NATIONAL QUALITY FORUM
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Meeting Summary

Measure Applications Partnership Rural Health Advisory Group Virtual Review Meeting

The National Quality Forum (NQF) convened a public virtual meeting for members of the Measure Applications Partnership (MAP) Rural Health Advisory Group on December 8, 2021. There were 229 attendees at the meeting, including Advisory Group members, NQF staff, government representatives, measure developers and stewards, and members of the public.

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

Chelsea Lynch, NQF Director, welcomed participants to the virtual meeting and reviewed housekeeping reminders and the agenda for the meeting. Ms. Lynch introduced Dana Gelb Safran, NQF President and Chief Executive Officer, to provide opening remarks.

Ms. Lynch proceeded to introduce Advisory Group Co-chairs, Kimberly Rask and Keith Mueller, to provide additional opening remarks.

Ms. Lynch and Victoria Freire, NQF Analyst, facilitated introductions and disclosures of interest from members of the MAP Rural Health Advisory Group. 19 of 22 Advisory Group members were present (see Appendix A for detailed attendance). There were no recusals declared from the Advisory Group members. Ms. Lynch reminded the Advisory Group that conflicts of interest should be declared during the meeting, and any undisclosed conflicts of interest or biased conduct can be reported to the co-chairs or NQF staff.

Ms. Lynch also introduced the NQF team and CMS staff supporting the MAP Rural Health Advisory Group activities and reviewed the meeting objectives:

- Review and provide input on measures under consideration for the MAP Clinician, MAP Hospital, and MAP Post-Acute Care/Long-Term Care (PAC/LTC) programs from the rural perspective
- Identify measure gaps for the MAP Clinician, MAP Hospital, and MAP PAC/LTC programs

CMS Opening Remarks

Tamyra Garcia, Deputy Director, Quality Measurement and Value-Based Incentives Group (QMVIG) welcomed the MAP Rural Health Advisory Group and reviewed the charges set forth to the Advisory Group members. Ms. Garcia also highlighted CMS' key focus areas for quality:

- COVID-19 and other public health emergencies (PHE)
- Equity, including improving access and outcomes, ensuring timely and appropriate referrals, and ensuring patients have equitable experience
- Maternal health and safety
- Mental health
- Resiliency and emergency preparedness

- Safety, including patient safety and workforce safety
- Digital transformation
- Climate change
- Value

Ms. Garcia described upcoming initiatives in rural health These initiatives include the digital transformation of healthcare (e.g., telehealth, access to broadband, etc.), rural emergency hospital program, an automatic extreme and uncontrollable circumstances (EUC) policy for 2021 Merit-based Incentive Payment System (MIPS), and the MIPS transformation to MIPS Value Pathways.

Overview of Pre-Rulemaking Approach

Amy Guo, NQF Manager, provided an overview of the role of the MAP Rural Health Advisory Group in the pre-rulemaking process. The MAP Rural Health Advisory Group is charged with providing rural perspectives on the measures under consideration to the setting-specific MAP Workgroups and Committees (MAP Clinician, MAP Hospital, MAP PAC/LTC, and MAP Coordinating Committees). The MAP Rural Health Advisory Group also addresses priority rural health issues such as low case-volume.

Ms. Guo shared that the feedback from the MAP Rural Health Advisory Group virtual review meeting will be provided to the setting-specific Workgroups by incorporating a qualitative summary and polling results on each measure's suitability for rural use into the preliminary analysis documents. A summary of the MAP Rural Health Advisory Group's discussion and polling results will be shared for each measure under consideration at the setting-specific Workgroup meetings on December 14 (MAP Clinician), December 15 (MAP Hospital), and December 16 (MAP PAC/LTC).

Finally, Ms. Guo shared the process for discussing each measure under consideration:

1. NQF staff describes the program for which the measure is being proposed.
2. NQF staff summarizes the measure and lead discussants offer initial thoughts about inclusion of the measure into the program.
3. Advisory Group discusses the measure regarding:
    a. Relative priority/utility in terms of access, cost, or quality issues encountered by rural residents;
    b. Data collection and/or reporting challenges for rural providers;
    c. Methodological problems of calculating performance measures for small rural facilities; and
    d. Potential unintended consequences of inclusion in specific programs.
4. Advisory Group answers a polling question on agreement that the measure is suitable for use with rural providers within the specific program of interest (score from 1-5, where a 5 reflects agreement that the measure is highly suitable for the program)
5. Advisory Group discusses gap areas in measurement relevant to rural residents/providers for the specific program

Measures Under Consideration

Clinician Programs - Merit-Based Incentive Payment System (MIPS) Program Measures

Ms. Lynch shared that the Advisory Group would begin discussion with the measures under consideration for Clinician programs. For 2021-2022, measures are being considered for use in the MIPS program and the Medicare Parts C & D Star Ratings.

Ms. Lynch shared that the MIPS program is a quality payment program. The incentive structure is pay-for-performance and weights quality, interoperability, improvement, and cost categories to generate a final score used to adjust payment for eligible clinicians. MIPS is intended to improve patient outcomes for fee-for-service Medicare and reward innovative, high-value patient care.

MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity

Lead discussants noted that the intention of the measure might not be reflected in data collection results and expressed concern about how the measure would account for low case volume and lack of statistical equity. Other MAP members noted that because the measure is clinician-reported and voluntary, the measure could present issues with providers with low-case volumes. MAP members also noted that the measure is not NQF endorsed.

The Advisory Group polled on the suitability of this measure for use with rural providers in MIPS using a range from 1-5, where a higher score indicates stronger agreement that the measure is suitable for rural providers. The average score was 4.1, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers. Additional details of the polling results for each measure under consideration can be found in Appendix B.

MUC2021-135: Dermatitis – Improvement in Patient-Reported Itch Severity

MAP members commented on the similarity of this measure with the prior MUC2021-125 measure. MAP members expressed that the same comments and concerns for MUC2021-125 applied to this measure.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 4.3, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)

Lead discussants expressed concern over how the measure would be administered and whether the data was risk-adjusted for body mass index (BMI). Lead discussants also questioned whether something could be added to measure expectations and goals and whether physical therapists (PTs) could be included in the measure. MAP members highlighted that the measure focuses on the communication between a patient and their provider, noting that even a terrible surgical outcome could result in positive scores on the survey. The measure developer noted that the patient survey was administered pre- and post- surgery to compare data and used multiple modalities (i.e., electronic health records (EHRs), patient portals, paper forms). The measure developer highlighted that the measure would encourage providers to have conversations with patients on outcome expectations with a focus on patient-centered care. The measure developer noted that the measure was risk-adjusted for gender, race, and BMI.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.6, indicating that the Advisory Group agreed the measure was suitable for use with rural providers.

MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Prior to discussion the measure, Minnesota Community Measurement noted that they steward several patient-reported outcome-based performance measures (PRO-PMs). Lead discussants expressed minor

concerns on measure specifications but stated that the measure had good rural applications. MAP members questioned whether the combined total hip arthroplasty (THA) and total knee arthroplasty (TKA) data was risk-adjusted for social determinants of health (SDOH) risk factors or job type, noting that those living in rural areas work mostly in manual labor. The measure developer clarified that the measure includes the post-operative window and is risk-adjusted for race, dual enrollment, identified chronic pain, and health literacy. Another MAP member noted the potential unintended consequence of patient selection by providers in urban areas as patients from rural communities may have inadequate access to post-surgical care.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.3, indicating that the Advisory Group was neutral on the suitability of the measure from a rural perspective.

MUC2021-090: Kidney Health Evaluation

Lead discussants noted that the measure was of clinical importance, especially in rural communities with high rates of chronic kidney disease. Lead discussants expressed clinics in rural areas may not have proper lab equipment and might have difficulty with the measure. The measure developer clarified that the measure would be replacing the current nephrology measure and the measure will be submitted for NQF endorsement.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.5, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

Lead discussants were supportive of this measure, noting little administrative burden on rural providers. MAP members agreed that comments for MUC2021-090, including its clinical importance, carried over to the discussion for this measure, as both measures address the important and rural-relevant topic of chronic kidney disease. A MAP member questioned whether the measure rates demonstrated an opportunity for improvement, and the measure developer clarified that the National Health and Nutrition Examination Survey (NHANES) data showed only 40% of patients with chronic kidney disease were taking an angiotensin converting enzyme inhibitor or angiotensin receptor blocker therapy, showing an opportunity for improvement. The measure developer also noted that the measure would be submitted for NQF endorsement in 2022.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 4.1, indicating that the Advisory Group agreed the measure was suitable for use with rural providers.

MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

Lead discussants noted that patients in rural communities are less likely to receive on-site pathology testing and the data reporting for this measure would be difficult for rural providers. Lead discussants also noted that most rural providers send out pathology reports to labs in surrounding urban areas and may wait weeks for results. The measure developer clarified that the measure was developed to assess the inclusion of a recommendation for patient testing for colorectal carcinoma, endometrial, gastroesophageal, or small bowel carcinoma and not to assess the reporting of the pathology testing results to providers.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.6, indicating that the Advisory Group agreed the measure was suitable for use with rural providers.

MUC2021-058: Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors

Lead discussants expressed concern about this measure from the rural perspective, especially for providers with low case volume. Lead discussants noted that rural providers might have problems with the data collection or reporting for this measure due to the specialized nature of the measure. The measure developers highlighted that the measure was developed to increase accessibility to medications for cancer patients in communities outside of academic medical campuses. A MAP member commented that the measure specification includes data collected through data sources defined in EHRs, so rural providers would need additional time to implement changes. Another MAP member expressed concern about the availability of data for the grading of diarrhea or colitis in progress notes which would require chart abstraction.

The Advisory Group polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.2, indicating that the Advisory Group was neutral on the suitability of the measure from a rural perspective.

Clinician Programs - Medicare Parts C & D Star Ratings

Ms. Lynch shared that the Medicare Part C and D Star Ratings is a quality payment program and used for public reporting. For Medicare Advantage, the incentive structure is public reporting with quality bonus payments, and, for stand-alone prescription drug plans, the incentive structure is public reporting. The goals of this program are to provide information about plan quality and performance indicators to beneficiaries to help them make informed plan choices and to incentivize high performing plans.

MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)

Lead discussants agreed the measure was clinically important and there was a high need for safe prescribing in rural areas. Lead discussants noted that the measure would be a low burden on providers as data for the measure would be collected directly from administrative data for Plan D beneficiaries. A MAP member asked about the measure's harmonization within the Star Ratings program. The measure developer noted that the measure would increase alignment across the program and reduced burden.

The Advisory Group polled on the suitability of this measure for inclusion in the Part C & D program. The average score was 4.4, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

Lead discussants agreed the measure was clinically important and were not aware of higher rates of using multiple anticholinergic medications in older adults in rural areas compared to urban areas. However, lead discussants noted that cognitive decline in older adults could result in additional patient care in the inpatient setting. MAP members questioned whether the measure included common anticholinergic medications found over the counter (OTC) and if data was collected from nursing homes. Lead discussants also noted that the measure was not NQF endorsed. The measure developer clarified that OTC medications were not included in the measure, as this measure would be calculated using Part D claims data; the developer emphasized that the measure numbers would be conservative and the

burden could be higher than indicated by claims. The measure developer also clarified that some nursing home data would be captured, depending on patient length of stay and Part D payer status.

The Advisory Group polled on the suitability of this measure for inclusion in the Part C & D program. The average score was 4.0, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-066: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)

Lead discussants expressed similar concerns to MUC2021-056, questioning whether data from nursing home stays would be included in the measure. One lead discussant also expressed concern over the burden for rural providers and their ability to provide data. The measure developer reiterated that the measure was reported on a plan level, not the provider level. A representative from CMS clarified that data collected from nursing homes is limited to those being prescribed the specified medications in the measure by Part D.

The Advisory Group polled on the suitability of this measure for inclusion in the Part C & D program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

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

Ms. Lynch shared that in the 2021-2022 pre-rulemaking cycle, measures are being considered for use in the following Hospital programs: End-Stage Renal Disease Quality Incentive Program (ESRD QIP), Hospital Inpatient Quality Reporting Program (Hospital IQR Program), and PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR).

Ms. Lynch shared that ESRD QIP is a pay-for-performance and public reporting program. Dialysis facilities that do not meet required total performance scores have their payments reduced up to a maximum of 2.0 percent per year. The goal of the program is to improve the quality of dialysis care and produce better outcomes for beneficiaries.

MUC2021-101: Standardized Readmission Ratio (SRR) for Dialysis Facilities

Lead discussants noted that the measure failed NQF endorsement but highlighted that the measure is crucial for patients. A MAP member asked for information on why the measure failed endorsement. Ms. Lynch clarified that the measure failed endorsement based on validity; there were no further questions on endorsement from the Advisory Group. A MAP member in the chat asked whether readmission was limited to renal failure or all patient readmissions. Other MAP members clarified that the measure description includes unplanned admissions. The measure developer clarified that the measure is an all-cost measure which does not limit the measure to renal-related readmissions only.

The Advisory Group polled on the suitability of this measure for inclusion in the ESRD QIP program. The average score was 3.3, indicating that the Advisory Group was neutral on the suitability of the measure from a rural perspective.

Hospital Programs - Hospital Inpatient Quality Reporting Program (Hospital IQR)

Ms. Lynch shared that the Hospital IQR Program is a pay-for-reporting and public reporting program. Hospitals that do not participate or fail to meet program requirements receive a one-fourth reduction of the applicable percentage increase in their annual payment update. The program is intended to shift towards paying providers based on quality rather than quantity, as well as provide consumers information about hospital quality to guide their choices about their care.

MUC2021-106: Hospital Commitment to Health Equity

Lead discussants agreed that the measure for the promotion of health equity is crucial. However, there is concern about the lack of evidence in the literature that links the elements of the measure to clinical outcomes. The lead discussants were also unsure on how hospitals would report and be scored on the measure. A MAP member in the chat asked whether the measure would allow for reporting on existing platforms or require the use of a new platform. MAP members commented that it is a structure measure so facilities would be scored on if they reported and not necessary what they were reporting. One of the lead discussants noted that the measure should also be included when ranking national 'Best Hospitals'. The measure developers clarified that this measure intends to address health disparities and SDOH to advance health equity.

The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-122: Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)

MAP members noted that the measure was appropriate but not necessarily rural-relevant, since a patient in the rural setting would be transferred to a hospital that could accommodate the procedure. No additional comments were provided from the MAP members.

The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR program. The average score was 3.7, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-120: Hospital-Level, Risk-Standardized Payment Associated with an Episode of Care for Primary Elective Total Hip and/or Total Knee Arthroplasty (THA/TKA)

Lead discussants noted that the measure is fully developed and is an update to an existing measure, adding 26 International Classification of Diseases, 10th Revision (ICD-10) codes to the definition of mechanical complications. Lead discussants expressed concern over the potential unintended consequence of patient-selection by some facilities where the patients could not be cared for. One of the lead discussants also noted that one of the measure's exclusions was patient transfers, which could exclude rural patients from the data since this specific type of care would usually require facility transfer. One MAP member noted this exclusion would not be considered a criticism; by design, CAHs are not intended to treat acute patients.

The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

Hospital Programs - PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)

Ms. Lynch shared a brief overview on the PPS-Exempt Cancer Hospital Quality Reporting program, a voluntary quality reporting program where the data are published on Hospital Compare. The goal of the program is to provide information about the quality of care in cancer hospitals, particularly the 11 cancer hospitals that are except from the Inpatient Perspective Payment System and Inpatient Quality Reporting Program and encourage hospital and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices.

MUC2021-091: Appropriate Treatment for Patients with Stage I (T1c) Through III HER2 Positive Breast Cancer

Lead discussants noted that the measure could be difficult for rural providers if they do not typically treat breast cancer and are not familiar with the extensive treatments. Another lead discussant commented that due to the focus on oral cancer treatments, the measure could encourage rural providers to initiate treatment in rural areas. The measure developer clarified that the measure focused on chemotherapies and medications rather than radiation, which could be difficult for rural providers.

The Advisory Group polled on the suitability of this measure for inclusion in the PCHQR program. The average score was 3.4, indicating that the Advisory Group was neutral on the suitability of the measure from a rural perspective.

PAC/LTC Programs - Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Ms. Lynch shared that in the 2021-2022 pre-rulemaking cycle, measures are being considered for use in the following PAC/LTC programs: Skilled Nursing Facility Quality Reporting Program (SNF QRP) and Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program.

Ms. Lynch shared that the SNF QRP is a pay-for-reporting and public reporting program. In the program, skilled nursing facilities that do not submit required quality data will have their annual payment update reduced by 2.0 percent. The program is intended to increase transparency for patients.

MUC2021-123: Influenza Vaccination Coverage Among Healthcare Personnel

Lead discussants agreed that the measure was straightforward, minimally burdensome, and of clinical value, especially in the current COVID-19 pandemic. A MAP member in the chat asked whether the measure would include the COVID-19 vaccination given the ongoing pandemic and the measure developer clarified that the measure was specific to the influenza vaccination. Several other MAP members in the chat voiced their support for the inclusion of the COVID-19 vaccination or a measure similar for healthcare personnel. One MAP member cited that there is correlation between higher healthcare personnel vaccination rates and healthier facilities.

The Advisory Group polled on the suitability of this measure for inclusion in the SNF QRP program. The average score was 4.5, indicating that the Advisory Group strongly agreed that the measure was suitable for use with rural providers.

PAC/LTC Programs - Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

Ms. Lynch shared a brief overview on the SNF VBP program. This program awards incentive payments to skilled nursing facilities (SNF) based on a single all-cause readmission measure that was mandated by the Protecting Access to Medicare Act of 2014. The SNF's performance period risk-standardized readmission rates are compared to both their past performance to calculate an improvement score and the National SNF performance during the baseline period to calculate an achievement score. The higher of the two scores become the SNF's performance score. If the SNF has less than 25 eligible stays during the baseline period only the achievement score will be calculated. If the SNF has less than 25 eligible stays during the performance period they will be held harmless. The goals of the program are to transform how care is paid for, moving increasingly towards rewarding better value, outcomes, and innovations instead of quantity of services and linking payments to performance on a single readmission measure.

MUC2021-095: CoreQ: Short Stay Discharge Measure

Lead discussant noted that the measure is applicable to rural settings and is not burdensome to implement for providers. A MAP member questioned whether the measure was NQF endorsed, and Ms. Lynch confirmed that the measure is NQF endorsed.

The Advisory Group polled on the suitability of this measure for inclusion in the SNF VBP program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-130: Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)

Prior to the discussion on the measure, the measure developer provided a brief update to the measure specifications. The measure developers noted that they had updates to the split-sample reliability testing data, which did not change the outcomes of the measure.

Lead discussant noted that the measure has no additional administrative burden and no reported unintended consequences for rural providers. Lead discussants expressed concern about access to care for patients in rural communities with limited resources and the potential disadvantage for rural providers. MAP members noted that the measure was not risk-adjusted for geographic location or distance from patient to provider.

The Advisory Group polled on the suitability of this measure for inclusion in the SNF VBP program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-124: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization

Lead discussants expressed the value of the measure and the importance to reduce healthcare-associated infections (HAIs). A MAP member questioned whether the measure was NQF endorsed. The measure developer clarified that the measure was recently developed and would be submitted for NQF endorsement. One MAP member in the chat raised the issue of low volume in small rural sites, that could have two infections with a 1.5 predicted infections and therefore would have a higher standardized infection ratio (SIR) than a large SNF with 15 infections and 13 predicted infections. The measure developer clarified that the measure was not an SIR.

The Advisory Group polled on the suitability of this measure for inclusion in the SNF VBP program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers.

MUC2021-137: Total Nursing Hours Per Resident Day

Lead discussants commented on the overall importance of the measure, citing staffing issues across all SNFs but noted that the measure was not rural-specific. MAP members noted that there is often a need to rely on unlicensed staff to fill gaps in staffing matrices and the measure could provide the data on those staffing needs. It was clarified that the measure numerator includes both licensed (i.e., registered nurses and licensed practical nurses) and unlicensed staff. A MAP member in the chat asked for clarification on the intention of the measure, given that SNFs in both urban and rural areas would have staffing issues.

The Advisory Group polled on the suitability of this measure for inclusion in the SNF VBP program. The average score was 3.0, indicating that the Advisory Group was neutral on the suitability of the measure from a rural perspective.

Measures Proposed for Multiple Programs

Ms. Lynch transitioned to measures being considered for multiple programs. Ms. Lynch noted that if the Advisory Group is in consensus, members can submit one poll on the measure and carry forward the polling results for all other programs where the measure is being considered.

MUC2021-136: Screening for Social Drivers of Health

Lead discussants noted that the measure is not NQF endorsed, expressing concerns over the scientific validity of the measure and whether actionable outcomes could result from the measure. The lead discussants also noted that in the rural setting, there are limited providers with the resources for screening and questioned whether the measure's intention was data collection or actionable outcomes to support for patients. The measure developer provided background on the measure, citing that there are currently no measures on the social drivers of health. A MAP member noted possible administrative burden associated with data collection as the measure does not include a method for standardized data collection. A MAP member in the chat asked if the measure would incorporate the application of Z-codes to administrative claims, use a survey, or another methodology of data collection. Several MAP members agreed that the measure needed a standardized method of reporting and collection methodology. One of the measure's technical experts clarified that the measure is intended to be the beginning steps of collecting this data and will set a baseline for social drivers of health to identify gaps. The measure will be optional, and providers can opt-in to report the data collected. Additionally, the measure has no standardized data collection tool which allows for flexibility among providers. The measure will also foster communication between providers and community resources to steer patients towards these resources. A MAP member asked for clarification on the NQF endorsement status of the measure and Ms. Lynch clarified that the measure is not NQF endorsed.

Ms. Lynch noted the measure is being considered for two programs: MIPS and Hospital IQR Program. The Advisory Group first polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.5, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within MIPS.

MAP members then transitioned their discussion to the measure being included within the Hospital IQR Program. MAP members carried forward their comments from the previous discussion and noted that this measure would be voluntary within the MIPS program and a mandatory measure within the Hospital IQR Program. MAP members also highlighted d the concern on the measure's lack of standardized data collection methodology. Several MAP members agreed that the data collection of the measure could be problematic for hospitals in addition to all patient information already collected during a hospital admission.

The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 3.5, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

MUC2021-134: Screen Positive Rate for Social Drivers of Health

Lead discussants expressed concern about if the positive screening of the measure was standardized and if there was a standardized tool for reporting. The measure developer noted that providers could use any screening tool and a positive screening on that tool would report as a positive screening for the measure. One of the MAP members noted the potential unintended consequence of providers having

high rates of positive screenings and appearing as if patients are not being treated adequately for social needs.

Ms. Lynch noted the measure is being considered for two programs: MIPS and Hospital IQR Program. The Advisory Group first polled on the suitability of this measure for inclusion in the MIPS program. The average score was 3.5, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within MIPS.

The Advisory Group then considered the measure for the Hospital IQF Program. There were no program-specific comments. The Advisory Group was in consensus to move the polling results forward for the Hospital IQR Program.

MUC2021-084: Hospital Harm – Opioid-Related Adverse Events

Lead discussant noted the rural relevance of the measure and the low burden of implementation. Other MAP members agreed that the measure was appropriate for rural providers and presented little burden to providers.

Ms. Lynch noted the measure is being considered for two programs: Hospital IQR Program and Medicare Promoting Interoperability Program for Hospitals. The Advisory Group first polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 4.2, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

Ms. Lynch provided brief overview on the Medicare Promoting Interoperability Program for Hospitals, a pay-for-reporting and public reporting program. In this program, eligible hospitals and critical access hospitals (CAHs) that fail to meet program requirements receive a three-fourths reduction of the applicable percentage increase. This program is intended to promote interoperability between EHRs and CMS data collection.

There were no program-specific comments. The Advisory Group was in consensus to move polling results forward for the Medicare Promoting Interoperability Program for Hospitals.

MUC2021-118: Hospital -Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

Lead discussant noted the measure is an update to an existing measure and the measure is NQF endorsed. MAP members commented that the measure had no negative impact on rural providers.

Ms. Lynch noted the measure is being considered for two programs: Hospital IQR Program and Hospital Value-Based Purchasing Program (Hospital VBP Program). The Advisory Group first polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 4.1, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

Ms. Lynch provided a brief overview on the Hospital VBP Program, a pay for performance program where the amount equal to two percent of base operating diagnosis-related group (DRG) is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments. The goal of this program is to improve healthcare quality by realigning hospitals' financial incentives and provide incentive payments to hospitals that meet or exceed the performance standards.

There were no program-specific comments. The Advisory Group was in consensus to move polling results forward for the Hospital VBP Program.

MUC2021-131: Medicare Spending Per Beneficiary (MSPB) Hospital

Lead discussants commented that the measure was removed from the Hospital IQR Program for duplication and asked if there is a measure specifically for rural hospitals. Lead discussants noted that the measure could potentially exclude critical access and rural hospitals. The measure developer clarified that there are a few CAHs included in the measure and testing did not show significant differences between urban and rural hospitals. A member in the chat clarified that the measure was removed from the Hospital IQR Program to make room for the updated version. This updated version of the measure would go first to the Hospital IQR Program for public reporting, and then eventually replace the current MSPB Hospital measure in the Hospital VBP Program.

Ms. Lynch noted the measure is being considered for two programs: Hospital IQR Program and Hospital VBP Program. The Advisory Group first polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 3.7, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

The Advisory Group then considered the measure for the Hospital VBP Program. There were no program-specific comments. The Advisory Group was in consensus to move polling results forward for the Hospital VBP Program.

MUC2021-104: Severe Obstetric Complications eCQM

Lead discussants noted that rural communities tend to have a higher obstetric-related mortality rate and measure does not consider population prevalence. Lead discussants also expressed concern that the measure cited blood transfusions as a severe complication, noting that in personal experience, blood transfusions tend to be an intervention performed early. The measure developer noted that the measure is an all-payer measure, was tested in rural and urban areas, and is risk-adjusted.

Ms. Lynch noted the measure is being considered for two programs: Hospital IQR Program and Medicare Promoting Interoperability Program for Hospitals. The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 4.1, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

The Advisory Group then considered the measure for the Medicare Promoting Interoperability Program for Hospitals. There were no program-specific comments. The Advisory Group was in consensus to move polling results forward for the Medicare Promoting Interoperability Program for Hospitals.

MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure

Ms. Lynch noted that the measure is being considered for seven programs, 4 Hospital programs and 3 PAC/LTC programs.

One lead discussant noted that due to the low case volumes in rural areas, the measure could cause penalties due to spikes in infection numbers relative to an urban area. Lead discussants agreed that the measure is an improvement on the current measure in place. A MAP member in the chat asked whether this measure was different from the current *Clostridioides difficile (C. diff)* NHSN measure and the measure developer confirmed this measure is an update to the current measure.

Ms. Lynch provided a brief overview on the Hospital-Acquired Condition Reduction Program (HACRP), a pay for performance and public reporting program where the worst performing 25 percent of hospitals in the program, as determined by the measures in the program, will have their Medicare payments reduced by one percent. The goal of this program is to encourage hospitals to reduce hospital acquired

conditions through penalties and link Medicare payments to healthcare quality in the inpatient hospital setting.

The Advisory Group polled on the suitability of this measure for inclusion in the HACRP program. The average score was 3.6, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within HACRP.

The Advisory Group then considered the measure for the Hospital IQR Program. A MAP member reiterated the initial concerns about low case volume with this measure. Another MAP member noted that CAHs are not included in the Hospital IQR Program, but other rural hospitals would be impacted by low volume. A representative from CMS provided background information, noting that the measure is one of six measures used to determine the score for hospitals. If a hospital does not have enough data for all six measures, then data is compiled for the remaining measures and weighed appropriately.

The Advisory Group polled on the suitability of this measure for inclusion in the Hospital IQR Program. The average score was 3.9, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within Hospital IQR Program.

The Advisory Group then considered the measure for the Medicare Promoting Interoperability Program for Hospitals. There were no program-specific comments. The Advisory Group polled on the suitability of this measure for inclusion in the Medicare Promoting Interoperability Program for Hospitals. The average score was 4.0, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within the Medicare Promoting Interoperability Program for Hospitals.

The Advisory Group considered the measure for the PCHQR Programs. There were no program-specific comments. The Advisory Group polled on the suitability of this measure for inclusion in the PCHQR Program. The average score was 4.0, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within PCHQR.

Ms. Lynch provided a brief overview of the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), a pay for reporting and public reporting program where inpatient rehabilitation facilities (IRF) that fail to submit data will have their applicable IRF Prospective Payment System payment update reduced by two percent. The goal of this program is to address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

A MAP member asked whether the measure is NQF endorsed, and the measure developer clarified that the measure will be submitted for endorsement in the future. There were no additional questions or program-specific comments.

The Advisory Group polled on the suitability of this measure for inclusion in the IRF QRP. The average score was 4.0, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within IRF QRP.

Ms. Lynch provided a brief overview of the Long-Term Care Hospital Quality Reporting Program (LTCH QRP), a pay for reporting and public reporting program where LTC hospitals that fail to submit data will have their applicable annual payment update reduced by two percent. The goal of this program is to furnish extended medical care to individual with clinically complex problems.

There were no program-specific comments. The Advisory Group polled on the suitability of this measure for inclusion in the LTCH QRP. The average score was 4.2, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within LTCH QRP.

The Advisory Group then considered the measure for the SNF QRP. There were no program-specific comments. The Advisory Group polled on the suitability of this measure for inclusion in the SNF QRP. The average score was 4.2, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within SNF QRP.

MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure

Ms. Lynch noted the measure is being considered for four Hospital programs.

Lead discussants noted similar comments to MUC2021-098 and slight concerns over the denominator included in the measure. The discussant noted the potential difficulty of predicting the denominator and the number of infections, given low case-volume challenges. The measure developer commented that there has been improvement in the data with other HAI measures and this measure was developed to include bacteremia and fungemia. A MAP member expressed concern over reporting burden on providers since bacteremia and fungemia develops slowly and would be reported after several weeks.

The Advisory Group first considered the measure for HACRP and were polled on the suitability of this measure for inclusion in the program. The average score was 3.8, indicating that the Advisory Group agreed that the measure was suitable for use with rural providers within HACRP.

The Advisory Group then considered the measure for the Hospital IQR Program, Medicare Promoting Interoperability Program for Hospitals, and PPS-Exempt Cancer Hospital Quality Reporting program. There were not program-specific comments. The Advisory Group was in consensus to move polling results forward for the Hospital IQR Program, Medicare Promoting Interoperability Program for Hospitals, and PPS-Exempt Cancer Hospital Quality Reporting Program.

Discussion on Rural Emergency Hospitals Program

Grace Snyder, Director, Division of Value-Based Incentives and Quality Reporting, and Vinitha Meyyur, Deputy Director, Division of Quality Measurement, provided background information on the Consolidated Appropriations Act of 2021 that established a new provider type – Rural Emergency Hospitals (REH). Ms. Snyder defined REHs as facilities converted from either a rural hospital with less than 50 beds or a critical access hospital that provide emergency services and observation care. REHs are permitted to provide outpatient services and skilled nursing facility services. REHs are eligible for payment for items and services furnished on or after January 1, 2023 and will receive a five percent payment increase for rural emergency hospital services. Ms. Snyder then reviewed the health and safety standards for the rural emergency hospitals (i.e., must be staffed 24 hours a day, seven days a week; a physician, nurse practitioner, clinical nurse specialist, or physician assistant is available to furnish services 24 hours a day; and must meet the applicable CAH staffing requirements).

Ms. Meyyur provided a brief overview on the quality reporting of REHs and reviewed the measurement portfolio for REH quality reporting. Ms. Meyyur opened discussion on measure concepts relevant to the setting, types of measures feasible for the setting, and data submission methodology.

A MAP member highlighted the development of measures that report on the transfer of patients to referring sites for higher level of care to understand the quality of care provided.

Another MAP member commented that due to the intermediate setting, patient outcomes are difficult to conceptualize but it would be important to highlight care coordination and communication. MAP members also suggested that the focus should be on process measures.

Another MAP member noted the importance of developing and using measures that are a low burden for providers by using data in structured reportable fields.

Public Comment

No public comments were offered.

Next Steps

Ms. Freire provided an overview of the upcoming project timeline, including the upcoming MAP Health Equity Review meeting on December 9, the MAP Clinician Review meeting on December 14, the MAP Hospital Review meeting on December 15, the MAP PAC/LTC Review meeting on December 16, and the MAP Coordinating Committee Review meeting on January 19, 2022. The first public comment period will occur from December 3 through December 9, with a second public comment period occurring from December 30 through January 13, 2022. Ms. Freire also noted that the final recommendation will be submitted to CMS no later than February 1, 2022.

The co-chairs and NQF thanked the Advisory Group for their thoughtful discussions and engagement throughout the meeting.

Appendix A: MAP Rural Health Advisory Group Attendance

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

Organizational Members

- American Academy of Family Physicians
- American Academy of Physician Assistants
- American Hospital Association
- American Society of Health-System Pharmacists
- LifePoint Health
- Michigan Center for Rural Health
- Minnesota Community Measurement
- National Association of Rural Health Clinics
- National Rural Health Association
- National Rural Letter Carriers' Association
- Truven Health Analytics LLC/IBM Watson Health Company
- UnitedHealth Group

Individual Subject Matter Experts

- Michael Fadden, MD
- Karen James, PhD, MS
- Cody Mullen, PhD
- Keith Mueller, PhD
- Kimberly Rask, MD, PhD, FACP
- Jessica Schumacher, PhD, MS
- Ana Verzone, MS, APRN, FNP, DNP, CNM

Appendix B: Full Polling Results

Interpretation of the average polling scores is as follows:

- 1.0-1.4: Advisory Group **strongly disagreed** that measure was suitable for use with rural providers in program of interest.
- 1.5-2.4: Advisory Group **disagreed** that measure was suitable for use with rural providers in program of interest.
- 2.5-3.4: Advisory Group was **neutral** on whether the measure was suitable for use with rural providers in program of interest.
- 3.5-4.4: Advisory Group **agreed** that measure was suitable for use with rural providers in program of interest.
- 4.5-5.0: Advisory Group **strongly agreed** that measure was suitable for use with rural providers in program of interest.

Note: Total number of poll results varies per measures depending on the number of MAP Rural Health Advisory Group members present during each poll.

Measure Name	Program	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Total number of responses	Average vote
MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity	MIPS	0	0	1	11	3	15	4.1
MUC2021-135: Dermatitis- Improvement in Patient-Reported Itch Severity	MIPS	0	0	0	10	4	14	4.3
MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)	MIPS	0	2	3	6	2	13	3.6
MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)	MIPS	0	3	5	7	0	15	3.3
MUC2021-090: Kidney Health Evaluation	MIPS	0	2	5	9	1	17	3.5
MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	MIPS	0	0	3	7	5	15	4.1
MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma	MIPS	0	1	6	6	2	15	3.6
MUC2021-058: Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors	MIPS	0	2	8	5	0	15	3.2

Measure Name	Program	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Total number of responses	Average vote
MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)	Part C & D	0	0	1	6	7	14	4.4
MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)	Part C & D	0	0	4	7	4	15	4.0
MUC2021-066: Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)	Part C & D	0	2	2	8	4	16	3.9
MUC2021-101: Standardized Readmission Ratio (SRR) for Dialysis Facilities	ESRD QIP	0	5	1	8	1	15	3.3
MUC2021-106: Hospital Commitment to Health Equity	Hospital IQR Program	0	1	3	7	4	15	3.9
MUC2021-122: Excess Days in Acute Care (EDAC) After Hospitalization for Acute Myocardial Infarction (AMI)	Hospital IQR Program	0	2	2	11	1	16	3.7
MUC2021-120: Hospital-Level, Risk-Standardized Payment Associated with an Episode of Care for Primary Elective Total Hip and/or Total Knee Arthroplasty (THA/TKA)	Hospital IQR Program	0	1	2	10	3	16	3.9
MUC2021-091: Appropriate Treatment for Patients with Stage I (T1c) Through III HER2 Positive Breast Cancer	PCHQR	1	2	6	5	3	17	3.4
MUC2021-123: Influenza Vaccination Coverage Among Healthcare Personnel	SNF QRP	0	0	0	7	8	15	4.5
MUC2021-095: CoreQ: Short Stay Discharge Measure	SNF VBP	0	0	4	10	2	16	3.9
MUC2021-130: Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)	SNF VBP	0	1	1	14	1	17	3.9
MUC2021-124: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization	SNF VBP	0	1	3	8	4	16	3.9
MUC2021-137: Total Nursing Hours Per Resident Day	SNF VBP	0	5	5	5	0	15	3.0
MUC2021-136: Screening for Social Drivers of Health	MIPS	0	2	4	8	1	15	3.5
MUC2021-136: Screening for Social Drivers of Health	Hospital IQR Program	1	3	1	6	3	14	3.5
MUC2021-134: Screen Positive Rate for Social Drivers of Health	MIPS	0	2	3	7	1	13	3.5
MUC2021-134: Screen Positive Rate for Social Drivers of Health	Hospital IQR Program	0	2	3	7	1	13	3.5
MUC2021-084: Hospital Harm – Opioid-Related Adverse Events	Hospital IQR Program	0	0	0	11	3	14	4.2

Measure Name	Program	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Total number of responses	Average vote
MUC2021-084: Hospital Harm – Opioid-Related Adverse Events	Medicare Promoting Interoperability Program for Hospitals	0	0	0	11	3	14	4.2
MUC2021-118: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Hospital IQR Program	0	0	1	7	2	10	4.1
MUC2021-118: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	Hospital VBP	0	0	1	7	2	10	4.1
MUC2021-131: Medicare Spending Per Beneficiary (MSPB) Hospital	Hospital IQR Program	0	0	3	7	0	10	3.7
MUC2021-131: Medicare Spending Per Beneficiary (MSPB) Hospital	Hospital VBP	0	0	3	7	0	10	3.7
MUC2021-104: Severe Obstetric Complications eCQM	Hospital IQR Program	0	0	0	10	1	11	4.1
MUC2021-104: Severe Obstetric Complications eCQM	Medicare Promoting Interoperability Program for Hospitals	0	0	0	10	1	11	4.1
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	HACRP	0	1	2	8	0	11	3.6
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	Hospital IQR Program	0	0	1	9	0	10	3.9
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	Medicare Promoting Interoperability Program for Hospitals	0	0	1	9	1	11	4.0
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	PCHQR	0	0	1	8	1	10	4.0

Measure Name	Program	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	Total number of responses	Average vote
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	IRF QRP	0	0	1	9	1	11	4.0
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	LTCH QRP	0	0	0	9	2	11	4.2
MUC2021-098: National Healthcare Safety Network (NHSN) Healthcare-associated *Clostridioides difficile* Infection Outcome Measure	SNF QRP	0	0	0	9	2	11	4.2
MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	HACRP	0	1	1	8	1	11	3.8
MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	Hospital IQR Program	0	1	1	8	1	11	3.8
MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	Medicare Promoting Interoperability Program for Hospitals	0	1	1	8	1	11	3.8
MUC2021-100: National Healthcare Safety Network (NHSN) Hospital-Onset Bacteremia & Fungemia Outcome Measure	PCHQR	0	1	1	8	1	11	3.8