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

Meeting Summary

June 30, 2022

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Measure Applications Partnership (MAP) 2022 Measure Set Review (MSR) Rural Health Advisory Group Web Meeting

The National Quality Forum (NQF) convened a public web meeting, on behalf of the Centers for Medicare & Medicaid Services (CMS), for members of the Measure Applications Partnership (MAP) on June 13, 2022. The purpose of the meeting was for the MAP Rural Health Advisory Group to provide input on measures under review with a lens to measurement issues affecting rural populations. There were ninety-eight attendees at this meeting, including MAP members, NQF staff, government representatives, and members of the public. While only nine MAP members were in attendance for the meeting, meeting activities proceeded as MAP advisory groups are not subject to quorum requirements for polling.

Welcome, Introductions, and Review of Web Meeting Objectives

Jenna Williams-Bader, senior director, NQF, welcomed participants to the MAP Measure Set Review (MSR) Web Meeting and thanked all participants for providing their time and support to the MSR initiative. Ms. Williams-Bader provided an overview of the WebEx platform functionality and the meeting agenda. Dana Gelb Safran, president & CEO, NQF, also welcomed participants and provided contextual background information about the 2021 pilot of MSR conducted by the MAP Coordinating Committee, which looked at prioritized measures in the hospital setting. Ms. Gelb Safran reminded participants the 2022 expansion of MSR would include measures from all setting-specific workgroups. The Rural Health Advisory Group would be providing input on those measures from a rural perspective, including identifying challenges of low case-volume and any unintended consequences of measure removal for rural populations. Ms. Gelb Safran noted that the MSR process is still new and all feedback for improvement was welcome. Finally, Ms. Gelb Safran thanked all participants, CMS colleagues, and co-chairs for their time and dedication to the MAP Rural Health Advisory Group's work. Following Ms. Gelb Safran's remarks, Rural Health Advisory Group Co-Chairs Dr. Keith Mueller and Dr. Kimberly Rask provided additional welcome to participants and noted that the work of the Advisory Group plays an important role in providing unique input to CMS.

Next, Ms. Williams-Bader introduced the NQF team and the CMS staff supporting the MAP activities. Ms. Williams-Bader facilitated introductions and disclosures of interest from members of the MAP Rural Health Advisory Group. Disclosures included stewardship of measures not listed for the day's discussion and prior work conducted with funding from CMS and the Health Resources and Services Administration (HRSA) unrelated to the day's measures. These disclosures were not deemed to be in conflict with the measures being discussed, and therefore, no recusals from polling were necessary.

CMS Opening Remarks

Dr. Michelle Schreiber, deputy director of the Centers for Clinical Standards & Quality (CCSQ) for CMS and the group director for the Quality Measurement and Value-Based Incentives Group (QMVIG), offered opening remarks and thanks to all MAP members. Dr. Schreiber noted while MAP members typically provide input on measures under consideration for addition to federal value-based programs, the MSR process allows a unique opportunity to close the loop in the cycle and remove measures that are too high burden, lacking in clinical evidence, or those not showing improvement over time. Dr.

Schreiber noted the advisory groups had the particular ability to improve alignment by viewing measures across all programs.

Review of MSR Process and Measure Review Criteria

Susanne Young, manager, NQF, reviewed the 2022 MSR process and measure review criteria (MRC). Ms. Young provided an overview of the 2022 MSR process, including the steps to prioritize, survey, prepare, and discuss the measures for review, with the output being a set of final recommendations and rationale for measure removal provided to CMS. Ms. Young also reviewed the process in which the feedback from the advisory group is incorporated into the reviews of the measures by the MAP workgroups and the Coordinating Committee.

Ms. Young presented the 10 measure review criteria used to evaluate measures during the survey process and again during the web meeting, noting these criteria had been revised based on the 2021 MSR pilot. Ms. Young stated criterion #10, focused on identifying unintended consequences, would be of particular relevance to the MAP advisory groups. Finally, Ms. Young reviewed the process for the meeting: each program is introduced by NQF staff before the public is given an opportunity to provide comment on each of the measures under review within that program; for each measure, the lead discussants provides their evaluation of the measure before the discussion is opened up to the entire group, and advisory group members then participate in a poll to express their support in retaining a measure within a program.

Ms. Young paused for questions about the MSR process or measure review criteria. No questions were raised. Ms. Young led the advisory group through a test poll to ensure that all participants had access.

Hospital Programs

Hospital Outpatient Quality Reporting (OQR) Program Measures

Chelsea Lynch, director, NQF, provided an overview of the Hospital OQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). As each measure was discussed, Ms. Lynch provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Lynch turned the meeting over to Dr. Rask to open public comment on the measures for review within the Hospital OQR program.

Opportunity for Public Comment on Hospital OQR Program Measures

Dr. Rask reminded all participants of public commenting guidelines before opening the floor. No public comments were offered on the Hospital OQR program measures under review.

00922-C-HOQR: Left Without Being Seen

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members who responded to the survey selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes

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

Dr. Rask opened the discussion to all advisory group members and asked for clarity on the polling timing. NQF staff explained polling would be conducted following the review of each measure. Advisory group members provided comments to clarify typographical errors on the meeting materials and to note other federal agencies do employ the measure to evaluate patient wait times, although the measure is no longer endorsed.

Dr. Schreiber emphasized to advisory group members this review could include comments on measures that advisory group members would like to see in the upcoming rural emergency health quality program recently authorized by Congress.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00922-C-HOQR: Left Without Being Seen measure within the Hospital OQR program. Results are as follows: Yes – 1, No – 4, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

Following the polling, Ms. Williams-Bader asked advisory group members to provide further details on their lack of support to retain the measure. One advisory group member noted the measure could be an internal performance improvement metric but would not be useful in a national context for a public quality reporting program. Dr. Schreiber asked for additional thought in the context of a rural emergency hospital setting. An advisory group member expressed the measure could be a metric for a short period of time but noted those settings may also be low-volume facilities without many patients who leave without being seen.

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes

A lead discussant opened the dialogue on the measure by reviewing additional measure details, noting the measure is abstracted, focuses on shorter length of stay in emergency departments and is assumed to be correlated with better clinical outcomes. The measure's endorsement status was removed due to limited improvement over a 10-year period. The lead discussant noted the measure had been suggested for removal by MAP members as the MAP members considered it to be burdensome, and a higher-value measure could be implemented instead.

Dr. Rask opened the discussion to all advisory group members. Members commented some of their organizations utilize the measure for wait time throughputs in a dashboard, and the measure would be useful for internal performance measurement rather than national reporting due to a lack of linkage to quality outcomes. An advisory group member noted rural hospitals could potentially perform well on this measure and so its removal would take away one of those opportunities for higher performance, but still expressed support for removing the measure.

On behalf of the measure developer, Ms. Williams-Bader sought clarity from the Advisory Group on comments about the measure's burden provided by MAP members when selecting the measure for removal. Advisory group members did not share those concerns, noting the measure could be collected in electronic health records (EHRs).

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00930-C-HOQR: Median Time from ED Arrival to ED Departure for Discharged ED Patients measure within the Hospital OQR program. Results are as follows: Yes – 1, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities

Dr. Rask called for comments and questions from the Advisory Group. One comment was offered, noting the measure's performance lacks variation, and therefore, it is not seen as a helpful measure for performance evaluation and may not offer benefit in a rural setting.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain measure within the Hospital OQR program. Results are as follows: Yes – 0, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

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

An advisory group member commented that the use of contrast and non-contrast material is more meaningful when stratified by the reason for a CT to be ordered, and the measure does not provide sufficient information about clinical quality or actionable responses to identify quality for diagnostic imaging.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material measure within the Hospital OQR program. Results are as follows: Yes – 0, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure is duplicative of other measures within the same program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure is duplicative of other measures within the same program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

Advisory group members asked for information on other similar measures referenced in MAP member comments provided in the measure survey. Ms. Williams-Bader explained that survey respondents did not specify the measures but noted that one possibility is 02086-C-HOQR Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy, although that measure is for use after a specific procedure. One advisory group member noted several measures refer to specific adverse events after outpatient and ambulatory care center surgeries and stated those measures are advantageous for linking adverse events to specific procedures, as opposed to general hospital visits and the more general measure at hand.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery measure within the Hospital OQR program. Results are as follows: Yes – 1, No – 4, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

Dr. Schreiber requested that NQF staff include percentages when sharing the results moving forward, and NQF staff agreed.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures

Ms. Williams-Bader provided an overview of the ASCQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). As each measure was discussed, Ms. Williams-Bader provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Williams-Bader turned the meeting over to Dr. Mueller to open public comment on the measures for review within the ASCQR program.

Opportunity for Public Comment on ASCQR Program Measures

Dr. Mueller reminded all participants of public commenting guidelines before opening the floor. No public comments were offered on the ASCQR program measures.

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

Ms. Williams-Bader provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes

- Measure leads to a high level of reporting burden for reporting entities

Dr. Mueller opened the discussion to advisory group member input. Advisory group members noted the definition of “improvement” was unclear as an indicator, and one member expressed they would not utilize the measure as a basis for decision making in seeking care.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery measure within the ASCQR program. Results are as follows: Yes – 0, No – 6, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

02936-C-ASCQR: Normothermia Outcome

Ms. Williams-Bader provided an overview of the measure for review, noting the measure’s endorsement status is “not endorsed.” MAP members selected the measure for discussion based on the following criteria:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure leads to a high level of reporting burden for reporting entities

No comments were offered on the measure from the Advisory Group. Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02936-C-ASCQR: Normothermia Outcome measure within the ASCQR program. Results are as follows: Yes – 0, No – 6, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Williams-Bader provided an overview of the PCHQR program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). As each measure was discussed, Ms. Williams-Bader provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Williams-Bader turned the meeting over to Dr. Rask to open public comment on the measures for review within the PCHQR program.

Opportunity for Public Comment on PCHQR Program Measures

Dr. Rask reminded all participants of public commenting guidelines before opening the floor.

One comment was offered from the measure steward of the clinical quality measure (CQM) version of measure 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice. The steward offered the clarification that the measure being utilized in the PCHQR program is claims-based and has not yet undergone NQF evaluation for endorsement.

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

Ms. Williams-Bader provided an overview of the measure for review, noting the measure’s endorsement status is “endorsement removed.” MAP members selected the measure for discussion based on the following criteria:

- Measure is duplicative of other measures within the same program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement

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

Ms. Williams-Bader also offered several clarifications on the measure. She noted it is a new, claims-based measure developed by the Alliance for Dedicated Cancer Centers and based on an existing measure by the same name in the Merit-based Incentive Payment System (MIPS). The measure steward of the MIPS measure had notified NQF of its intention to discontinue maintenance of the measure. The new claims-based version of the measure will be implemented in the PCHQR for the first time this year.

Dr. Rask called for comments and questions from advisory group members. One member commented the metric does not allow for discernment of the reason a patient may not have accessed hospice care, and if the measure cannot discern this information, it becomes difficult to understand the impacts or any negative unintended consequences to rural populations. Another member echoed these comments and noted it is not possible to discern through the measure if patients are not being offered any services, or if the services they are offered do not qualify as hospice, which may be more of a concern in rural areas with fewer providers.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice measure within the PCHQR program. Results are as follows: Yes – 0, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

Clinician Programs

Medicare Shared Savings Program (MSSP) Measures

Ms. Lynch provided an overview of the MSSP, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). As each measure was discussed, Ms. Lynch provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Lynch turned the meeting over to Dr. Mueller to open public comment on the measures for review within the MSSP.

Opportunity for Public Comment on MSSP Measures

Dr. Mueller reminded all participants of public commenting guidelines before opening the floor. The Indian Health Service (IHS) federal liaison for the advisory group noted IHS utilizes several of the measures in its programs and offered to share details on those measures if desired during the meeting.

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities

Ms. Lynch also noted CMS will sunset the measure beginning with performance year 2025.

A lead discussant provided comments for the measure, as well as for the electronic clinical quality measure (eCQM) version of the measure to be discussed next. The lead discussant noted the measure was retired, and endorsement was removed because the steward declined to resubmit it for review. The lead discussant pointed out that if removed, the measure had no similar measure to replace it, and noted public comments had stated, due to the rise in mental illness during the COVID-19 pandemic, screening for depression should remain a priority, including in rural areas.

Dr. Mueller asked for comments and questions from advisory group members. Advisory group members raised concerns about the lack of behavioral health specialists available to rural populations, noting primary care providers who might be most likely to see these patients may be uncomfortable doing depression screenings. Additionally, primary care physicians in rural settings may be reluctant to conduct screening with no additional resources available for follow-up or referral. Advisory group members expressed a strong desire to see this topic addressed and a focus for improvement given increasing prevalence of mental health challenges across age groups but noted uncertainty as to whether the measure was the correct path forward.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan measure within the MSSP. Results are as follows: Yes – 1, No – 4, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting that the measure's endorsement status is "not endorsed." Ms. Lynch clarified while the measure was not presented in the original survey completed by MAP members, it was brought into the day's conversation so as to maintain alignment with the CQM version of the measure selected for discussion. Lead Discussants had no additions to prior statements.

Dr. Mueller opened the discussion to the Advisory Group. The IHS liaison noted that IHS has utilized the measure since 2018 and successfully reported, although the measure is not endorsed.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM) within the MSSP. Results are as follows: Yes – 2, No – 3, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

Ms. Lynch prompted the Advisory Group to share any thoughts on why their votes may have differed from the prior version of the measure. One member noted eCQMs may be less burdensome than paper-based measures and expressed this difference was enough to change the balance in its favor.

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed" but the measure is based on an endorsed measure. MAP members selected the measure for discussion based on the following criteria:

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

- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

Advisory group members were not certain rural providers, particularly in critical access hospitals or rural clinics, would be reported in the measure in the way it is currently structured due to exemptions. One advisory group member noted because the measure is not stratified by condition and because rural facilities have low case-volume challenges, there may be validity concerns for rural settings and the measure could be affected by small fluctuations. However, others commented the measure does provide a way to monitor performance and to assist in keeping patients out of the hospital past their discharge.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups measure within the MSSP. Results are as follows: Yes – 3, No – 4, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed" but the measure is based on an endorsed measure. MAP members selected the measure for discussion based on the following criteria:

- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities
- Measure leads to a high level of reporting burden for reporting entities
- Measure does not contribute to the overall goals and objectives of the program

Dr. Mueller opened the floor for advisory group discussion. One advisory group member commented the measure was critically important to make sure that a focus remains on reducing the acute exacerbation of chronic conditions but expressed concern the measure was not endorsed. Another advisory group member noted the measure did demonstrate small improvement over time.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions measure within the MSSP. Results are as follows: Yes – 4, No – 2, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

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

01246-C-MSSP: Controlling High Blood Pressure

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

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

Ms. Lynch noted the measure will be retired from the program beginning with performance year 2025.

A lead discussant reviewed the public comments provided for the measure, including two in support of keeping the measure without conditions, and one to remove the measure. Public comments supporting the measure noted the measure addresses a leading cause of cardiovascular morbidity, premature death, and chronic kidney disease. The lead discussant noted the largest challenge with the measure and its subsequent eCQM version is the measure pulls data from the last blood pressure measurement of the year, meaning the data for any patients in the numerator will always be pulled from December 31st if patients monitor their blood pressure daily. The lead discussant agreed with public comments suggesting the measure should assess time in therapeutic range as an alternative. Dissenting public comments were based on imprecise measures of control and debates about blood pressure targets. Public comments in support of keeping the measure with conditions stated the measure may have topped out and does not require validation of accuracy for measurement, and there was disagreement about the exclusion of heart failure patients and stage one hypertension patients.

Dr. Mueller opened discussion to the advisory group. Advisory group members did not agree with public comments that the measure had an exclusion for stage one hypertension patients and asked for clarification. CMS noted the measure's specifications could be shared with advisory group members at a subsequent time. Advisory group members also asked for additional details on whether the measure was endorsed. NQF staff and CMS noted at times, CMS may employ a slight variation of an endorsed measure in a program and would not consider that version of the measure endorsed.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 01246-C-MSSP: Controlling High Blood Pressure measure within the MSSP. Results are as follows: Yes – 2, No – 2, Unsure of Retaining in Proposed Program – 3. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure is the electronic version of the prior measure reviewed, 01246-C-MSSP: Controlling High Blood Pressure. The electronic version of the measure was brought forth for review to maintain alignment.

Dr. Mueller solicited input from the Advisory Group. The IHS liaison noted that IHS has employed the electronic version of the measure in several programs since 2018. No other comments were offered.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain CMS165v10: Controlling High Blood Pressure (eCQM) measure within the MSSP. Results are as follows: Yes – 3, No – 3, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

MIPS Measures

Ms. Lynch provided an overview of the MIPS program, including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). As each measure was discussed, Ms. Lynch provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Lynch turned the meeting over to Dr. Rask to open public comment on the measures for review within the MIPS program.

Opportunity for Public Comment on MIPS Measures

Dr. Rask opened the web meeting to allow for public comment for the measures nominated in the MIPS program and reminded participants of commenting guidelines.

One commenter expressed support for 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care and 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery, and more quality measures to cover the breadth of medical care in general. The commenter noted diabetic retinopathy remains the leading cause of blindness in working-age Americans, and an important gap in diabetes care is coordination of care. The commenter noted there is a lack of primary care physicians managing a patient's diabetes and eye care providers, and 00254-C-MIPS provides strong incentives for this coordination of care. The commenter expressed concerns that removal of the measure would widen performance gaps. The commenter also noted 02381-C-MIPS addresses visual acuity, critical to activities of daily living. The commenter noted the pandemic caused disruption to the volume of patients presenting to the office, and suggested more time should be given to allow more providers to participate and evaluate performance on the measure. The commenter noted the importance of the measures for health equity given the disproportionate burden of diabetes and visual outcomes after retinal repair on Black and Latino communities. Finally, the commenter strongly advised against removing quality measures that patients and providers have relied upon for many years during the upheaval of the pandemic and asked that CMS consider providing additional time for recovery in performance after the pandemic.

A second public comment was offered in support of keeping 01101-C-MIPS: Barrett's Esophagus, noting the measure does contribute to the overall goals of the MIPS program and is important for guiding patient care and improving outcomes. The commenter noted that in contrast to rationales used for the measure's selection, the measure can be reported on by practices with as few as even one pathologist.

00641-C-MIPS: Functional Outcome Assessment

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

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

Dr. Rask opened the discussion to the Advisory Group. One advisory group member expressed a lack of enthusiasm for the measure based on its lack of endorsement and comments from the survey about broadness of measurement at all visits. CMS representatives also noted the measure can be broadly applicable and requires a plan of care be completed for the functional outcome assessment. CMS also noted that while some comments referred to the measure as burdensome, the measure only requires a functional assessment every 30 days.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00641-C-MIPS: Functional Outcome Assessment measure within MIPS. Results are as follows: Yes – 0, No – 4, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

01101-C-MIPS: Barrett’s Esophagus

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “endorsement removed.” MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

Dr. Rask asked for comments or questions from the Advisory Group. The measure developer clarified endorsement was removed from the measure because the developer was unable to continue endorsement due to resource constraints, rather than the measure being rejected for endorsement. CMS staff reminded advisory group members there is a need for pathologists to participate in MIPS, and currently there is a dearth of pathology measures.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 01101-C-MIPS: Barrett’s Esophagus measure within MIPS. Results are as follows: Yes – 3, No – 4, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “not endorsed.” MAP members selected the measure for discussion based on the following criteria:

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

A lead discussant noted the measure was not endorsed and had not been reviewed by MAP. Two public comments were in support of the measure, and one was in favor of removing the measure from the program.

Dr. Rask opened the floor for discussion. CMS staff clarified that data is available for the measure, but it was not possible to access the number of groups reporting on the measure. CMS also noted the measure has a historical benchmark. An advisory group member expressed approval of the outcome measure but questioned its applicability to rural areas due to small volume concerns.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery measure within MIPS. Results are as follows: Yes – 2, No – 4, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure leads to a high level of reporting burden for reporting entities

The measure developer noted the measure initially received endorsement, but the developer was unable to pursue maintenance due to resource constraints. The developer emphasized the importance of creating a feedback loop between primary care physicians and ophthalmologists. CMS staff noted the measure had been previously proposed for removal in 2022, but due to substantial stakeholder opposition during public commenting, the measure was retained. Physicians in rural environments may not have access to EHRs, but MIPS allows physicians to select measures that are valuable to them and that they can report on, so there is an option not to select the measure if it is burdensome.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care measure within MIPS. Results are as follows: Yes – 1, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure is the electronic version of the prior measure reviewed, 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.

Dr. Rask asked advisory group members if there are any differences in how the Advisory Group view the measure from a rural perspective as compared to its non-electronic version. CMS staff reiterated strong opposition had been received when the measure was previously proposed for removal. CMS noted those comments indicated that before the measure was in place, patients were not referred until the blinding stage of the disease, and due to the low number of relevant measures for ophthalmologists to report on, it may be difficult for some specialists to find measures to report if the measure were removed.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care measure within MIPS. Results are as follows: Yes – 2, No – 6, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

Following the polling, Ms. Lynch prompted the Advisory Group to share any feedback on votes supporting removal to provide additional context to CMS staff. One advisory group member noted the lack of endorsement was a strong influence and the standards for measures should be high given small volume challenges in rural populations. The advisory group member did note since these measures are voluntarily reported in MIPS, the balance of burden and benefits for the measure would be more manageable than in other settings. Another advisory group member shared a stronger preference for outcome measures than for intermediate outcome measures that reflect standard of care or processes and reiterated the preference for endorsed measures.

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure leads to a high level of reporting burden for reporting entities

A lead discussant noted during public comment, two comments did not support retaining the measure, while one comment supported the measure under certain conditions. The lead discussant agreed with comments that the measure puts extraneous burden on the referring physician and reflects on that physician if the report is not returned. The lead discussant noted rural providers may not have the technology to receive feedback from referrals to urban centers.

CMS staff noted historical benchmarks indicate a gap in coordination of care that the measure can address to improve quality of care for patients. CMS staff also noted the MIPS program allows for different data collection methods based on clinician preference and does not penalize those who do not utilize EHR systems.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report measure within MIPS. Results are as follows: Yes – 2, No – 6, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "not endorsed." MAP members selected the measure for discussion based on the following criteria:

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

A lead discussant noted the measure had not been submitted for endorsement or evaluated for feasibility. The measure only received one public comment, which stated primary care physicians may not want to be held accountable for dental decay and cavities in patients who may have limited access to dental care. The lead discussant was not certain of the measure's purpose as an outcome, since other factors may interfere with care, such as a parent's ability to take a child to the dentist or enforce dental care at home.

CMS staff clarified the intent of the measure is to ensure clinicians are making the effort to ensure overall oral care. CMS staff noted dental caries have a high prevalence in patients aged 6-19, and the measure seeks to ensure oral care is being looked at and there is an opportunity to educate the patient population on oral care. CMS also noted there are limited measures available for dentistry, and so removal of the measure may have a larger impact.

Advisory group members asked for clarification on the denominator of the measure. CMS stated the denominator is children seen by a dentist between six months to 20 years of age. One advisory group member noted the measure would be beneficial as a health plan measure to ensure all eligible children were captured. Another advisory group member felt the denominator does not allow the measure to reveal the full picture of access to dental care, since it only represents children who already have dental care and not the children who are not coming in. An advisory group member also commented that high costs of treating tooth decay or cavities can be a barrier for accessing care, and it may not be fair to bring that accountability back to the dentist.

Dr. Rask called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 05837-E-MIPS: Children Who Have Dental Decay or Cavities measure within MIPS. Results are as follows: Yes – 0, No – 7, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

Post-Acute Care/Long-Term Care Programs

Home Health Quality Reporting Program (HH QRP) Measures

Ms. Lynch provided an overview of the HH QRP including program type, incentive structure, and goals. Details of the program can be reviewed in the [meeting slides](#) (PDF). For each measure discussed, Ms. Lynch provided an overview of the measure including the measure description, the measure endorsement status, the number of votes received during the survey nomination process by advisory and workgroup members, and the criteria and rationale selected by members during the survey nomination process.

Ms. Lynch turned to Dr. Mueller to open public comment for the measures under review in the HH QRP.

Opportunity for Public Comment on HH QRP Measures

Dr. Mueller reminded all participants of public commenting guidelines before opening the floor. No public comments were offered on the HH QRP measures.

00185-C-HHQR: Improvement in Bathing

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- Performance or improvement on the measure does not result in better patient outcomes
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

Dr. Mueller opened the discussion to advisory group members. One advisory group member asked for clarifications on use of the measure or stratifications by patient populations for whom improvement in functioning is not possible, acknowledging that for some home health patients, their health conditions will not allow for improvement over time. The measure developer noted there is an exclusion for

patients who are unable to improve and who are at their maximum possible independence at the start of care. No other exclusions are made based on conditions. CMS staff added independence may or may not be a goal of the patient and the measure assesses improvement where possible from start of care or resumption of care, but no exclusions are made to the measure based on functional goals. Another advisory group member agreed the measure could be a contributor to increased independence but noted that isolating the measure among others in home health may be challenging methodologically.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00185-C-HHQR: Improvement in Bathing measure within the HH QRP. Results are as follows: Yes – 2, No – 5, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

00187-C-HHQR: Improvement in Dyspnea

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

Dr. Mueller opened the discussion to participants. CMS staff offered a correction to feedback provided by MAP members selecting the measure, noting there is no exclusion for diagnosis of terminal illness and adding dyspnea is a useful proxy for chronic diseases that have shortness of breath as an indicator of stability. CMS staff noted home health scores on the measure are still improving over time.

An advisory group member stated the prior measure (00185-C-HHQR: Improvement in Bathing) and the current measure both look at patient improvement, self-care, and independence. The advisory group member noted the measure has lost endorsement and asked for further details on the denominator if maintained since that time. The measure developer confirmed the measure was last endorsed in 2012 and the importance of the measure was emphasized by the reviewing committee; however, the measure developer acknowledged the reviewing committee was challenged to understand how the measure would fit with CMS priorities to align measure specifications and thought a different measure could be put in place instead. The measure developer noted that a new measure has not been introduced. The measure developer also stated the denominator only contains beneficiaries who were discharged, rather than transfers or those experiencing death at home.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00187-C-HHQR: Improvement in Dyspnea measure within the HH QRP. Results are as follows: Yes – 1, No – 5, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure leads to a high level of reporting burden for reporting entities
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

A lead discussant noted rural populations perform slightly better on the measure, but similar to other measures in this program, there is no stratification for patients who cannot expect to perform this function or for whom management of oral medications is not part of their goals of care.

Another lead discussant commented the data for this measure are regularly collected through other assessments. The lead discussant added a patient's ability to independently manage oral medications reliably and safely is critical to patient safety, and this is especially important for underserved and rural populations to prevent hospitalizations and acute care.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 000189-C-HHQR: Improvement in Management of Oral Medications measure within the HH QRP. Results are as follows: Yes – 6, No – 2, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

00196-C-HHQR: Timely Initiation of Care

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

A lead discussant noted the measure lost endorsement when it was not resubmitted for maintenance. Only one public comment was submitted, supporting removal of the measure due to confusion about the measure's starting point. The commenter shared the lack of clarity on the starting point leads to inconsistent responses across agencies and questionable reliability. MAP members provided similar feedback when selecting the measure for discussion.

Dr. Mueller opened the discussion to other input from advisory group members. The measure developer noted it was reasonable to consider the measure close to topped out, but emphasized that at the low end of distribution, there are poor performers that are of interest to CMS to track. CMS staff commented the measure is not considered fully topped out by CMS standards.

An advisory group member asked for further details whether checks are in place to ensure the measure is implemented using a start date of when care is initiated. CMS acknowledged there is no validation program in place but emphasized surveyors would compare data with medical records and many home health staff are trained to report accordingly.

Another advisory group member commented the measure does seem as though it is not showing a large opportunity to improve, even if not regarded as fully topped out.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00196-C-HHQR: Timely Initiation of Care measure within the HH QRP. Results are as follows: Yes – 2, No – 7, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsement removed." MAP members selected the measure for discussion based on the following criteria:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

A lead discussant shared the measure developer did not resubmit the measure for endorsement. The lead discussant felt the measure summary indicated the measure may be topped out as performance was uniformly high and lacking in variation but was unable to confirm. The lead discussant expressed the measure addresses an important topic but is a standard of care.

An advisory group member noted MAP members had submitted survey feedback stating home health agencies may not have control over the measure topic unless immunizations are delivered to the home and was unsure about the measure's impact on home health agencies.

CMS offered clarifications to state the measure is not topped out, and the goal is to offer immunizations to patients who are not already immunized in the home health episode. The measure developer also noted the measure was not resubmitted for endorsement as there was intent to move the measure to other post-acute care settings.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 00212-C-HHQR: Influenza Immunization Received for Current Flu Season measure within the HH QRP. Results are as follows: Yes – 5, No – 2, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

01000-C-HHQR: Improvement in Bed Transferring

Ms. Lynch provided an overview of the measure for review, noting the measure's endorsement status is "endorsed." MAP members selected the measure for discussion based on the following criteria:

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

In response to MAP member survey feedback, CMS staff asked for additional information on what measures were considered duplicative with 01000-C-HHQR. NQF staff clarified that MAP members did not provide any similar measures as reference when selecting the “duplicative” criterion.

An advisory group member requested further explanation of denominator inclusions, specifically if patients need to identify improvement in bed transferring as a goal to be included. The measure developer clarified the only denominator exclusions were those individuals who died at the end of care or transferred to an inpatient facility, or those patients who indicated at the start of care that they are unable to improve on the measure.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 01000-C-HHQR: Improvement in Bed Transferring measure within the HH QRP. Results are as follows: Yes – 6, No – 2, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “not endorsed.” MAP members selected the measure for discussion based on the following criteria:

- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes
- Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

Ms. Lynch also acknowledged the measure is required by statute. Given this information, advisory group members asked how input from the group would be used, if at all. CMS staff emphasized the feedback provided could be shared with Congress but confirmed the measure would continue to be utilized in alignment with statutory mandates.

Advisory group members debated the measure’s status as a quality measure, and one member noted the measure is included in other settings and may help home health agencies stay accountable to spending that affects hospitals. CMS staff noted the measure is positively correlated with acute care hospitalization and emergency department use.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HH QRP measure within the HH QRP. Results are as follows: Yes – 5, No – 3, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “endorsed.” MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is duplicative of other measures within the same program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure does not reflect current evidence
- Measure leads to a high level of reporting burden for reporting entities
- Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

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

Ms. Lynch announced that 02944-C-HHQR is also a statutory measure for the program.

Dr. Mueller opened the discussion to participants. Advisory group members and the measure developer clarified the measure is captured by claims data, and therefore is not a reporting burden to providers, and the measure is endorsed, unlike a prior measure included in the program assessing discharge to community which may have confused MAP members during review. CMS also noted, in reference to feedback from MAP members selecting the measure, patients transitioning into managed care settings would still be receiving many of the provisions in Medicare, and the goals would remain the same.

An advisory group member noted the 30-day timeframe may be beyond the control of the home health agency, and the measure developer responded the vast majority of “unsuccessful” discharges would not reach the 30-day mark. The measure developer also noted after reviewing the data, it is not believed this timeframe adversely affects providers, and other measures in the program cover gaps in readmissions and preventable hospitalizations.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) measure within the HH QRP. Results are as follows: Yes – 6, No – 3, Unsure of Retaining in Proposed Program – 0. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “not endorsed.” MAP members selected the measure for discussion based on the following criteria:

- Measure does not contribute to the overall goals and objectives of the program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Performance or improvement on the measure does not result in better patient outcomes

Ms. Lynch stated this measure is required by statute.

Advisory group members asked for additional details on the low performance rates, which are inverse for the measure, and the measure developer acknowledged this measure covers a desired “never” event. The measure developer noted while that makes occurrences low, the measure may still have value to compare home health agencies to peers, rather than across settings. The measure developer and CMS also noted the measure has never been submitted for endorsement in this setting, although feasibility testing had been conducted. An advisory group member asked about validating patients’ self-reported data, and the measure developer confirmed some of this work had been conducted, and additional work is ongoing to validate this data against claims data.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) measure within the HH QRP. Results are as follows: Yes – 3, No – 4, Unsure of Retaining in Proposed Program – 2. Full polling results can be found in [Appendix B](#).

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

Ms. Lynch provided an overview of the measure for review, noting the measure’s endorsement status is “not endorsed.” MAP members selected the measure for discussion based on the following criteria:

- Measure is duplicative of other measures within the same program
- Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
- Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
- Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

Ms. Lynch clarified the measure is statutory for the program.

Advisory group members noted the lack of endorsement was an important barrier to supporting the measure given accurate reporting of patient discharge functional assessments can be challenging. The measure developer clarified the measure has never been submitted for endorsement and acknowledged addressing patient function is best done through outcome, rather than process measures. The measure developer noted work is underway to create a strong cross-setting outcome measure to address functional status in post-acute care settings. Advisory group members shared appreciation for the work underway.

Dr. Mueller called on NQF staff to open polling on the measure. NQF staff polled the Advisory Group on their support to retain 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure within the HH QRP. Results are as follows: Yes – 0, No – 8, Unsure of Retaining in Proposed Program – 1. Full polling results can be found in [Appendix B](#).

Public Comment

Dr. Rask reminded all participants of public commenting guidelines before opening the discussion for final public comments. No public comments were offered.

MAP Rural Health Advisory Group Feedback on MSR Process

Ms. Williams-Bader solicited input from the Advisory Group on the overall experience and processes of MSR, including both successes and areas for improvement. Advisory group members participated in a brief poll to explore their satisfaction with the MSR survey for nominating measures and the advisory group measure review before opening a larger discussion. Full results from the poll can be viewed in [Appendix C](#).

Advisory group members appreciated receiving review materials well in advance of the meeting and the input provided by developers during the event. The formatting of the materials was also useful to participants, including dropdown menus on the survey.

Advisory group members noted it would be helpful to have additional information to complete the pre-meeting survey to select measures for discussion. Information such as performance rates could be helpful. It was also noted the volume of measures felt large, and advisory group members suggested implementing some parameters to ensure the workload would be more manageable.

Advisory group members also shared comments regarding the use of MRC in the surveys. During the course of the day, members felt some of the criteria used to justify a measure's selection were not always accurate or did not include complete information. (For example, MAP members may have selected criteria indicating a measure was duplicative, but without providing further information about what other similar measures exist.) This was confusing for evaluation, because advisory group members were regarding the presented criteria as facts, rather than as opinions of the individuals selecting the

measure. Advisory group members commented the criteria were helpful guidelines, but additional specificity and details are needed.

Ms. Williams-Bader asked if there were any criteria that were particularly useful to maintain. One advisory group member noted endorsement status remains critical, as it tells MAP members to some degree how accurate and valid each measure is, and if it is worth the energy to collect. However, advisory group members agreed additional contextual information about endorsement would be useful. For example, if a measure is not endorsed, it would be helpful to know if it had been rejected from endorsement, or simply never submitted. If a measure lost endorsement, it would be useful to clarify if that was due to the measure's performance, or if a developer or steward has simply chosen not to pursue further endorsement. Advisory group members also noted for the rural health perspective, information on unintended consequences remains critical.

Next Steps

Gus Zimmerman, Associate, NQF, reviewed the timeline of upcoming activities for the 2022 MSR. Mr. Zimmerman noted that the MAP [Health Equity Advisory Group](#) would be meeting later that week, and the MAP Workgroups ([Hospital](#), [Clinician](#), and [Post-Acute Care/Long-Term Care](#)) would be meeting between June 22, 2022, and June 30, 2022. The MAP [Coordinating Committee](#) MSR meeting will take place in late August following a second public commenting period between July 22-August 5, 2022. All MAP events can be accessed through the relevant project pages. The final Recommendations Report will be published on September 22, 2022.

Dr. Mueller, Dr. Rath, and Ms. Williams-Bader thanked all participants for their time and contributions to the day's discussions and adjourned the meeting.

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

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

Co-chairs

- Kimberly Rask, MD, PhD, FACP
- Keith Mueller, PhD

Organizational Members

- American Academy of Physician Assistants
- American Society of Health-System Pharmacists
- Lifepoint Health
- Minnesota Community Measurement
- National Rural Health Association

Individual Subject Matter Experts (SMEs)

- Cody Mullen, PhD
- Jessica Schumacher, PhD, MS

Appendix B: Full Polling Results

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

Measure Name	Program	Yes (N/%)	No (N/%)	Unsure of Retaining in Proposed Program	Total (N/%)
00922-C-HOQR: Left Without Being Seen	Hospital Outpatient Quality Reporting (OQR) Program	1 (17%)	4 (66%)	1 (17%)	6 (100%)
00930-C-HOQR: Median time from ED Arrival to ED Departure for Discharged ED patients	Hospital OQR Program	1 (12%)	7 (88%)	0 (0%)	8 (100%)
00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain	Hospital OQR Program	0 (0%)	7 (100%)	0 (0%)	7 (100%)
02599-C-HOQR: Abdomen Computed Tomography (CT)—Use of Contrast Material	Hospital OQR Program	0 (0%)	7 (100%)	0 (0%)	7 (100%)
02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery	Hospital OQR Program	1 (17%)	4 (66%)	1 (17%)	6 (100%)
01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Ambulatory Surgical Center Quality Reporting (ASCQR) Program	0 (0%)	6 (100%)	0 (0%)	6 (100%)
02936-C-ASCQR: Normothermia Outcome	ASCQR Program	0 (0%)	6 (86%)	1 (14%)	7 (100%)
05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice	Prospective Payment System-Exempt Cancer Hospital Quality Reporting PCHQR) Program	0 (0%)	7 (100%)	0 (0%)	7 (100%)
00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Medicare Shared Savings Program (MSSP)	1 (14%)	4 (57%)	2 (29%)	7 (100%)

Measure Name	Program	Yes (N/%)	No (N/%)	Unsure of Retaining in Proposed Program	Total (N/%)
eCQM ID:CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM)	MSSP	2 (28%)	3 (43%)	2 (28%)	7 (100%)
06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	MSSP	3 (43%)	4 (57%)	0 (0%)	7 (100%)
02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	MSSP	4 (57%)	2 (29%)	1 (14%)	7 (100%)
Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey	MSSP	N/A	N/A	N/A	N/A
01246-C-MSSP: Controlling High Blood Pressure	MSSP	2 (28%)	2 (28%)	3 (43%)	7 (100%)
eCQM ID:CMS165v10: Controlling High Blood Pressure (eCQM)	MSSP	3 (43%)	3 (43%)	1 (14%)	7 (100%)
00641-C-MIPS: Functional Outcome Assessment	Merit-based Incentive Payment System (MIPS)	0 (0%)	4 (66%)	2 (34%)	6 (100%)
01101-C-MIPS: Barrett's Esophagus	MIPS	3 (38%)	4 (50%)	1 (12%)	8 (100%)
02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	MIPS	2 (25%)	4 (50%)	2 (25%)	8 (100%)

Measure Name	Program	Yes (N/%)	No (N/%)	Unsure of Retaining in Proposed Program	Total (N/%)
00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	MIPS	1 (12%)	7 (88%)	0 (0%)	8 (100%)
05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM)	MIPS	2 (25%)	6 (75%)	0 (0%)	8 (100%)
05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report (eCQM)	MIPS	2 (22%)	6 (67%)	1 (11%)	9 (100%)
05837-E-MIPS: Children Who Have Dental Decay or Cavities (eCQM)	MIPS	0 (0%)	7 (88%)	1 (12%)	8 (100%)
00185-C-HHQR: Improvement in Bathing	Home Health Quality Reporting Program (HH QRP)	2 (25%)	5 (63%)	1 (12%)	8 (100%)
00187-C-HHQR: Improvement in Dyspnea	HH QRP	1 (14%)	5 (72%)	1 (14%)	7 (100%)
00189-C-HHQR: Improvement in Management of Oral Medications	HH QRP	6 (75%)	2 (25%)	0 (0%)	8 (100%)
00196-C-HHQR: Timely Initiation of Care	HH QRP	2 (22%)	7 (78%)	0 (0%)	9 (100%)
00212-C-HHQR: Influenza Immunization Received for Current Flu Season	HH QRP	5 (63%)	2 (25%)	1 (12%)	8 (100%)
01000-C-HHQR: Improvement in Bed Transferring	HH QRP	6 (67%)	2 (22%)	1 (11%)	9 (100%)

Measure Name	Program	Yes (N/%)	No (N/%)	Unsure of Retaining in Proposed Program	Total (N/%)
02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP	HH QRP	5 (56%)	3 (33%)	1 (11%)	9 (100%)
02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	HH QRP	6 (67%)	3 (33%)	0 (0%)	9 (100%)
03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	HH QRP	3 (33%)	4 (45%)	2 (22%)	9 (100%)
05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	HH QRP	0 (0%)	8 (88%)	1 (11%)	9 (100%)

Appendix C: MSR Process Feedback Polling Results

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

Poll Question	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Total
The MSR survey to nominate measures for discussion worked well	0	1	1	3	1	6
I had what I needed to respond to the MSR survey	0	1	1	3	0	5
The advisory group review of the measures under review worked well	0	0	1	3	1	5