarifying questions and concerns on the specifications of the measure. CMS leads may choose to ask the measure steward to answer a question.
    - NQF staff will respond to clarifying questions and concerns related to information contained in the measure summary sheet.
    - Public comments will be shared by members of the public that attend the meeting.
- Step 3. After discussing clarifying questions and public comment, the co-chairs will facilitate discussion of the measure under review.
    - Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
    - After the discussion ends, the co-chairs will open the measure under review for a vote.
        - Co-chairs will summarize the major themes of the workgroup's discussion.
        - The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions. If the co-chairs do not feel there is a consensus position to use to begin voting, the workgroup will take a vote on each potential decision category one at a time. The first vote will be conditional support for retaining, then conditional support for removal, then support for removal, and lastly support for retaining.
- Step 4: Staff will tally the votes.
    - If a decision category put forward by the co-chairs receives greater than or equal to 60 percent of the votes, the motion will pass, and the measure will receive that decision.
    - If no decision category achieves greater than 60 percent, a default decision of support for retaining will apply. This will be marked by staff and noted for the Coordinating Committee's consideration.

Coordinating Committee Voting Steps

- Step 1. Co-chairs will ask Coordinating Committee members if they would like to pull any measures from the consent agenda.
    - Measures pulled from the consent agenda will be discussed at the end of the meeting.
    - Members requesting for measures to be pulled from the consent agenda will serve as lead discussants.
- Step 2. A representative from the workgroup will review the workgroup decision for each measure under review. A lead discussant from the Coordinating Committee will provide a summary of public comment on the workgroup's recommendation and highlight any information from the MSS that provides context to the public comment.
    - The workgroup representative will ideally be a workgroup co-chair. If neither co-chair is available, NQF staff may identify another workgroup member to represent the workgroup.
    - Co-chairs may choose to present methodologically or clinically similar measures as a group in the interest of time or to prevent redundant conversations.

- Coordinating Committee members can request any item to be removed from the group and discussed individually.

- Step 3. The co-chairs will ask for clarifying questions or concerns from the committee. The co-chairs will compile all the committee's questions and expressed concerns.
  - CMS leads will respond to the clarifying questions and concerns on the specifications of the measure. CMS leads may choose to ask the measure steward to answer a question.
  - The workgroup representative will respond to clarifying questions or expressed concerns on the workgroup's decision.
- Step 4. After discussing clarifying questions and public comment, the co-chairs will facilitate discussion of the measure under review.
  - Lead discussants will review and present their findings.
    - Coordinating Committee member(s) will be assigned as lead discussant(s) based on knowledge and experience with measure topics while balancing the opportunity to serve a lead discussant to as many members as possible. Lead discussants are asked to review their assigned measures in advance of the meeting and will be asked during the meeting to respond to the workgroup's decision for the measure. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
  - The co-chairs will then open the floor for discussion among the Coordinating Committee. Other Committee members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
  - After the discussion ends, the co-chairs will open the measure under review for a vote.
    - Co-chairs will summarize the major themes of the committee's discussion.
- Step 5. The committee will vote on acceptance of the workgroup's decision.
  - After discussion has occurred, the co-chairs will open for a vote on accepting the workgroup's decision. This vote will be framed as a "yes" or "no" vote to accept the result.
  - If greater than or equal to 60 percent of the Committee members vote to accept the workgroup's decision, then the workgroup's recommendation will become MAP's recommendation. If less than 60 percent of the Committee votes to accept the workgroup's decision, the Committee will vote on a new decision category.
  - The co-chairs will determine what decision category will be put to a vote first based on the potential consensus emerging from the discussions. If the co-chairs do not feel there is a consensus position to use to begin voting, the committee will take a vote on each potential decision category one at a time. The first vote will be on conditional support for retaining, then conditional support for removal, then support for removal, and lastly support for retaining.
- Step 6: Staff will tally the votes.
  - If a decision category put forward by the co-chairs receives greater than or equal to 60 percent of the votes, the motion will pass, and the measure will receive that decision.
  - If no decision category achieves greater than 60 percent to overturn the workgroup's decision, the measure will be assigned the decision "support for retaining."

MAP's MSR Reports

The final deliverables for the MAP MSR activities will be separated into two distinct categories with different time frames.

- *Stage 1: Recommendations on individual measures under review.* This deliverable, in spreadsheet format, gives feedback on each measure under review along with limited explanatory text. The spreadsheet is organized into a standardized format.
- *Stage 2: Final report*. This deliverable includes summaries of MAP review meetings and discussions related to the removal of measures from federal programs. It will also include any strategic guidance directed toward federal health programs for clinician, hospital, and PAC/LAC settings.