

Welcome to Today's Virtual Review!

■ Housekeeping reminders:

- ▣ Please mute your computer or line when you are not speaking
- ▣ Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- ▣ We encourage you to turn on your video, especially during the measure discussions and when speaking
- ▣ To switch your display, right click "View" in the upper-right hand corner and select "Speaker" or "Gallery."
- ▣ Please use the 'hand raised' feature if you wish to provide a point or raise a question.
 - » *To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
- ▣ Feel free to use the chat feature to communicate with the NQF Host or IT Support
- ▣ For this meeting, we will be using Zoom for presentations and discussion, and will use Poll Everywhere for voting. Please ensure you have access to both platforms.

If you are experiencing technical issues, please contact us at

maprural@qualityforum.org



**NATIONAL
QUALITY FORUM**
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<http://www.qualityforum.org>

Measure Applications Partnership (MAP)

Rural Health Workgroup Review Web Meeting

January 6, 2021

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

Agenda

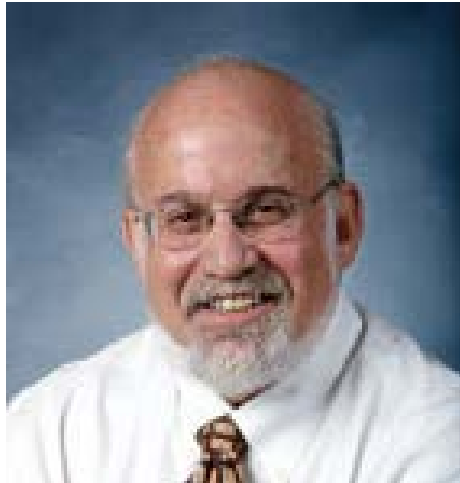
- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- Overview of Pre-Rulemaking Approach
- Discuss Measures Under Consideration
 - ▣ Clinician Programs
 - ▣ Hospital Programs
 - ▣ PAC/LTC Programs
 - ▣ COVID-19 Measures for All Programs
- Opportunity for Public Comment
- Closing Comments and Next Steps
- Adjourn



MAP Rural Health Workgroup Staff

- **Chelsea Lynch, MPH, MSN, RN, CIC**, Director
- **Nicolette Mehas, PharmD**, Director
- **Katie Berryman, MPAP**, Project Manager
- **Udara Perera, DrPHc, MPH**, Senior Manager
- **Carolee Lantigua, MPA**, Manager
- **Amy Guo, MS**, Analyst

Welcoming Remarks from Workgroup Co-Chairs



Ira Moscovice, PhD
University of Minnesota
School of Public Health



Aaron Garman, MD
Coal Country Community
Health Center

MAP Rural Health Workgroup Membership

Workgroup Co-Chairs: Ira Moscovice, PhD; Aaron Garman, MD

Organizational Members (Voting)

- Alliant Health Solutions
- American Academy of Family Physicians
- American Academy of Physician Assistants
- American College of Emergency Physicians
- American Hospital Association
- American Society of Health-System Pharmacists
- Cardinal Innovations
- Geisinger Health
- Intermountain Healthcare
- Michigan Center for Rural Health
- Minnesota Community Measurement
- National Association of Rural Health Clinics
- National Rural Health Association
- National Rural Letter Carriers' Association
- RUPRI Center for Rural Health Policy Analysis
- Rural Wisconsin Health Cooperative
- Truven Health Analytics LLC/IBM Watson Health Company

MAP Rural Health Workgroup Membership(continued)

Individual Subject Matter Experts (Voting)

- Michael Fadden, MD
- John Gale, MS
- Curtis Lowery, MD
- Jessica Schumacher, PhD
- Ana Verzone, MS, APRN, FNP, CNM
- Holly Wolff, MHA

Federal Government Liaisons (Nonvoting)

- Federal Office of Rural Health Policy, Department of Health and Human Services (DHHS)/Health Resources and Services Administration (HRSA)
- Indian Health Services, Department of Health and Human Services (DHHS)
- Center for Medicare and Medicaid Innovation (CMMI), Centers for Medicare & Medicaid Services (CMS)

MAP Rural Health Workgroup 2020 Pre-Rulemaking Activities

Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume

Rural Health Workgroup Review of Measures Under Consideration

- The Rural Health Workgroup will review the measures under consideration (MUC) list and provide the following feedback to the setting-specific Workgroups:
 - ▣ 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 of inclusion in specific programs
 - ▣ Gap areas in measurement relevant to rural residents/providers for specific programs

Rural Health Workgroup Review (cont.)

Rural Health Workgroup feedback will be provided to the setting-specific Workgroups through the following mechanisms:

- Measure Preliminary Analysis:
 - ▣ A qualitative summary of Rural Health Workgroup's discussion of the measures under consideration
 - ▣ Voting results that quantify the Rural Health Workgroup's perception of suitability of the measures under consideration for various programs
- Attendance of Rural Health Workgroup liaisons at setting-specific Workgroup pre-rulemaking meetings on January 11 and 12

Process for Today's Discussion

- **Step 1.** NQF staff describes the program which the measure is being proposed
- **Step 2.** NQF staff summarizes the measure and lead discussants offer initial thoughts about inclusion of the measure into the program
- **Step 3.** Workgroup discusses the measure regarding:
 - ▣ 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 of inclusion in specific programs



Process for Today's Discussion (cont.)

- **Step 4.** Workgroup votes on agreement that the measure is suitable for use with rural providers within the specific program of interest
 - ▣ Vote Range is 1-5, where higher reflects more agreement regarding suitability for the program
- **Step 5.** Workgroup discusses gap areas in measurement relevant to rural residents/providers for the specific program

Measures Under Consideration 2020-2021

Measures Proposed for Clinician Programs

MAP Clinician Workgroup Programs Under Discussion

Merit-based
Incentive Payment
System (MIPS)

Medicare Shared
Savings Program

Merit-Based Incentive Payment System (MIPS) Program Cost Measures

Merit-Based Incentive Payment System (MIPS) Program Measures

- **Program Type:** Quality Payment Program
- **Incentive Structure:**
 - ▣ Pay-for-performance
 - ▣ There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
 - ▣ The MIPS performance categories and proposed 2020 weights:
 - » Quality (45%)
 - » Promoting Interoperability (25%)
 - » Improvement Activities (15%)
 - » Cost (15%)
 - » The final score (100%) will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **Program Goals:**
 - ▣ Improve quality of patient care and outcomes for Medicare FFS.
 - ▣ Reward clinicians for innovative patient care.
 - ▣ Drive fundamental movement toward value in healthcare.

MUC20-0015: Asthma-Chronic Obstructive Pulmonary Disease (COPD) Episode-Based Cost Measure

Description: The Asthma/COPD cost measure evaluates a clinician or clinician group's risk-adjusted cost to Medicare for patients receiving medical care to manage asthma or COPD. The measure score is a clinician or clinician group's weighted average of risk-adjusted cost for each episode attributed to the clinician/clinician group, where each episode is weighted by the number of assigned days during the episode. This chronic measure includes services that are clinically related and under the reasonable influence of the attributed clinician/clinician group. Services are assigned during an Asthma/COPD episode, which is a portion of the overall time period of a clinician or clinician group's responsibility for managing a patient's asthma or COPD. Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period are eligible for the measure.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: Intermountain Healthcare; Michael Fadden

MUC20-0016: Colon and Rectal Resection Episode-Based Cost Measure

Description: The Colon and Rectal Resection cost measure evaluates clinician or clinician group's risk-adjusted cost to Medicare for patients who receive colon or rectal resections for either benign or malignant indications. The measure score is a clinician or clinician group's average risk-adjusted cost for the episode group across all attributed episodes. This inpatient procedural measure includes services that are clinically related and under the reasonable influence of the attributed clinician or clinician group during the 15 days prior to the clinical event that opens or "triggers" the episode through 90 days after. Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period are eligible for the measure.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: Geisinger Health; Jessica Schumacher

MUC20-0017: Diabetes Episode-Based Cost Measure

Description: The Diabetes cost measure evaluates a clinician or clinician group's risk-adjusted cost to Medicare for patients receiving medical care to manage type 1 or type 2 diabetes. The measure score is a clinician or clinician group's weighted average of risk-adjusted cost for each episode attributed to the clinician group, where each episode is weighted by the number of assigned days during the episode. This chronic measure includes services that are clinically related and under the reasonable influence of the attributed clinician group. Services are assigned during a Diabetes episode, which is a portion of the overall time period of a clinician or clinician group's responsibility for managing a patient's diabetes. Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period are eligible for the measure.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: Alliant Health Solutions; American Society of Health-System Pharmacists

MUC20-0018: Melanoma Resection Episode-Based Cost Measure

Description: The Melanoma Resection cost measure evaluates clinician or clinician group's risk-adjusted cost to Medicare for patients who undergo an excision procedure to remove a cutaneous melanoma. The measure score is a clinician's average risk-adjusted cost for the episode group across all episodes attributed to the clinician or clinician group. This procedural measure includes services that are clinically related and under the reasonable influence of the attributed clinician during the 30 days prior to the clinical event that opens or "triggers" the episode through 90 days after. Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period are eligible for the measure.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: Jessica Schumacher; Rural Wisconsin Health Cooperative

MUC20-0019: Sepsis Episode-Based Cost Measure

Description: The Sepsis cost measure evaluates clinician or clinician group's risk-adjusted cost to Medicare for patients who receive inpatient medical treatment for sepsis. The measure score is a clinician or clinician group's average risk-adjusted cost for the episode group across all attributed episodes. This acute inpatient medical condition measure includes services that are clinically related and under the reasonable influence of the attributed clinician's role in managing care during each episode from the clinical event that opens or "triggers" the episode through 45 days after. Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period are eligible for the measure

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: American College of Emergency Physicians; John Gale

MIPS Program Quality Measures

MUC20-0034: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System

Description: Annual risk-standardized rate of acute, unplanned cardiovascular-related admissions among Medicare Fee-for-Service (FFS) patients aged 65 years and older with heart failure (HF) or cardiomyopathy.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: American Academy of Family Physicians (AAFP); National Rural Health Association

MUC20-0040: Intervention for Prediabetes

Description: Percentage of patients aged 18 years and older with identified abnormal lab result in the range of prediabetes during the 12-month measurement period who were provided an intervention

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: American Society of Health-System Pharmacists; National Rural Letter Carriers' Association (NRCLA)

MUC20-0042: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure

Description: The Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) uses the PCPCM PROM (a comprehensive and parsimonious set of 11 patient-reported items) to assess the broad scope of primary care. Unlike other primary care measures, the PCPCM PRO-PM measures the high value aspects of primary care based on a patient's relationship with the provider or practice. Patients identify the PCPCM PROM as meaningful and able to communicate the quality of their care to their clinicians and/or care team. The items within the PCPCM PROM are based on extensive stakeholder engagement and comprehensive reviews of the literature.

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: American Academy of PAs; Minnesota Community Measurement

MUC20-0043: Preventive Care and Wellness (Composite)

Description: Percentage of patients who received age- and sex-appropriate preventive screenings and wellness services. This measure is a composite of seven component measures that are based on recommendations for preventive care by the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), and American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE).

LoA: Clinician: Individual and Clinician: Group/Practice

Lead Discussants: Intermountain Healthcare; Michael Fadden

Lunch

Medicare Shared Savings Program Measures

Medicare Shared Savings Program

- **Program Type:** Mandated by section 3022 of the ACA
- **Incentive Structure:**
 - ▣ Pay-for-performance
 - ▣ Voluntary program that encourages groups of doctors, hospitals, and other health care providers to come together as an Accountable Care Organization (ACO) to give coordinated, high quality care to their Medicare beneficiaries.
 - » CMS assess ACO performance annually based on quality and financial performance to determine share savings and losses
 - » ACOs reports MIPS measures on behalf of clinicians and are scored under MIPS Alternative Payment Model (APM) Scoring Standard.
 - » Eligible clinicians in Advanced APMS may qualify for the 5% APM incentive payment
- **Program Goals:**
 - ▣ Promote accountability for a patient population.
 - ▣ Coordinate items and services for Medicare FFS beneficiaries.
 - ▣ Encourage investment in high quality and efficient services.

MUC20-0033: ACO-Level Days at Home for Patients with Complex, Chronic Conditions

Description: This is a measure of days at home or in community settings (that is, not in unplanned acute or emergent care settings) for patients with complex, chronic conditions in Shared Savings Program (SSP) Accountable Care Organizations (ACOs). The measure includes risk adjustment for differences in patient mix across ACOs, with an additional adjustment based on the mortality risk at each ACO.

LoA: Accountable Care Organization

Lead Discussants: Cardinal Innovations; Geisinger Health

Measures Proposed for Hospital Programs

MAP Hospital Workgroup Programs Under Discussion

End-Stage Renal Disease
Quality Incentive Program
(ESRD QIP)

Medicare and Medicaid
Promoting Interoperability
Program for Eligible
Hospitals (EHs) or Critical
Access Hospitals (CAHs)

Hospital Inpatient Quality
Reporting Program
(Hospital IQR Program)

Hospital Outpatient
Quality Reporting Program
(Hospital OQR Program)

End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Measures

- **Program Type:** Pay-for-performance and Public Reporting
- **Incentive Structure:**
 - ▣ As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
 - ▣ Improve the quality of dialysis care and produce better outcomes for beneficiaries.

MUC20-0039: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)

Description: The standardized hospitalization ratio is defined to be the ratio of the number of hospital admissions that occur for Medicare ESRD dialysis patients treated at a particular facility to the number of hospitalizations that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate. When used for public reporting, the measure calculation will be restricted to facilities with less than 5 patient years at risk in the reporting year. This restriction is required to ensure patients cannot be identified due to small cell size.

LoA: Facility

Lead Discussants: Alliant Health Solutions; Michigan Center for Rural Health

Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Eligible hospitals that fail to meet program requirements, including meeting the Clinical Quality Measure requirements, receive a three-fourth reduction of the applicable percentage increase.
- **Program Goals:**
 - ▣ Promote interoperability between EHRs and CMS data collection.

MUC20-0032: Global Malnutrition Composite Score

Description: Composite measure consisting of 4 component measures of optimal malnutrition care focuses on adults 65 years and older admitted to inpatient service who received care appropriate to their level of malnutrition risk and/or malnutrition diagnosis if identified. Appropriate care for inpatients includes to malnutrition risk screening, nutrition assessment for that at-risk, and proper malnutrition severity indicated along with a corresponding nutrition care plan that recommends treatment approach.

LoA: Facility

Lead Discussants: American Academy of Family Physicians (AAFP); Cardinal Innovations

Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update.
- **Program Goals:**
 - ▣ Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care.

MUC20-0032: Global Malnutrition Composite Score(Continued)

Description: Composite measure consisting of 4 component measures of optimal malnutrition care focuses on adults 65 years and older admitted to inpatient service who received care appropriate to their level of malnutrition risk and/or malnutrition diagnosis if identified. Appropriate care for inpatients includes to malnutrition risk screening, nutrition assessment for that at-risk, and proper malnutrition severity indicated along with a corresponding nutrition care plan that recommends treatment approach.

LoA: Facility

Lead Discussants: American Academy of Family Physicians (AAFP); Cardinal Innovations

MUC20-0003: Hospital-Level, Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)

Description: The measure will estimate a hospital-level, risk-standardized improvement rate for PROs following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age or older. Substantial clinical benefit improvement will be measured by the change in score on the joint-specific patient-reported outcome measure (PROM) instruments, measuring hip or knee pain and functioning, from the preoperative assessment (data collected 90 to 0 days before surgery) to the postoperative assessment (data collected 270 to 365 days following surgery).

LoA: Facility

Lead Discussants: American Academy of PAs; National Rural Letter Carriers' Association (NRCLA)

Hospital Outpatient Quality Reporting Program (Hospital OQR Program) Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services.

MUC20-0004: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)

Description: The percentage of emergency department (ED) patients with a diagnosis of ST-segment elevation myocardial infarction (STEMI) who received appropriate treatment. The measure will be calculated using electronic health record (EHR) data and is intended for use at the facility level.

LoA: Facility

Lead Discussants: American College of Emergency Physicians; RUPRI Center for Rural Health Policy Analysis

MUC20-0005: Breast Screening Recall Rates

Description: The Breast Screening Recall Rates measure calculates the percentage of beneficiaries with mammography or digital breast tomosynthesis (DBT) screening studies that are followed by a diagnostic mammography, DBT, ultrasound, or magnetic resonance imaging (MRI) of the breast in an outpatient or office setting within 45 days.

LoA: Facility

Lead Discussants: Ana Verzone; Curtis Lowery

Measures Proposed for PAC/LTC Programs

MAP PAC/LTC Workgroup Programs Under Discussion

Hospice Quality
Reporting Program
(HQRP)

Skilled Nursing
Facility Quality
Reporting Program
(SNF QRP)

Hospice Quality Reporting Program (HQRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:**
 - ▣ Hospices that fail to submit quality data will have their annual payment update reduced by 2% through FY 2023 and then by 4% beginning in FY 2024.
- **Program Goals:**
 - ▣ Addressing pain and symptom management for hospice patients and meeting their patient-centered goals, while remaining primarily in the home environment.

MUC20-0030: Hospice Care Index

Description: The Hospice Care Index monitors a broad set of leading, claims-based indicators of hospice care processes. The ten indicators reflect care throughout the hospice stay and by the care team within the domains of higher levels of care, visits by nursing staff, patterns of live discharge, and per-beneficiary spending. Index scores are calculated as the total instances a hospice meets a point criterion for each of the 10 indicators. The index thereby seeks to identify hospices which are outliers across an array of multifaceted indicators, simultaneously.

Level of Analysis: Facility-level

Lead Discussants: Holly Wolff; IBM Watson Health Company

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:**
 - ▣ SNFs that do not submit the required quality data will have their annual payment update reduced by 2%.
- **Program Goal:**
 - ▣ Increase transparency so that patients are able to make informed choices.

MUC20-0002: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization

Description: This measure will estimate the risk-adjusted rate of healthcare-associated infections (HAIs) that are acquired during skilled nursing facility (SNF) care and result in hospitalizations. The measure is risk adjusted to “level the playing field” and to allow comparison of measure performance based on residents with similar characteristics between SNFs. It is important to recognize that HAIs in SNFs are not considered “never-events.” The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs that are acquired during SNF care and result in hospitalization, when compared to their peers.

Level of Analysis: Facility and stay level

Lead Discussants: Ana Verzone; RUPRI Center for Rural Health Policy Analysis

Break

CMS Presentation on COVID-19 Measures

MUC20-0044 and MUC20-0048: SARS-CoV-2 Vaccination Coverage Measures



*Alan Levitt M.D.
Michelle Schreiber M.D.*

*MAP Rural Health
Workgroup Review meeting*

January 6, 2021

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, End-Stage Renal Disease (ESRD) facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities (SNFs), and PPS-exempt cancer hospitals.
- **Measure Type:** Process
- **Measure steward:** Centers for Disease Control and Prevention

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

Use in Federal Program: Home Health Value Based Purchasing, Hospital Inpatient Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting

Portfolios	Compare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Add to Compare	Add to Portfolio	Export	?
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0431

VIEW THE NEW SPEC - *There is a new version under consideration.*

INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL
STEWARDS: Centers for Disease Control and Prevention

Measure Description:

Percentage of healthcare personnel (HCP) who receive the influenza vaccination.

Numerator Statement:

HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or
- (c) declined influenza vaccination

Each of the three submeasure numerators described above will be calculated and reported separately, alongside the overall numerator calculated as the aggregate of the three submeasure numerators.

Denominator Statement:

Number of HCP in groups(a)-(c) below who are working in the healthcare facility for at least 1 working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominator is reported in the aggregate; rates for each HCP group may be calculated separately for facility-level quality improvement purposes:

- (a) Employees: all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).
- (b) Licensed independent practitioners: include physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility.
- (c) Adult students/trainees and volunteers: include all students/trainees and volunteers aged 18 or over who do not receive a direct paycheck from the reporting facility.

Exclusions:

None.

Risk Adjustment:

No

NQF #0431 Influenza Vaccination Coverage Among Healthcare Personnel

Medication reconciliation				▼
Infections				▼
Prevention				^
Influenza vaccination coverage among healthcare personnel	85.6%	83.3%	96.1%	
↑ Higher percentages are better				
National average: 88.3%				
Readmissions				▼
Successful return to home & community				▼
Payment & value of care				▼

(From: <https://www.medicare.gov/care-compare/>)

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **MAP Hospital Workgroup**
 - Ambulatory Surgical Center Quality Reporting
 - End-Stage Renal Disease (ESRD) QIP
 - Hospital Outpatient Quality Reporting
 - Hospital Inpatient Quality Reporting
 - Inpatient Psychiatric Facility Quality Reporting Program
 - PPS-Exempt Cancer Hospital Quality Reporting
- **MAP Post-Acute Care and Long-Term Care Workgroup**
 - Inpatient Rehabilitation Facility Quality Reporting Program
 - Long-Term Care Hospital Quality Reporting Program
 - Skilled Nursing Facility Quality Reporting Program

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Numerator:** Cumulative number of HCP eligible to work in the hospital or facility for at least one day during the reporting period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used.

Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.

- **Denominator:** Number of HCP eligible to work in the healthcare facility for at least one day during the reporting period, excluding persons with contraindications to SARS-CoV-2 vaccination.

MUC20-0044 SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

- **Exclusions:** HCP with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities

- **Description:** This measure tracks SARS-CoV-2 vaccination coverage among patients in End-Stage Renal Disease (ESRD) facilities.
- **Measure Type:** Process
- **Measure Steward:** Centers for Disease Control and Prevention
- **CMS Program:** End-Stage Renal Disease (ESRD) QIP

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities

- **Numerator:** Cumulative number of patients eligible for vaccination during the reporting time-period and who received a complete vaccination course against SARS-CoV-2 since the date vaccine was first available or on a repeated interval if revaccination on a regular basis is needed. A completed vaccination course may require 1 or more doses depending on the specific vaccine used. Vaccination coverage is defined as a measure of the estimated percentage of people in a sample or population who received a specific vaccine or vaccines.
- **Denominator:** Number of patients under care for first 2 working days of reporting month in the ESRD facility eligible for vaccination during the reporting time-period, excluding persons with contraindications to SARS-CoV-2 vaccination.

MUC20-0048 SARS-CoV-2 Vaccination Coverage for Patients in ESRD Facilities

- **Exclusions:** Patients with contraindications to SARS-CoV-2 vaccination.
- **Reporting:** Quarterly for the purposes of quality measure calculation (subject to change).

SARS-CoV-2 Vaccination by Clinicians

Measure Applications Partnership

Centers for Medicare & Medicaid Services

Mathematica

National Committee for Quality Assurance

January 12, 2021

SARS-CoV-2 Vaccination by Clinicians

/ Denominator: All patients aged 18 years and older seen for a visit during the measurement period.

/ Exclusions/exceptions:

- Exclusion: Patient received hospice services any time during the measurement period
- Exceptions: 1) patient contraindication, 2) patient refusal, or 3) vaccine unavailable

/ Numerator: Patients who have ever received or reported having ever received a SARS-CoV-2 vaccination dose OR who have ever received or reported having ever received a full SARS-CoV-2 vaccination course

Measure development process

- / **CMS identified concept as a priority in response to current public health crisis**
- / **CMS convened an expert work group to inform development and to provide guidance on how the measure can maximize reach while minimizing the potential for harm**
- / **CMS is not seeking NQF endorsement prior to submitting this measure for consideration because this measure has been developed in response to the public health emergency that requires a rapid response**

Rationale for measure development

- / **CMS wants a measure in place as soon as possible after vaccine approval and publication of guidelines**
- / **CMS already includes several vaccination measures in the Merit-based Incentive Payment System (MIPS); this measure is part of larger federal efforts to promote and track vaccine uptake**
- / **CMS has taken into consideration how list of approved vaccines might change between now and implementation, and designed a flexible measure**

Implementation

/ How can the measure be utilized in the program?

- The earliest CMS would be able to propose this measure for implementation in MIPS would be performance year 2022
- CMS is still discussing best way to incorporate the measure into MIPS to promote patient well-being and balance clinician burden
- CMS is considering the appropriate approach for using this measure to inform future policy making; welcomes MAP feedback on the implications of measure implementation

Pathway to implementation

/ What is a reasonable pathway to implementing measures around emergent healthcare issues?

- Measure has been designed to be flexible, to mitigate potential unintended consequences of implementation and to maximize data attained from measure reporting
 - Measure assesses administration of full course of vaccine or at least one dose
 - Measure allows for patient self-report of vaccine so reporting clinician does not have to be the one administering the vaccine
 - Measure has exception for patient contraindication; this allows measure to flex as contraindications become known or specific to a given vaccine
- CMS can revise the measure in future years to be consistent with available data and evidence as it develops

COVID-19 Measures Under Consideration

Merit-Based Incentive Payment System (MIPS) Program Measures(continued)

- **Program Type:** Quality Payment Program
- **Incentive Structure:**
 - ▣ Pay-for-performance
 - ▣ There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
 - ▣ The MIPS performance categories and proposed 2020 weights:
 - » Quality (45%)
 - » Promoting Interoperability (25%)
 - » Improvement Activities (15%)
 - » Cost (15%)
 - » The final score (100%) will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **Program Goals:**
 - ▣ Improve quality of patient care and outcomes for Medicare FFS.
 - ▣ Reward clinicians for innovative patient care.
 - ▣ Drive fundamental movement toward value in healthcare.

MUC20-0045: CoV-2 Vaccination by Clinicians

Description: Percentage of patients aged 18 years and older seen for a visit during the measurement period who have ever received or reported having ever received a SARS-CoV-2 vaccination dose OR who have ever received or reported having ever received a full SARS-CoV-2 vaccination course.

LoA: Specifications are incomplete

Lead Discussants: Minnesota Community Measurement; National Association of Rural Health Clinics



End-Stage Renal Disease Quality Incentive Program (ESRD QIP) Measures(continued)

- **Program Type:** Pay-for-performance and Public Reporting
- **Incentive Structure:**
 - ▣ As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
 - ▣ Improve the quality of dialysis care and produce better outcomes for beneficiaries.

MUC20-0048: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities

Description: This measure tracks SARS-CoV-2 vaccination coverage among patients of dialysis facilities including those with end-stage renal disease (ESRD) and receiving maintenance dialysis and those with acute kidney injury (AKI) including in-center hemodialysis, home hemodialysis, or peritoneal dialysis.

LoA: Facility

Lead Discussants: National Association of Rural Health Clinics; Rural Wisconsin Health Cooperative



MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Ambulatory surgical centers (ASCs) that do not participate or fail to meet program requirements receive 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Promote higher quality, more efficient healthcare for Medicare beneficiaries through measurement, and allow consumers to find and compare the quality of care given at ASCs to inform decisions on where to get care.



MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel(continued)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

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

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Hospitals that do not report data on required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and establish a system for collecting and providing quality data to hospitals providing outpatient services such as emergency department visits, outpatient surgery, and radiology services.

MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel(continued²)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Hospital Inpatient Quality Reporting Program (Hospital IQR Program) Measures(continued)

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update.
- **Program Goals:**
 - ▣ Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care.

MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel(continued³)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Measures

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:**
 - ▣ Inpatient psychiatric facilities (IPFs) that do not submit data on all required measures receive a 2.0% reduction in annual payment update.
- **Program Goals:**
 - ▣ Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices.



MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel(continued⁴)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

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

- **Program Type:** Quality Reporting Program
- **Incentive Structure:**
 - ▣ PCHQR is a voluntary quality reporting program. Data are published on Hospital Compare.
- **Program Goals:**
 - ▣ Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the Inpatient Prospective Payment System and the Inpatient Quality Reporting Program, and encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices.



MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel(continued⁵)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

LoA: Facility

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:**
 - ▣ IRFs that fail to submit data will have their applicable IRF Prospective Payment System (PPS) payment update reduced by 2%.
- **Program Goal:**
 - ▣ Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel Measure(continued²)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

Acute care facilities include inpatient hospitals, critical access hospitals, and Prospective Payment System (PPS)-exempt cancer hospitals

Level of Analysis: Not available

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:**
 - ▣ LTCHs that fail to submit data will have their applicable annual payment update (APU) reduced by 2%.
- **Program Goal:**
 - ▣ Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel Measure(continued)

Description: This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities, long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.

Level of Analysis: Not available

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

Skilled Nursing Facility Quality Reporting Program (SNF QRP)(continued)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:**
 - ▣ SNFs that do not submit the required quality data will have their annual payment update reduced by 2%.
- **Program Goal:**
 - ▣ Increase transparency so that patients are able to make informed choices.



MUC20-0044: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel Measure

Description: This metric tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in long-term care facilities (LTCFs).

Level of Analysis: Not available

Lead Discussants: Michigan Center for Rural Health; National Rural Health Association

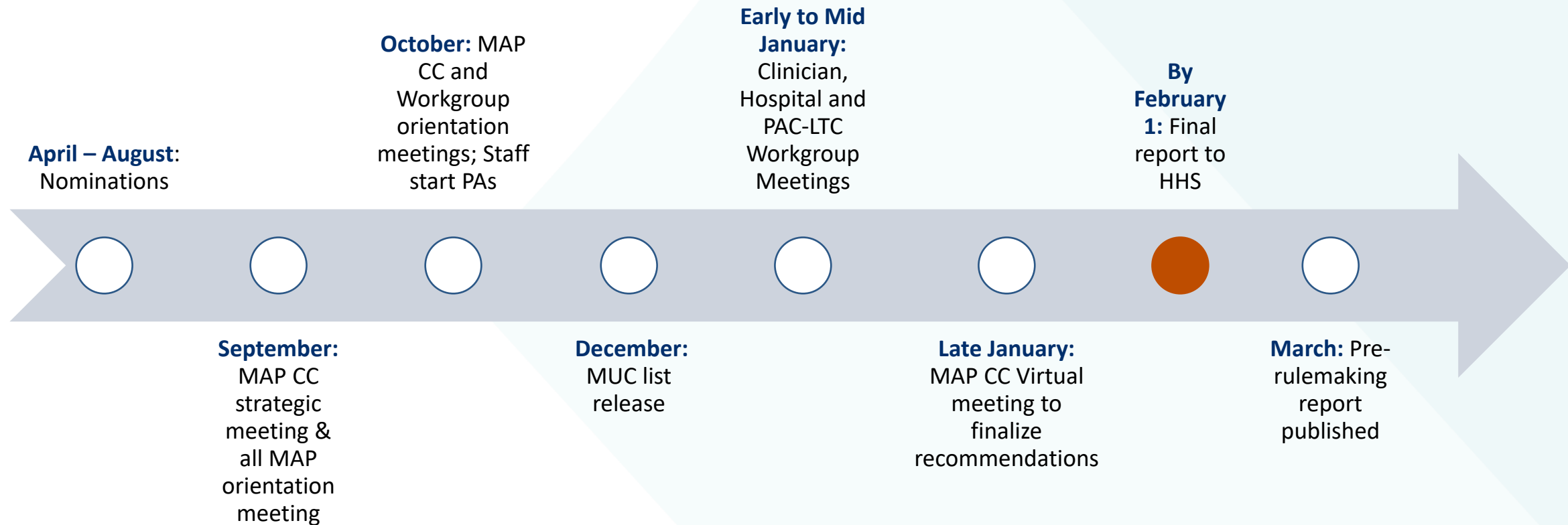
Public and Member Comment

Next Steps

Timeline of Upcoming Activities

- **Virtual Forums**
 - ▣ PAC/LTC, Hospital Workgroups – **January 11**
 - ▣ Clinician Workgroup – **January 12**
 - ▣ Coordinating Committee – **January 25**
- **Public commenting period on Workgroup recommendations:** January 15 – January 20, 2021
- **Final recommendations to CMS:** by February 1st, 2021

Timeline of Upcoming Activities (cont.)



Contact Information

Project Page:

http://www.qualityforum.org/MAP_Rural_Health_Workgroup.aspx

Workgroup SharePoint site:

<https://share.qualityforum.org/portfolio/MAPRuralHealth/SitePages/Home.aspx>

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THANK YOU.

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