



MAP Rural Health Workgroup Orientation to the 2020-2021 Pre-Rulemaking Process Web Meeting

The National Quality Forum (NQF) convened a public web meeting for members of the Measures Application Partnership (MAP) Rural Health Workgroup on September 18, 2020.

Welcome, Introductions, and Review of Web Meeting Objectives

Chelsea Lynch, NQF Director, began by welcoming participants to the web meeting. Sheri Winsper, NQF's Senior Vice President, and Co-chairs Dr. Ira Moscovice and Dr. Aaron Garman also provided opening remarks to the group.

Ms. Lynch reviewed the meeting agenda and meeting objectives:

- Orientation to the 2020-2021 MAP pre-rulemaking activities
- Overview of programs under consideration
- Overview of the MAP Rural Health Workgroup's role in pre-rulemaking

Amy Guo, NQF Analyst, facilitated the roll call.

Dr. Reena Duseja, Chief Medical Officer of Quality Measurement and Value-Based Incentives Group at the Centers for Medicare and Medicaid Services (CMS), also provided opening remarks. Dr. Duseja provided a brief overview of the MAP and shared that while considering measures, Workgroup members should consider whether they are appropriate for use in federal programs, whether the measures are impactful and will motivate improvement, whether the measures are aligned with important clinical questions and priorities, and whether they reduce reporting burden. Dr. Duseja thanked the Workgroup for their participation in the MAP pre-rulemaking process.

Overview of the MAP and the Pre-Rulemaking Process

Ms. Lynch provided an overview of the MAP and the pre-rulemaking process. The Affordable Care Act requires the Department of Health and Human Services (HHS) to contract with a consensus-based entity (e.g., NQF) to convene multi-stakeholder groups to provide input on the selection of measures for public reporting, payment, and other programs. The MAP serves four main roles, which are to inform the selection of performance measures, provide input to HHS on selection of measures for federal programs, identify measure gaps, and encourage measurement alignment.

The MAP provides this feedback through the pre-rulemaking process. This occurs prior to the rulemaking process, during which Congress sets policy mandates, the public provides comments, and the rule is finalized with any modifications. During the pre-rulemaking process, CMS selects measures under consideration for use in federal programs. The MAP reviews the list of measures and advises which measures are recommended or not recommended for use in specific programs. CMS considers these recommendations before proposing final rules. As part of the pre-rulemaking process, CMS also receives input on measure priorities and needs for measure development. Pre-rulemaking provides value because multistakeholder input and consensus-building enables proposed laws to be "closer to

the mark.” The process also reduces effort needed by individual stakeholder groups to submit official comments on proposed rules.

The MAP structure includes an overarching Coordinating Committee which provides final recommendations to CMS and sets the MAP’s overall strategy. The Coordinating Committee’s recommendations reflect input from the Hospital, Clinician, Post-Acute Care/Long-Term Care (PAC/LTC), and Rural Health Workgroups. Committee and Workgroup membership includes organizational representatives, individual subject matter experts, and non-voting federal government liaisons.

Creation of the Measures Under Consideration (MUC) List

Nicolette Mehas, NQF Director, provided an overview of the process by which CMS creates the Measures Under Consideration (MUC) list. The pre-rulemaking process is supported by the CMS Center for Clinical Standards and Quality. To select measures for the MUC list, CMS considers the following criteria: alignment with Meaningful Measures and gap areas, measure type (outcome, patient-reported, and digital measures preferred), reporting burden, completeness of measure specifications (NQF endorsement is preferred, but not absolutely necessary), feasibility, and alignment across programs.

Dr. Mehas provided a broad overview of the 2020-2021 pre-rulemaking timeline, including submissions of new candidate measures between January 2020 and July 2020; stakeholder education and outreach in April 2020; meeting of federal stakeholders in August 2020; release of the MUC list by December 1, 2020; the MAP Workgroup meetings in December 2020; the MAP Coordinating Committee meeting in January 2021; and the MAP recommendations published before February 1, 2021. The approach to the analysis and selection of measures as part of pre-rulemaking includes evaluating MUCs for what they would add to the program measure set as well as identifying and prioritizing gaps for programs and settings.

Setting-Specific Workgroups and Associated Federal Programs

Samuel Stolpe, NQF Senior Director, reviewed the charge for the MAP Coordinating Committee, which has oversight over the entire MAP process. The MAP Coordinating Committee sets the strategic direction and ensures that process and procedures are aligned across the MAP setting-specific workgroups.

Matthew Pickering, NQF Senior Director, reviewed the charge for the MAP Hospital Workgroup. The Hospital Workgroup reviews measures for ten programs:

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

Dr. Stolpe reviewed the charge for the MAP Clinician Workgroup. The Clinician Workgroup reviews measures for three programs:

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

Finally, Amy Moyer, NQF Director, reviewed the charge for the MAP PAC/LTC Workgroup. The PAC/LTC Workgroup reviews measures for six programs:

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

Role of the MAP Rural Health Workgroup in the 2020-2021 Pre-Rulemaking Process

Ms. Lynch reviewed the charge of the MAP Rural Health Workgroup. The MAP Rural Health Workgroup will provide timely input on measurement issues and will provide a rural perspective on the measures being considered by the other setting-specific MAP Workgroups. During the 2020-2021 cycle, the Rural Health Workgroup will hold three meetings, one meeting to review the MUCs for each of the three other MAP Workgroups, in early December after the MUC list is released and preliminary analyses for each MUC (developed by NQF staff) have been provided.

Lead discussants will be assigned for each MUC prior to the meetings. NQF staff will open the review of the MUCs by describing the program in which the MUCs are being proposed for inclusion. The lead discussants will then summarize the measure and offer initial thoughts on inclusion of the measure before the entire Workgroup discusses 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; and potential unintended consequences of inclusion in specific programs.

A Workgroup member asked when information on the lead discussant assignments and expectations would be provided. Ms. Lynch shared that the NQF team plans to send out lead discussant assignments and instructions when the MUC list is released on December 1. The NQF team will try to align lead discussant measure assignments with Workgroup member expertise and experience.

The MAP Rural Health Workgroup's input will be provided to the other setting-specific Workgroups through a qualitative summary of the discussion and voting results, as well as attendance of Rural Health Workgroup liaisons at the setting-specific Workgroup meetings on December 17.

Public Comment

Ms. Lynch opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Guo shared a recap of the MAP timeline, including release of the MUC list and schedule of upcoming meetings. The MAP Rural Health Workgroup meetings will be on December 4, 7, and 9, and then liaisons from the Rural Health Workgroup will attend the Clinician, Hospital, and PAC/LTC Workgroup meetings on December 17. The CMS Measurement Needs and Priorities Document and the MAP Member Guidebook are available on the Committee SharePoint page. Finally, a reminder email for Disclosure of

Interest (DOI) forms will be sent in the following week. The Workgroup member DOIs should be completed and submitted as soon as possible.