

National Quality Forum  
Measure Applications Partnership Rural Health  
Advisory Group 2022 Measure Set Review Meeting  
Monday, June 13, 2022

The Advisory Group met via Videoconference, at  
10:00 a.m. EST, Keith Meuller and Kimberly Rask,  
Co-Chairs, presiding.

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Kimberly Rask, MD, PhD, Alliant Health  
Solutions; Co-Chair

Collette Cole, Minnesota Community  
Measurement

Sandi Hyde, MSPS, LifePoint Health

Rena Sackett, PharmD, American Society of  
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Stacy Scroggins, PA-C, DMSc., American  
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of Physician Assistants

Brock Slabach, MPH, National Rural Health  
Association

Individual Subject Matter Experts (Voting):

Cody Mullen, PhD

Jessica Schumacher, PhD

Federal Government Liaisons (Non-Voting):

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&  
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Susy Postal, DNP, Indian Health Service

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Gregary Bosci, DO, American College of  
Pathologists  
Bob Dickerson, Mathematica  
Stephanie Carter, American Academy of  
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Genquincia Polk, CMS  
Joan Proctor, CMS  
Kimberly Rawlings, CMS

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## Proceedings

(10:04 a.m.)

### Welcome, Introductions, Overview of Agenda, Disclosures of Interest (DOIs), and Review of Meeting Objectives

Ms. Williams-Bader: Thank you all so much for joining us today for the MAP Rural Health Advisory Group Measure Set Review Meeting. A few housekeeping reminders before we get started. The system will allow you to mute and unmute yourself, and you can also turn your video on and off throughout the event.

You can raise your hand and unmute yourself when called upon. Please remember to lower your hand, unmute yourself following your question or comment. If you are a call-in user, please remember to state your first and last name.

We do encourage you to keep your video on throughout the event. And please feel free to use the chat feature to communicate with NQF staff. And we will be recording today's meeting for -- we will be recording today's meeting. Next slide, please.

We also have some meeting ground rules. So we ask that our MAP members show up prepared for these meetings, having reviewed meeting materials beforehand. Please respect all voices. Remain engaged and actively participate.

Base your evaluation and recommendations on the measure review criteria and guidance. Keep your comments concise and focused. Be respectful and allow others to contribute. Share your experiences, and learn from others. Next slide, please.

Also I'm sure many of you are familiar with Webex already. But in case you needed a refresher or not

familiar, we have some tips here on how to use certain aspects of the platform. So mute is along here on the bottom, and you can just unmute yourself if you'd like to talk.

There's a participant list up here that allows you to access chat. Or if you want to raise your hand, then there's a reaction button down here and you can raise your hand through that. If you do have any questions, please feel free to reach out to us. And then next slide, please.

So we will officially get started with our Measure Applications Partnership Rural Health Advisory Group 2022 Measure Set Review Meeting. Next slide, please. The agenda for today, we will be starting with some welcoming remarks. We will have introductions of our MAP members as well as our MAP team here.

We'll run through disclosures of interest in a review of meeting objections, then we'll have opening remarks from CMS. We'll do a quick review of the Measure Set Review process and the Measure Review Criteria. And then the bulk of the meeting will be spent running through the programs and measures within those programs. There will be opportunities for public comment at the beginning of each program, and then there will be an opportunity for a final public comment at the end of the day.

And then before we sign off, we'll be asking the Rural Health Advisory Group for feedback on the Measure Set Review process to date. And we'll close with next steps and closing comments. All right. Next slide, please. All right. So I'm going to turn it over to Dana Gelb Safran, our president and CEO for some opening remarks.

Dr. Gelb Safran: Thank you very much, Jenna, and good morning, everyone. It's really a pleasure to welcome you to this first ever Measure Set Review meeting for the MAP Rural Health Advisory Group and to have this honor to continue our partnership



with CMS in convening the Measures Application Partnership or MAP. As I believe all of you know, MAP brings together a multi-stakeholder group with representatives from quality measurement, research, improvement, purchasers, public and community health agencies, health professionals, health plans, consumers, and suppliers.

Last year, NQF collaborated with CMS and piloted the Measure Set Review process in order to offer a holistic view of quality measures in a first-ever effort to look at recommendations related to the removal of measures from CMS' portfolio. The 2021 measure set review pilot considered input from the MAP Coordinating Committee on 22 measures with the output being a final set of recommendation and rationale for measures that removal shared with CMS. During the pilot, CMS and NQF prioritized programs in a hospital setting.

In this 2022 measure set removal process, we expand upon the pilot and bring in all three setting-specific work groups as well as the two Advisory Groups, this Rural Advisory Group and the Health Equity Advisory Group. And members will be reviewing measures from the hospital clinician and PAC/long-term care settings. As this is the first year, that will involve all MAP members in the Measure Set Review. We expect that we're going to learn quite a lot, and we are going to really welcome your feedback on the process and how it can be continuously improved as we go along.

So today's meeting will focus on discussing the measures under review from a rural health perspective. The MAP Rural Health Advisory Group is charged with helping address priority rural health issues related to measurement, including the challenge of low case volumes and providing rural perspective on the potential removal of measures for other MAP workers. We'd really like to thank the Rural Health Advisory Group members and federal liaisons for taking time out of their schedules

particularly on a summer Monday to provide this important input as part of the Measure Set Review process.

We'd also like to thank you in advance for providing feedback that'll help us make this process better. We want to thank our colleagues at CMS and the program leads who joined today's call and who have extremely valuable and helpful collaboration during this process. And finally, a special thank you to our co-chairs, Kimberly Rask and Keith Mueller, for their leadership and dedication to the MAP Rural Health Advisory Group's work. I'm looking forward to today's discussions, and thank you to all of you for being here. And I will hand it back to you, Jenna.

Ms. Williams-Bader: Great. Thank you so much, Dana. All right. If we could go to the -- awesome. Thank you so much. So now we'll have opening remarks from our co-chairs, Keith Mueller and Kimberly Rask. So Keith, I'll start with you.

Co-Chair Mueller: Thank you. Welcome, everyone, to what will be a productive and relatively long day of reviewing the measures for removal. As indicated, an important process. I look forward to helping guide us through it. So welcome, everyone.

Co-Chair Rask: And good morning to the Advisory Group. We appreciate you taking the time to be here, and we recognize what an important role this is. We certainly hear from our providers and members about the challenges of multiple measures and being able to harmonize and have a smaller group of consistent measures. So one of the really valuable things that we can contribute is letting NQF and CMS know when there's some measures out there that may not offer the same benefit as others and give that guidance and provide that feedback from our providers. So thank you.

Ms. Williams-Bader: Great. Thank you both so much. If we could go to the next slide, please. Okay. So now we're going to do disclosures of

interest and a roll call.

As a reminder, NQF is a nonpartisan organization. So out of mutual respect for each other, we kindly encourage that we make an effort to refrain from making comments, innuendos, or humor relating to, for example, race, gender, politics, or topics that otherwise may be considered inappropriate during the meeting. While we encourage discussions that are open, constructive, and collaborative, let's all be mindful of how our language and opinions may be perceived by others.

We will be combining disclosures with introductions, and we'll divide the disclosures of interest into two parts because we have two types of MAP members, organizational members and subject matter experts. We'll start with organizational members. Organizational members represent the interests of a particular organization.

We expect you to come to the table representing those interests. Because of your status as an organizational representative, we ask you only one question specific to you as an individual. We ask you to disclose if you have an interest of 10,000 dollars or more in an entity that is related to the work of this committee.

Let's go around the table beginning with organizational members only, please. We will call on anyone on the meeting who is an organizational member. Let me call your organizations name. Please unmute your line, state your name, your role at your organization, and anything that you wish to disclose.

If you did not identify any conflicts of interest after stating your name and title, you may add, I have nothing to disclose. If you represent an organization that is a measure steward or developer and if your organization developed and/or stewarded a measure under discussion today in the past five years, please disclose that now, and then we ask you to recuse

yourself from the discussion and poll for that measure later in the day. I will now turn it over to Susanne who will run us through the attendance and DOIs for organizational members.

Ms. Young: Thanks, Jenna. Good morning. We will start with the American Academy of Family Physicians.

(No response.)

Ms. Young: Okay. We will circle back. Next, American Academy of Physician Assistants.

(No response.)

Ms. Young: We will circle back. American College of Emergency Physicians.

(No response.)

Ms. Young: American Hospital Association.

(No response.)

Ms. Young: American Society of Health System Pharmacists.

Member Sackett: Hello, this is Rena Sackett. I'm Director of Member Relations with the American Society of Health System Pharmacists, and I have nothing to disclose.

Ms. Young: Thank you, Rena. LifePoint Health.

Member Hyde: Good morning. This is Sandi Hyde, the Assistant Vice President of Quality Data. And I have nothing to disclose.

Ms. Young: Thank you, Sandi. Michigan Center for Rural Health.

(No response.)

Ms. Young: Minnesota Community Measurement.

Member Cole: Good morning. This is Collette Cole. I'm a clinical measure developer for Minnesota Community Measurement. We are developer and steward for several measures. However, none of them are on the docket for discussion this morning. Thank you.

Ms. Young: Thank you, Collette. National Association of Rural Health Clinics.

(No response.)

Ms. Young: National Rural Health Association.

Member Slabach: Good morning. Brock Slabach, Chief Operations Officer for National Rural Health Association. And I have nothing to disclose this morning.

Ms. Young: Thank you, Brock. National Rural Letter Carriers Association.

(No response.)

Ms. Young: IBM Consulting.

(No response.)

Ms. Young: And UnitedHealth Group.

(No response.)

Ms. Young: Let me circle back. Are there any organizational members who have joined while we were going through roll call?

Member Scroggins: Yes, this is Stacy Scroggins, and I am the representative for the American Academy of Physician Assistants. And I have nothing to disclose.

Ms. Young: Thank you, Stacy. Any other organizational members who have joined while we went through the roll call list?

(No response.)

Ms. Young: Okay. Back to you, Jenna.

Ms. Williams-Bader: Thank you so much, Susanne. All right. And thank you to the organizational members for those disclosures. Now we'll move on to disclosures for our subject matter experts.

Because subject matter experts sit as individuals, we ask you to complete a much more detailed form regarding your professional activities. When you disclose, please do not review your resume. Instead, we are interested in your disclosure of activities that are related to the subject matter of the work group's work.

We are especially interested in your disclosure of grants, consulting, or speaking arrangements but only if this is relevant to the Advisory Group's work. And again, if you are a measure steward or developer and you developed and/or stewarded a measure under discussion today in the past five years, please disclose that now. Then we ask you to recuse yourself from the discussion and poll for that measure later in the day.

Just a few reminders, you sit on this group as an individual. You do not represent the interests of your employer or anyone who may have nominated you for this committee. I also want to mention that we are not only interested in your disclosures of activities where you were paid.

You may have participated as a volunteer on a committee where the work is relevant to the measures reviewed by MAP. We are looking for you to disclose those types of activities as well. Finally, just because you disclose does not mean that you have a conflict of interest.

We do oral disclosures in the spirit of openness and transparency. Please tell us your name, what organization you're with, and if you have anything to disclose. Susanne will call your names so that you can disclose and we will begin with our co-

chairs. So I'll turn it over to Susanne.

Ms. Young: Thanks, Jenna. Let's start with Keith Mueller.

Co-Chair Mueller: Nothing to disclose.

Ms. Young: Thank you, Keith. And Kimberly?

Co-Chair Rask: Hi, I work for Alliant Health Solutions, and I have nothing to disclose.

Ms. Young: Thank you. Michael Fadden.

Reverend Bruce Hanson.

Cody Mullen.

Member Mullen: Good morning. My name is Cody Mullen. I'm a professor at Purdue University and an advisor with the Indiana Rural Health Association. I have a history of having HRSA and CMS funding.

Ms. Young: But you have nothing to disclose for the measures we're reviewing today?

Member Mullen: Nothing specific to the measures, no.

Ms. Young: Thank you, Cody. Jessica Schumacher.

Member Schumacher: Yes, good morning, Jessica Schumacher. I am the Director of Data Management Analytics for the Surgical Collaborative in Wisconsin and Associate Professor at the University of Wisconsin. And I have nothing to disclose.

Ms. Young: Thank you, Jessica. Ana Verzone. And Holly Wolff.

And let me circle back. Are there any subject matter experts who have joined us as we went through roll call?

(No response.)

Ms. Young: Back to you, Jenna.

Ms. Williams-Bader: Thank you so much, Susanne. And at this time, I'd like to invite our federal government liaisons to introduce themselves. They are nonvoting liaisons of the work group. So we'll start with any liaisons we have from the Centers for -- oh, actually, I'll turn it over to you, Susanne, I guess, and we'll have our federal liaisons introduce themselves.

Ms. Young: Centers for Medicare or Medicaid Services.

Dr. Schreiber: This is Michelle Schreiber. There are a number of us on the phone. Thank you for the opportunity to be here.

Ms. Young: Thank you, Michelle. Health Resources and Services Administration.

(No response.)

Ms. Young: And Indian Health Services.

Dr. Postal: Hi, it's Susy Postal with Indian Health Service.

Ms. Young: Thank you. And I will turn it back to you.

Ms. Williams-Bader: Thank you so much for federal liaisons for joining us today. And thank you to all of you again for joining us for this important discussion. I'd like to remind you that if you believe that you might have a conflict of interest at any time during a meeting, please speak up.

You may do so in real time at the meeting. You can message your chair who will go to NQF staff, or you can message NQF staff directly. If you believe that a fellow committee member may have a conflict of interest or is behaving in a biased manner, you may point this out during the meeting, approach the chair, or go directly to NQF staff. Does anyone have



any questions or anything you'd like to discuss based upon the disclosures made today?

(No response.)

Ms. Williams-Bader: Okay. Not hearing anything. Thank you all so much for your cooperation. We'll go ahead and keep going. Next slide, please. So I will also like to introduce our NQF staff.

We have Tricia Elliott, our Senior Managing Director, myself, Senior Director of the Measure Applications Partnership, Katie Berryman who is our director and part of our project management team, Ivory Harding and Susanne Young who are managers, Ashlan Ruth who is our project manager, Joelencia LeFlore, an associate, and Gus Zimmerman, an associate. And we also have on the line Chelsea Lynch who is a director in our emerging initiatives department. She's going to be helping to facilitate the meeting today and running through some of our measures. Next slide, please. We also have Kim Rawlings who is our task order contracting officer's representative from CMS as well as Gequincia Polk who is our IDIQ COR from CMS. Next slide, please.

The meeting objectives for today's meeting are to review the 2022 Measure Set Review process and Measure Review Criteria, provide MAP members with an opportunity to discuss and recommend measures for potential removal. And finally, to seek feedback from the Advisory Group on the MSR process. Next slide. So now I'd like to turn it over to Michelle Schreiber who will give some opening remarks. And if we could go to the next slide, please.

Dr. Schreiber: Good morning, everybody. It's very nice to be with you here today. I hope the weather is as lovely for you as it is here in Michigan today. So thank you.

I think most of the day has been outlined already. I want to take particular thanks to NQF, first of all,

for organizing the meeting. It is always a pleasure to work with you.

We have many CMS colleagues on the line today as well as measure developers. And I want to specifically call them out and say thank you to them. And particularly to those of you on the committee who are giving your time and really most of today to weigh in and give us your opinions on these measures, we can't thank you enough. Your opinion is so important, particularly as it sheds light on a very important aspect of our country and that's rural healthcare and rural health.

I'm going to be brief because we have a large agenda to get here today. And as you've heard already, last year was the first time that there was an opportunity for the NQF MAP committee to weigh in on measure removal. So you all make recommendations to CMS about what measures are appropriate to be included in our various value-based programs.

Now there's an opportunity to kind of close that loop and close the cycle to make recommendations about what measures you may wish to see removed for whatever reason, either they're too high burden or you feel they don't meet clinical evidence anymore or they're really just not showing improvements over time. We look forward to your thoughts. And again, this is with the lens of rural health.

Today as opposed to the other individual committees, the hospital committee, the clinician committee, the post-acute care committees, you're going to have a view across all of those programs. And so opportunities for alignment will be particularly important. And we look forward to your comments on that as well.

Within CMS and external to CMS, including with our VA and DoD partners, including with the core quality measures collaborative with NQF and AHIP, we're trying very hard to align measures. And so your

comments will be particularly important for that today. And with that, I welcome all of you again to today's meeting. And I will turn it back to Jenna. Thank you.

Ms. Williams-Bader: Thank you very much, Michelle. Okay. If we could go to the next slide, please. I'm now going to turn it over to Susanne Young who's going to provide a review of the MSR process and Measure Review Criteria. Susanne.

CMS Opening Remarks by Susanne Young, Manager, NQF

Ms. Young: Thanks, Jenna. Now we want to provide a review of the MSR process and the Measure Review Criteria, also known as MRC. Next slide, please. We want to start with the MAP Rural Health Advisory Group charge. This Advisory Group provides input on rural-specific measurement issues to MAP work groups and committees.

This Advisory Group also provides rural perspectives on the selection of quality measures and provides input to address rural health issues, including the challenge of low case volume. Next slide. This slide is an overview of the 2022 MSR process, and it's four steps.

Its first step is prioritize. CMS and NQF prioritize programs for discussion. NQF staff then refine this list of measures and created the survey for MAP members.

The second is survey. The work group and Advisory Group members nominated measures to discuss for potential removal using the measure review criteria which we will cover in the next few slides. And then NQF compiled the survey results, selecting measures with the most votes for discussion.

The third step, prepare. After compiling the list, those measures were presented for public comment. And then NQF staff prepared measure summary

sheets for review by Advisory Group and work group members. Of note, on the measure summary sheets, there will be measures that were adopted into programs prior to 2011. Those measures will have not been reviewed by MAP as the Measure Applications Partnership initiated in the year 2011.

And the fourth step where we are today is discuss. This week, the Advisory Groups will meet to discuss all the measures under review. And in the next few weeks, the work groups will review their setting-specific measures.

Our groups will vote to recommend maintaining a measure or removing a measure. Advisory group volunteers will be integrated into each work group meeting, then the Coordinating Committee will meet in August to discuss all measures and vote to uphold the work group recommendation. These recommendations will be published in early fall. And of note, it is one factor in CMS measure evaluation. Next slide.

In 2021, I think you heard earlier today, the MSR pilot, the Coordinating Committee was the only group to review measures. So now in 2022, the entire MAP, including Advisory Groups and setting-specific work groups, will be reviewing the measures. The rural health advisory feedback will be provided to the setting-specific work groups and to the Coordinating Committee.

Advisory group volunteers will participate in work group meetings and will summarize the Advisory Group discussion. NQF staff will provide a summary of the Advisory Group polling results and discussion on the measure summary sheets for review by the Coordinating Committee. Next slide. The next two slides have the 2022 MSR Measure Review Criteria of which there are ten criterion.

## Review of MSR Process and Measure Review Criteria (MRC)

So for the MSR pilot year, NQF created a set of pilot measure review criteria based upon feedback from the Coordinating Committee following the pilot. Additional clarifying language was added to the criteria. And we anticipate this criteria will continue to evolve as we gain experience within the MSR process. Next slide.

And these are the last three criterion. Of not, number ten is specifically relevant to our Advisory Group meetings this week. This criterion focuses on negative unintended consequences. And for today's discussion, it's typically the negative impacts to the rural population. Next slide.

And now we want to go over the process for today's discussion. Step one, NQF staff will describe the program in which the measure is currently included. Two, a co-chair will open the discussion for public comments on measures under review within that particular program.

Three, lead discussants will summarize the measure and offer any initial thoughts about retaining the measure in the program. And four, the Advisory Group will discuss each measure and provide feedback on those issues related to rural residents and providers. And five, the Advisory Group will poll on their support for retaining the measure or removal of the measure.

And the response options will be yes, no, or undecided. We will move through the day from program to program as measures are grouped by program. And as Jenna mentioned earlier, at the end of the day, we also will have another opportunity for public comment, and then we will have a discussion and any feedback about the entire MSR process. Next slide.

And let me pause here for any questions on the 2022 MSR process. Please feel free to raise your hand. If you're on the phone, please feel free to unmute yourself.

Asking my team to keep me honest. I don't see any hands raised.

Okay. Next slide, please. And at this point, we would like to do a polling test. On Friday afternoon, Advisory Group members or those voting Advisory Group members should've received an email with Poll Everywhere link to be used for today's poll. And we ask that you pull up that email and follow the Poll Everywhere link.

Just a reminder, this polling link is only for voting members. Only one individual from an organization will participate in the poll. And we ask that you do not share this poll link. And if you are having trouble pulling up the link or you did not receive the email, please let the NQF team know and we will assist with that.

Let's go ahead and pull up that polling test question. And the poll is now open. So our test question today is, do you like tea? And again, let us know if you're having any trouble accessing that link.

(Pause.)

Ms. Young: Showing seven results. I think we have a few more than that who have joined. Is anyone having trouble with their link?

Co-Chair Rask: This is Kim. Just to make sure, the question is still showing. But it says response recorded.

Ms. Young: Yeah, yes.

Co-Chair Rask: So that means I'm good?

Ms. Young: That means you're good, yeah. That's a good reminder for me. Thanks, thanks, Kim. So

while the test question is unlocked and open, you can change your answer.

So until we lock the vote and close the poll, if you decide that you've actually clicked the wrong response, you can actually clear it out and revote. So yes, Kim, good reminder for me. Thanks.

Okay. We will move on. Again, if there's any questions in the future, if you're having trouble with the link, please don't hesitate to reach out to the NQF staff. And the answer is, yes, eight on this call, do you like tea. And now I will pass it back to -- actually, I'm turning it over to Chelsea.

Ms. Lynch: Thank you, Susanne, and thank you all for joining us. Next slide, please. And so we're going to get started today with the hospital programs which on the next slide you will see three I believe listed. So we have the Hospital Outpatient Quality Reporting, the Ambulatory Surgical Center Quality Reporting, and the PPS-Exempt Cancer Hospital Quality Reporting Programs. Next slide.

So we are going to get started with the Hospital Outpatient Quality Reporting program or the Hospital OQR. On the next slide, you'll see that this is a pay-for-reporting and public reporting program. The incentive structure is for hospital outpatient departments that do not participate or participate but fail to meet program requirements with a two percentage point reduction of their annual payment update under the OPSS for not meeting program requirements. The goals are to progress towards paying providers based on the quality rather than the quantity of care they give patients and to provide consumers information about HOPD quality so they can make informed choices about their care. And I'm going to hand it over to Kimberly to get us started with public comment.

Opportunity for Public Comment on Hospital  
Outpatient Quality Reporting  
(Hospital OQR) Program Measures

Co-Chair Rask: Thank you, Chelsea. This is our opportunity for public comment, if anyone who would like to make a comment at this time. A reminder that we ask you to limit your comments to two minutes.

We can either take questions -- you can either raise your hand on the platform or speak to the group. If you are on the phone, please ask -- we ask you to provide your first and last name. Susanne, are there any hands raised?

Ms. Young: I do not see any hands raised yet.

Co-Chair Rask: All right. Is there anyone on the phone that would like to make a comment?

Not hearing any comments, I'll ask again about hands raised. I apologize. I don't see it very well on my screen.

Ms. Young: Thanks, Kim. I do not see any hands raised.

Co-Chair Rask: All right. Not hearing any comments or hands raised, I think we have completed the public comment opportunity.

Hospital OQR Program Measures

Ms. Lynch: Okay. Thank you. Kim, we'll get started with our first measure. Next slide. So this is Measure 00922-C-HOQR: Left Without Being Seen. This is a measure that looks at the percentage of patients who leave the emergency department without being evaluated by a physician, an advanced practice nurse, or a physician assistant.



The NQF endorsement status is endorsement removed. And this measure was selected by nine -- excuse me, by seven MAP members. Before I continue, I wanted to see if anyone from the American College of Emergency Physicians was able to join us or be a discussant.

I'm not hearing anybody come off of mute. I will continue on. So the MSR criteria that were indicated by the MAP members were the measure not contributing to the overall goals and objectives of the program, the measure not being endorsed or losing endorsement, performance or improvement, the measure does not result in better patient outcomes, and 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.

And additional survey feedback included needing more information. Performance of this measure could indicate the health system or availability of care within the community rather than a quality/performance issues at the emergency department. Interested in knowing if submitted for endorsement but failed endorsement and why; or if not submitted for endorsement and why. And data during the COVID-19 Public Health Emergency could reveal meaningful differences between hospitals, although unclear what actions could be taken. So I'll hand it over to you, Kim, to continue with the discussion.

Co-Chair Rask: All right. So I would like to ask are there any clarifying questions and/or discussion that Advisory Group members would like to provide around this measure as to whether or not it should be removed. If as an Advisory Group member you do have a question that NQF staff is here and available to be able to provide more information.

(Pause.)

Co-Chair Rask: I am not hearing any questions or discussion on this individual measure. Maybe a clarifying question for me then. As I understand it, we will be polling after all of the measures within this setting are reviewed. Or are we polling for each individual measure?

Ms. Young: We are polling for each individual measure.

Co-Chair Rask: Okay. Not hearing any more discussion, then I'll hand it back to you for the poll.

Ms. Lynch: I actually think we have a hand raised.

Co-Chair Rask: Oh, please. Thank you.

Ms. Lynch: Yeah, no problem. I missed it too. Stacy Scroggins.

Member Scroggins: Hi, my name is Stacy Scroggins, and I'm actually a physician assistant. And this is more not just a clarification question. But it's more of just a typographical error in the description. We're actually called physician assistant and not the apostrophe S. So I don't know if that matters. But I just thought I would discuss that for clarification.

Ms. Lynch: Thank you for that.

Member Scroggins: Thank you.

Ms. Lynch: We'll update that on future slides. Thanks.

Co-Chair Rask: Any other questions or discussion on this measure?

Dr. Postal: This is Susy Postal with Indian Health Service. I have my hand raised. The one thing to note with the measure, we do utilize this measure even though it's no longer supported or endorsed to look at our patient wait times. Thank you. Over.

Co-Chair Rask: Thank you. Any other discussion or

hands raised that I don't see?

Dr. Schreiber: Kimberly, this is Michelle Schreiber. I just wanted to emphasize especially to this committee that some of these measures, think through if they would be something you would wish to see in the rural emergency health program. Now clearly we don't know exactly what that's going to look like. But Congress has also authorized a quality program to go with the REH program. And so if the committee has any thoughts on include, exclude, this is something good, we would welcome that feedback as well since this is new.

Co-Chair Rask: Thank you for that. Any other discussion?

If not, I will hand this back to the NQF staff to initiate the poll.

Ms. Young: Thanks, Kim. The poll is now open for Measure 00922-C-HOQR: Left Without Being Seen. Do you support retaining this measure in the program, yes, no, unsure of retaining, and propose program?

About ten more seconds. Again, please let us know if you're having trouble pulling up the polling link or any problems answering the poll questions. Okay. I think we can close the poll.

The poll is now closed for Measure 00922-C-HOQR. I think we need the total number. I'm seeing percentage. Thank you, team. We have one answer for yes, four for no, and one of unsure for Measure 00922-C-HOQR.

Ms. Williams-Bader: All right, Susanne.

(Simultaneous speaking.)

Ms. Williams-Bader: Sorry, Chelsea. Just to pause for a second. I wonder, for the previous measure, if there were any comments about it since there were more Advisory Group members who did not support

retaining the measure, and about why you don't support retaining the measure.

Ms. Lynch: Brock has his hand raised.

Member Slabach: Oh, I guess in answer to that question, I would always look at this as an internal performance improvement metric that we would use for evaluation of care and follow up. But I just don't think that this is something that would be useful in a national context for a public reporting program or a program of quality. So that's why I voted no.

Dr. Schreiber: Brock, this is Michelle, and your comments are really very appreciated. But getting back to what I said before, so in a rural emergency hospital sort of situation, would that still be the case? Because one of the issues that we talk about within CMS is whether or not patients will arrive at one of these rural emergency hospitals and then leave without getting care.

Member Slabach: Well, in the REH context, I guess that's a good question. I could see this possibly being a metric for a short period of time and evaluate the information and then go through a process of removal like this. But this is just a hunch.

These are going to be, by definition, low volume facilities. And I'm probably doubtful that there would be very many patients that would leave without being seen. But I guess we could verify that.

Dr. Schreiber: Okay. Thanks for your feedback.

Ms. Lynch: Are there any other thoughts that anyone would like to share about Left Without Being Seen or directly related to Michelle's question?

Okay. Hearing none and not seeing anything in the chat, I think we can go to the next measure, if that's okay, Jenna.

Ms. Williams-Bader: Yes, thanks.

Ms. Lynch: So the next measure is 00930-C-HOQR: Median Time from ED Arrival to ED Departure for Discharged ED Patients. This measure calculates the median time from emergency department arrival to time of departure from the emergency room for patients discharged from the ED. The measure is calculated using chart-abstracted data on a rolling quarterly basis and publicly supported in aggregate for one calendar year.

The measure has been publicly reported since 2013 as part of the ED Throughput measure set of the CMS Hospital Outpatient Quality Reporting Program. Endorsement has been removed. And this measure was selected by five MAPS members. And happy to turn it over to our lead discussant from LifePoint Health.

Member Hyde: Hi. So this measure is the same as OP-18. It is an abstracted measure. The rationale behind this measures implementation was that shorter lengths of stay in the ED were correlated with better clinical outcomes.

As mentioned, the endorsement was removed. One of the rationale points for that was that the measure had been in place for ten years with limited improvement in throughput time. And the MAP members suggested that the removal of this measure was needed as it is burdensome and could be removed to allow for the implementation of a higher value measure.

Co-Chair Rask: Thank you. Are there any questions? I believe our other discussant is -- has anyone from the American College of Emergency Physicians joined?

Hearing none, are there any clarifying questions or discussions from other members of the Advisory Group? And again, help me if you're raising your hand. I try and scroll, but I don't always catch them.

Ms. Young: I see Susy has her hand raised.

Dr. Postal: Hi. I'm not in the Advisory Group, but I'm Indian Health Service which is one of the federal partners. And we utilize this measure as well for our wait time throughput. We look at it for 120 minutes as being the standard, and we've developed dashboards. I realize it's not supported, but I just wanted to share that. Thank you. Over.

Co-Chair Rask: Thank you. We appreciate that input.

Member Slabach: This is Brock here, if I could. This one is kind of like the last one, I suppose. I think it's a really good internal measure for performance in terms of meeting the needs of patients. And I'm a little uncertain in terms of the national reporting on this.

But I do think that rural facilities, particularly those low volume, this in the last metric are probably two measures that hospitals can do well on, including the rural emergency hospital. So removing this would be one measure that they probably perform better on, and I don't have the data in hand to prove that. But I think categorically, that's what I would say. But I do think that I'm in favor of removing this from the hospital program at least.

Co-Chair Rask: Thank you. Any other discussion on this measure?

Co-Chair Mueller: This is Keith. I just want to echo. I do see this more as an internal process measure, and it sounds like it works for Indian Health Service. And I think it works for other hospitals as well. But the link back to quality outcomes is where I struggle. And I think removal from the program is a good step.

Co-Chair Rask: Thank you. Is there any other discussion before we move to polling?

Mr. Dickerson: Jenna, this is Bob Dickerson with the development team on this measure. And I apologize. I was not able to join till just now.

I do have a question, and I'm not sure if you've already addressed developer feedback or that type of thing. But I do have a question on the additional survey feedback, the first bullet point that says the measure is hard to collect. But has that been discussed yet?

Ms. Williams-Bader: Hi. No, we haven't -- I don't know that anyone has made any comments about that. But if anyone on the rural health Advisory Group has any comments about the measure being hard to collect, please feel free to share that.

Member Slabach: This is Brock here. I'm going to go out on a limb for a second here and suggest that it's my understanding that electronic health records can capture this information. But I can stand corrected on that.

Dr. Postal: This is Susy. I have my hand raised. You are correct. We have an emergency department dashboard that can capture that minute, extract the data, and report it out. And we can report in a dashboard as well with run charts. Over. Thank you.

Co-Chair Rask: Other discussion?

Mr. Dickerson: This is Bob again. Thanks. That was our understanding as developers of this measure is that data was easy to capture and was being captured. And we haven't received any comments from abstractors or implementers of the measure that was difficult. So thank you for the clarification.

Co-Chair Rask: Any other discussion?

(No response.)

Co-Chair Rask: Sounds like we're ready for the poll.

Ms. Young: Thanks, Kim. We will pull up the poll

question. The poll is now open for Measure 00930-C-HOQR: Median Time from ED Arrival to ED Departure for Discharged ED Patient. Do you support retaining this measure in the program, yes, no, or unsure?

Again, please let us know if you're having trouble with the poll link or answering the poll question. I'll give it a few more seconds. Okay. I think we can close the poll. Poll is now closed for Measure 00930-C-HOQR. The answers are one Advisory Group members voted yes or polled yes, seven members polled no, and zero members were unsure.

Ms. Lynch: Thank you, everyone. We will move on to the next measure which is Measure 00140-C-HOQR: MRI Lumbar Spine for Low Back Pain. This measure evaluates the percentage of MRIs of the lumbar spine. That is for patients with low back pain performed in an outpatient setting where antecedent conservative therapy was not attempted prior to the MRI.

This type of therapy includes claims for physical therapy and the 60 days preceding the lumbar spine MRI, claims for chiropractic evaluation and manipulative treatment in the 60 days preceding the lumbar spine MRI, and/or claims for evaluating and management of at least 28 days but no later than 60 days preceding the lumbar spine MRI. This measure is calculated based on a one-year window of Medicare Claims. The measure has been publicly reported, annually, by the measure steward, CMS, since 2009, as a component of its HOQR program. Endorsement has been removed and this measure was selected by seven MAP members.

There is no lead discussant. So we'll share on the next slide the criteria selected where the measure does not contribute to the overall goals and objectives of the program. The measure is not endorsed by a CBE or lost endorsement.

Performance or improvement on the measure does



not result in better patient outcomes. And 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 and leads to a high level of reporting burden for reporting entities. Some additional survey feedback included that this measure has a good intent.

But without revision, this measure may not function as intended, leading to long wait times for patients and favors cost savings over patient care. And there was also some interested in understanding why endorsement was removed. I'll turn it over to you, Kim.

Co-Chair Rask: Thank you. Are there any questions from the Advisory Group members you would like to direct NQF about this measure. Any discussion about the measure?

(No response.)

Co-Chair Rask: I will make a comment. As I look at this, one of the compelling points to me is that we do have the experience of this measure that performance does not have a lot of variation so that it has not been seen as being very helpful and given that I'm not sure that it would offer a benefit in a rural setting. Those were my thoughts. Any other discussion from Advisory Group members about this measure?

I have not seen any hands raised, but make sure I'm staying honest.

Ms. Young: I do not see any hands raised, Kim.

Co-Chair Rask: All right. Thank you. If there is no discussion, last call before we move to a poll.

(No response.)

Co-Chair Rask: All right. Thank you. I think we're

ready.

Ms. Young: Thanks, Kim. We will pull up the poll. The poll is now open for Measure 00140-C-HOQR: Magnetic Resonance Imaging, MRI, Lumbar Spine for Low Back Pain. Do you support retaining this measure in the program, yes, no, or unsure? And please let us know if you're having trouble with that link or answering the poll question.

I'll give it a few more seconds here. I think we can close the poll. The poll is now closed for Measure 00140-C-HOQR. The poll responses were yes, zero, no, seven, and unsure, zero. Thank you.

Ms. Lynch: Thank you, everyone. I do just want to see if there's any additional comments since there's a heavily voting to not retain it and to see if there's any additional comments that anybody wanted to share or just what Kim shared resonated with everyone else. Okay. I think maybe Kim just said it perfectly.

We'll go ahead and move on to the next measure which is 02599-C-HOQR: Abdomen CT, Use of Contrast Material. This measure calculates percentage of abdomen and abdomen pelvic CT studies that are performed without and with contrast out of all abdomen and abdomen pelvic CT studies performed, those without contrast, those with contrast, and those with both, at each facility. This measure is calculated based on a one-year window of Medicare Claims.

The measure has been publicly reported annually by the steward CMS since 2009 as a component of its HOQR program. This measure is not endorsed and was selected by six MAP members. I want to see if Holly Wolff was able to join us this morning.

Not hearing her, we will go ahead into the next slide and go over the criteria which there were two. So the measure does not contribute to the overall goals and objectives of the program. And the measure is

not endorsed or lost endorsement. Some additional survey feedback is related to standard of care, may be tapped out and interested in knowing if it was submitted for endorsement and failed or was not submitted. I'll turn it over to you, Kim.

Co-Chair Rask: Thank you. Turning to the advisory committee, are there any questions you have to NQF staff about this measure or any discussion?

I am not seeing any hands raised. I will offer one comment of my own. And I think it relates to that additional survey feedback about standard of care.

I think the use of contrast and non-contrast is more meaningful when it's been stratified or looked at by the reason for the CT scan being order. And as an overall measure across all clinical scenarios where a CT scan might be a reasonable test, that doesn't tell you -- in my opinion, doesn't provide a lot of information about clinical quality and doesn't provide an actionable response to identify good and poor quality in terms of diagnostic imaging. Other thoughts or comments on this measure?

I am not hearing any comments, and I am not seeing any hands raised. I'll just ask NQF staff to double check for me to make sure I'm not missing.

Ms. Young: I do not see any hands raised, Kim.

Co-Chair Rask: Thank you. Hearing no further discussion, I believe we are ready for the poll.

Ms. Young: Thank you. We will bring up the poll now. The poll is now open for Measure 02599-C-HOQR: Abdomen Computed Tomography, CT, Use of Contrast Material. Do you support retaining this measure in the program? Please poll yes, no, or unsure.

(Pause.)

Ms. Young: I'll give it a few more seconds. I think we can close the poll. The poll is now closed for

Measure 02599-C-HOQR. The polling responses were yes, zero, no, seven, unsure, zero.

Ms. Lynch: Thank you, everyone. We will move on to our last measure in this program which is Measure 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery. This is a facility-level, post-surgical risk-standardized hospital visit ratio of the predicted to expected number of all-cause, unplanned hospital visits within seven days of a same-day surgery at a hospital outpatient department among Medicare fee-for-service patients aged 65 years and old. This measure is endorsed and was selected by five members. I just want to pause to see if a representative from the American Hospital Association was able to join.

Hearing none, I will go over the criteria which the measure is duplicative of other measure within the same program. The measure is not endorsed by CBE or lost endorsement. But as you can see, the measure is actually endorsed. A 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.

And I think there might be some additional information on the next slide which is that this highlights our longstanding concern about the use of ratio measures and preference for risk-adjusted rates or year-over-year normalized rates, as with CMS' standardized ratio measures in the end stage renal disease-related programs, we strongly recommend that ratio measures be avoided in favor of risk-adjusted rates or year-over-year normalized rates. Since there is a similar measure that's endorsed by NQF, CMS should consider including the endorsed measure and interested in knowing if submitted for endorsement and failed. So we'll turn it over to you, Kim.

Co-Chair Rask: Thank you. Are there any questions for NQF staff around this measure?

Co-Chair Mueller: I'm just curious what the other measure is that's being referred to, similar measure.

Ms. Lynch: Can I turn that to you, Jenna?

Ms. Williams-Bader: Yeah. So again, what's here on the slide are comments made -- either the rationale that survey respondents used for nominating a measure for discussion or free text from the actual survey respondents. And looking at the measure right now in our measure summary sheet to see if there are any measures that are listed as similar. So if you could give me one second.

So in the CMS measures inventory tool, it does say that a similar measure is 02086-C-HOQR: Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy. But that's obviously for a specific procedure. It's hard for us to know which measure the survey respondent had in mind when they -- or survey respondents had in mind when they selected.

Co-Chair Mueller: Understood.

Co-Chair Rask: To my knowledge, there are several measures that refer more specifically to adverse events that occur after hospital outpatient surgery or ambulatory center surgery. It's possible the respondent was also thinking about those measures. To my mind, one of the advantages of those kinds of measures is it's looking more specifically at a particular -- at an adverse event that could be linked to the kind of procedure that was done as opposed to a general hospital visit.

I don't think we want to be in the position of encouraging people who have had outpatient surgery to not check back in if they had a concern and having some kind of unintended consequence.

With this kind of a general measure as opposed to a measure that, for example, looks at was there a bleeding problem after a surgical procedure. And so that could more tie really to an adverse event and not a patient requested need or desire to be reassessed.

Ms. Proctor: This is Joan Proctor from CMS. My general question is, does it meet the criteria measures duplicative of other measures then? It sounds like it doesn't.

Co-Chair Rask: I will turn that to the NQF staff because under the criteria rationale, there was a process for assessing that. Is that correct?

Ms. Williams-Bader: So again, we're really relying on the information that's available in the CMS measures inventory tool. And something to note is that those measures are assessed as similar, sort of on a scale if you -- my understanding at least if you look at that in the tool. And measures may be similar around numerator or denominator.

So it's not always -- there's degrees of how similar they are. So I think it would be up to the -- or we would welcome feedback from MAP about how similar you do see those measures to be. So I don't know if we can give an exact yes or no here. But there's some overlap between them but maybe not 100 percent.

Co-Chair Rask: Thank you for that. Other comments or discussions about this measure?

I am not seeing any hands raised.

Ms. Young: Correct, Kim. I do not see any hands raised.

Co-Chair Rask: And not hearing any discussion, I think we're ready to move to the poll.

Ms. Young: Thanks, Kim. The poll is now open for Measure 02930-C-HOQR: Hospital Visits after

Hospital Outpatient Surgery. Do you support retaining this measure in the program? Please answer the poll yes, no, or unsure.

(Pause.)

Ms. Young: I'll give it about ten more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 02930-C-HOQR. The responses are yes, one, no, four, unsure, one.

Ms. Lynch: Thank you, everyone. Before I turn it --

Dr. Schreiber: This is Michelle. Do you --

Ms. Lynch: -- over to Jenna -- oh, sorry.

Dr. Schreiber: I'm sorry. Do you mind calculating percentages for us if that's possible?

Ms. Harding: Yes, would you like me to show count and percentage for each --

(Simultaneous speaking.)

Dr. Schreiber: That would be great if -- that would actually be great if you could.

Ms. Harding: Okay. I'll go back to this one right now.

Ms. Lynch: Do we want to read off the percentages so we have those in the transcript too?

Ms. Young: Thanks, Chelsea. For Measure 02930-C-HOQR, percentage responses are yes, 17 percent, no, 67 percent, and unsure, 17 percent.

Ms. Lynch: Thank you. And do you just want to pause again to see if there's any additional comments about either the votes and just getting any additional information that anybody may want to share for some additional context?

(No response.)

Ms. Lynch: So we appreciate all of your participation, and I'll hand it over to Jenna.

Ms. Williams-Bader: Great. Thank you so much, Chelsea. So we are a little ahead of schedule. But as our next section begins with a public comment, we're going to go ahead and break for lunch right now.

Let me just check in with the team and we will -- so I can say what time we'll come back from lunch. It was originally scheduled to go from 11:50 to 12:20. So if you'll give me just one minute.

And we will go ahead and resume at 12:05. And at that point, we will have public comment for the Ambulatory Surgical Center Quality Reporting Program. So thank you all so much for the discussion we've had so far, and we will see you again at 12:05 Eastern Time.

(Whereupon, the above-entitled matter went off the record at 11:29 a.m. and resumed at 12:05 p.m.)

Ms. Williams-Bader: Welcome back, everybody. I hope you enjoyed your lunch break. It's 12:05 p.m. Eastern Time so we will go ahead and get started.

If we could go to the next slide, please. We will now be talking about measures that were identified for discussion in the Ambulatory Surgical Center Quality Reporting Program.

Next slide, please. This program is a quality payment program and public reporting program. It's incentive structure is the ambulatory surgical centers that do not participate or participate but fail to meet program requirements receive a 2 percentage point reduction of their annual payment update under the ASC fee schedule for not meeting program requirements.

And the goals of this program are to progress towards paying providers based on the quality



rather than the quantity of care they give patients and to provide consumers information about ASC quality so they can make informed choices about their care.

Next slide, please, and then next slide. I will turn it over to Keith for the public comment for this program.

### Opportunity for Public Comment on Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures

Co-Chair Mueller: Thank you. We are now open for public comment. As was said earlier today, please hold your comments to under two minutes. We'll take any questions. Looking for raised hands or if you're on the phone, please speak out or if you want to submit something in chat, we will respond to that.

So the floor is now open for any of those venues for people to raise comments. Are we seeing any raised hands?

Ms. Young: Keith, I do not see any raised hands.

Co-Chair Mueller: Okay. Nothing in the chat box. Again, anyone on the phone or if you want to just speak out, you can't quite figure out the raise hand mechanism, please do so.

All right. Hearing and seeing no comments, I will turn this back over to Jenna. Thank you.

### ASCQR Program Measure

Ms. Williams-Bader: Thank you very much, Keith. Okay. We will start with Measure 0409-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery.

This measure description is that it assesses the percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual

function achieved within 90 days following the cataract surgery, based on completing a pre-operative and post-operative visual function survey.

The endorsement was removed from this measure, and five survey respondents nominated this measure for discussion.

The criteria that survey respondents used when nominating the measure for discussion is that the measure is not endorsed by a consensus-based entity or lost endorsement, performance or improvement on the measure does not result in better patient outcomes and the measure leads to a high level of reporting burden for reporting entities.

Additional feedback we received on the survey was that the measure is difficult to track in part because the term "improved" is ambiguous. Would favor a more objective assessment of patient visual acuity.

Despite endorsement having been removed for this measure, it is a voluntary measure and the only PRO/PM so we did not nominate it for removal and interested in reasons for endorsement removal.

Keith, I will now turn it over to you.

Co-Chair Mueller: Okay. We would welcome discussion, this measure on cataracts improving patient's visual function within 90 days. So please use the mechanisms of raise hand, chat box or speak out. As indicated, we're especially interested in that last bullet, in reasons to remove endorsement for this one.

I'll start by saying I was struck by the comment it's difficult to track something when the indicator is improvement in visual function, but we don't know quite what that means. Other comments?

Member Slabach: This is Brock here. I would tend to agree with that. I mean, it doesn't have a good definition. And I think it's an interesting metric for

reporting that I'm not sure I would base a lot of good decisions on in terms of seeking care myself.

Co-Chair Mueller: Any other comments? Hearing and seeing none, I will turn it back for voting.

Ms. Young: Thanks, Keith. We will open the poll. The poll is now open for Measure 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. Do you support retaining this measure in the program? Polling is yes, no or unsure. And again, please let us know if you're having trouble with that link or answering those polling questions.

Okay. We have about 10 more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 01049-C-ASCQR. The responses are yes 0, no 6 and unsure 0. The percentage is 100 percent for no.

Ms. Williams-Bader: Okay. Thank you very much. We'll move on to the next measure, 02936-C-ASCQR, Normothermia Outcome. This assesses the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post-anesthesia care unit or PACU.

This measure is not endorsed. Six survey respondents nominated this measure for discussion. And let me pause here to see if anyone from the National Association of Rural Health Clinics has joined the call.

Okay. So the criteria that survey respondents used when nominating the measure for discussion was that the measure is not endorsed by a consensus-based entity or lost endorsement and the measure leads to a high level of reporting burden for reporting entities.

The additional survey feedback we received was

that it lost endorsement. Important, it is a standard of care that I think was topped out. Revised to match hospital standard. Selected criteria number 8 if data source truly is paper medical records as opposed to EHRs. And interested in learning if the measure has been submitted for endorsement and if so, if it failed endorsement and why. If it has not been submitted, then why has it not been submitted? Keith, I will turn it over to you.

Co-Chair Mueller: Okay. We are open for comments on this measure, in particular reaction to criteria rationale and survey feedback. And the same process of use raise hand, chat box or speak out. I'm not seeing anything in the chat box at this time. Are we seeing any raised hands?

Ms. Young: I do not see any raised hands, Keith.

Co-Chair Mueller: Are there any comments related to if the measure has been submitted to endorsement and if so, did it fail and why?

It seems like the answer to that might be embedded in the first bullet that indicates it's a standard of care and the commenter thought it was topped out so. Any other comments? Seeing or hearing none, I'll turn it back over for poll.

Ms. Young: Thanks, Keith. The poll is now open for Measure 02936-C-ASCQR: Normothermia Outcome. Do you support retaining this measure in the program? Please answer the poll for yes, no or unsure.

We'll give it a few more seconds. All right. I think we can close the poll. The poll is now closed for Measure 02936-C-ASCQR. The responses to polling are yes 0, no responses 6 and 1 response unsure. And the percentages for responses are yes 0 percent, no 86 percent and unsure is 14 percent. Thank you.

Ms. Williams-Bader: Thank you, Susanne. And

before we move on from that measure, I just wanted to see if anyone had any additional comments as to why your response on the poll was that this measure should not be retained in the program. Do we have any hands raised, Susanne?

Ms. Young: I do not see any hands raised, Jenna.

Ms. Williams-Bader: Okay. In that case, let's go ahead and move on to the next program then. So now we will be talking about the PPS-Exempt Cancer Hospital Quality Reporting Program.

Next slide, please. This program is a quality reporting program. The incentive structure is that PCHQ -- it's a voluntary reporting program, and data are reported on the provider data catalog.

The program goals are to provide information about the quality of care in cancer hospitals. In particular, the 11 cancer hospitals that are exempt from the inpatient Prospective Payment System and the Inpatient Quality Reporting Program and encourage hospitals and clinicians to improve the quality of their care, to share information and to learn from each other's experiences and best practices.

We could go to the next slide, please. And then the next one, I will turn it over to Kim for the public comment.

#### Opportunity for Public Comment on PPS-exempt Cancer Hospital Quality Reporting (PCHQR) Program Measures

Co-Chair Rask: Thank you, Jenna. Again, this is our opportunity for public comment either through the chat, by raising your hand or by speaking. If you are on a phone line, we ask that you please provide your first and last name and then your comment.

Ms. Jones: Hi. This is Stephanie Jones. I'm with ASCO. And we are the stewards of the registry or CQM version of this measure. I just wanted to make

the comment that the measure that is being utilized in the PCHQR Program is actually a claims-based measure that has not undergone NQF evaluation for endorsement.

Co-Chair Rask: Thank you. Any other public comments? I am not seeing any hands raised.

Ms. Young: Kim, I do not see any hands raised.

Co-Chair Rask: Okay. I do not see anything in the chat. All right. Not seeing any hands raised, no comments in the chat and no other verbal comments, I will turn it back over to NQF.

### PCHQR Program Measures

Ms. Williams-Bader: Thank you very much, Kim. So if we could go to the measure slide, please. Here we go.

This measure is 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice. This measures sets as a proportion of patients who died from cancer not admitted to hospice.

The endorsement status is that endorsement was removed. And the number of survey respondents who selected this measure for discussion was five.

We do have a statement about this measure. And it connects to what Stephanie Jones from ASCO was just saying.

So 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice, is a new claims-based measure developed by the Alliance for Dedicated Cancer Centers based on the concept of NQF 0215 with the same measure name, registry measure, which is stewarded by the American Society of Clinical Oncology or ASCO.

ASCO notified NQF it would no longer maintain the registry version of the measure in the spring of

2022 because the registry version of the measure had not been used in the CMS MIPS program since 2019 so no data was available to retain NQF endorsement.

CMS approved this new claims based version of the measure for the PCHQR program and is now working to implement the new version of the measure. This will be the first year this measure will be implemented in the PCHQR Program.

The Alliance for Dedicated Cancer Centers and ASCO are in discussions about who will steward this claims-based version of the measure with NQF moving forward. ASCO also has a call scheduled with NQF on June 13 to discuss this measure along with other ASCO stewarded end of life registry measures, which now have claims-based versions developed by the Alliance for Dedicated Cancer Centers for the PCHQR Program.

The criteria that were cited by survey respondents when nominating the measure for discussion was that the measure is duplicative of other measures within the same program. The measure is not endorsed by a consensus-based entity or lost endorsement and the measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities.

Additional survey feedback we received was that need more information about this measure. This could be measuring a lack of access to hospice.

Note that the MSR measure spreadsheet lists this measure's endorsement status as endorsement removed, but the CMS measure inventory says this measure is endorsed.

It does not take into account the availability of hospice services, for example, for rural patients, and does not take into account those offered hospice but declined. And many cancer patients

benefit from palliative care and do not need to be enrolled in hospice if followed by high quality palliative care programs.

Kim, I will now turn it over to you for discussion.

Co-Chair Rask: Thank you. Are there any questions from the Advisory Group to NQF staff or any discussion around this measure?

Ms. Young: Brock has his hand raised.

Co-Chair Rask: Thank you. Go ahead.

Member Slabach: Oh, thank you. I guess what I'm surmising from this metric is that there is no way to discern the reasons why someone did not access hospice. It just merely records those that did not secure hospice services. So I guess it's a little bit -- I'm kind of struggling with some of the information there on the survey feedback. We don't know.

And then I'm also questioning when it says a measure has negative unintended consequences, including potential negative impacts to the rural population, it seems like we would want to know those impacts if in fact we could determine that these were largely rural patients that were being -- that are not being admitted prior to death to hospice.

So I guess I may be confused and possibly now leaning towards removal if it's not able to discern that information.

Co-Chair Rask: Thank you. Other thoughts on this measure? I would also echo the concerns about availability of services and not being able to distinguish whether services are being offered or if alternative services are being given that don't rate as hospice and that that may be a particular concern in rural areas with limited providers.

Other comments or discussion from the Advisory Group? Hearing none, I think we're ready for the



poll.

Ms. Young: Thanks, Kim. We will pull up the poll. The poll is now open for Measure 05735-C-PCHQR: Proportion of Patients who Died from Cancer Not Admitted to Hospice. Do you support retaining this measure in the program? Poll answers are yes, no or unsure.

I'll give you a few more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 05735-C-PCHQR. The poll responses are yes 0, no 7, unsure 0 for a percentage equivalent of yes 0 percent, no 100 percent and unsure 0 percent.

Ms. Lynch: Could I have the next slide, please? So we are going to transition to the clinician programs, of which there are two, the Medicare Shared Savings Program and the Merit-Based Incentive Payment System.

Next slide. So we'll start with the Medicare Shared Savings Program, which is a shared savings program mandated by Section 3022 of the Affordable Care Act.

Under this is the incentive structure is CMS assesses Shared Savings Program Accountable Care Organization performance annually based on quality and financial performance to determine shared savings and the losses.

Beginning with performance year 2021, ACOs are required to report their quality data to CMS via the Alternative Payment Model (APM) Performance Pathway (APP).

Performance categories and weights under the APP used to calculate an ACO's MIPS quality performance category score are quality 50 percent, cost 0 percent, improvement activities 20 percent and promoting interoperability 30 percent.

The program goals are to promote accountability for patient population, coordinate items and services for the ACO's patient population Medicare fee-for-service beneficiaries and encourage investment in high quality and efficient services.

I'm now going to hand it over to Keith for public comment.

### Opportunity for Public Comment on Medicare Shared Savings Program (MSSP) Measures

Co-Chair Mueller: So we are open for comments on this program and measures, general comments. And, again, your venues for that are raise your hand if you're on the screen, send something through the chat box or enter verbally. And if you are from a phone line, please provide your name and organization.

So we are open for comments. I'm seeing none in the chat box. Are we seeing any hands raised?

Ms. Young: I do not see any hands raised.

Co-Chair Mueller: And we are not hearing from phone lines.

Dr. Postal: This is Susie Postal from Indian Health Service. In the sense from not just the Medical Shared Savings Program but the Indian Health Service does have facilities that participate in MIPS and utilize some of the measures. If you want specific measures that we utilize, I can go through those. Over.

Co-Chair Mueller: Thank you. Other comments? If not, I think we're ready to work our way through the measures.

### MSSP Measures

Ms. Lynch: Okay. Our first measure is 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan.

This assesses the percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented.

This measure is not endorsed and was selected by three MAP members. I believe our discussant is someone from the American Society of Health System Pharmacists if they are on the line.

Member Sackett: Yes. Hi. This is Rena Sackett. And I will look to NQF on guidance of this. I have this measure as well as the next one.

I'll discuss both these two together since the second is an eCQM version of this first one. So I'm not sure if we will poll separately on those two, but I will at least discuss my comments together for them.

It is important to note this measure was retired. Endorsement was removed in 2020 due to the measure steward declining to resubmit measure for endorsement.

I think the concern of this measure if it were to be removed is that there are no similar measures in the same program listed in CMIT.

There was one public comment noting that given the increasing mental health conditions during COVID, including depression and anxiety, it is important to keep depression screening measures in measure sets to encourage proper identification and treatment for patients. And this can be argued especially in the rural setting. So those are my comments.

Ms. Lynch: Thank you. And I did forget to add a statement for awareness that CMS will sunset this web interface-based measure starting with performance year 2025. And back to you, Keith, for the rest of the conversation.

Co-Chair Mueller: Okay. Other comments about this measure preventive care and screening, screening for depression and follow-up plan?

Member Hyde: Hi. This is Sandi Hyde from LifePoint. We would recommend that this measure if kept be modified. So many of the patients are going to specialists. And specialists are not comfortable doing depression screening because they are not trained in behavioral health.

But if the patients go to a specialist, than those specialists would be included in the denominator of this measure if I'm understanding this measure correctly.

Member Slabach: This is Brock here. It seems to me that -- and that's a great comment, Sandi. I'm curious thought if a physician is participating in a Medicare Shared Savings Program, those are typically primary care physicians, although specialists can certainly participate. But I think that the majority of them would probably be primary care. But that may answer that question.

I have problems with this, I guess, because the endorsement has been rescinded, and there is no measure steward on this one.

The other problem is just tremendous lack of -- and I hear this consistently around rural communities that if you do depression screening but you don't have resources for follow-up or referral, it creates a burden. And to the extent to which that happens, I guess it's interesting to have that information.

But the shortage of behavioral health and mental health workers is really acute around the country. And I'm not sure how that fits into this, but I think it's a part of the discussion here this morning.

Co-Chair Mueller: In reacting to that, I think I'm a little torn because the measure helps keep the pressure on to do something, to react to what we

feel, at least, and some data confirm this, is an increasing prevalence of mental health issues across all age groups.

But we need to be aware of that and document it, but I'm not comfortable, especially listening to these comments about requiring it in all encounters. And that's a little confusing. Is it all encounters or is it what I would consider it to be intake encounters, like primary care or if you're showing up at the hospital ER, and those are both MSSP providers and then the follow-up plan being documented as it could be really onerous in situations where there really isn't a way to do a follow-up plan and execute it.

So, again, I'm kind of torn. I want to see that we keep the pressure on the system and funders to address the issue. I'm not sure this is the way to do it.

Ms. Lynch: If any of our CMS colleagues have any clarification around the denominator, we would be happy to have that clarified if anyone is on. The measure steward as well if you happen to be on.

Co-Chair Mueller: Are there comments? I heard Brock mention there isn't a measure steward now is there? Other comments on 00515? Hearing and seeing none, I'll turn this back for polling.

Ms. Young: All right. We will pull up the poll. And just for clarification, we will be polling the measures separately so the eCQM measure will be polled separately.

The poll is now open for Measure 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan. Do you support retaining this measure in the program? Polling answer options are yes, no or unsure.

We'll give it a few more seconds. All right. I think we can close the poll. The poll is now closed for

Measure 00515-C-MSSP. Responses are yes 1, no 4, unsure 2. And percentage-wise, the responses are yes 14 percent, no 57 percent and unsure 29 percent.

Ms. Lynch: And the next measure is eCQM ID: CMS2v11: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM), which is an electronic clinical quality measure. Again, this assessment is for a percentage of patients aged 12 years and older, screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening and if positive, a follow-up plan is documented.

This measure is not endorsed and was not presented in the original survey but is an electronic clinical quality measure version of the measure presented in the original survey. And so therefore there were no additional criteria.

And are there any additional comments from our lead discussant?

Member Sackett: This is Rena Sackett again. I don't have any additional comments different than what we previously discussed. Thank you.

Co-Chair Mueller: Are there any other comments?

Ms. Young: Susy has her hand raised.

Dr. Postal: Thank you.

Co-Chair Mueller: Please go ahead.

Dr. Postal: Hi. The Indian Health Service does utilize the CMS02 measure since 2018. So even though it is not endorsed, it is one that we have been reporting on.

Co-Chair Mueller: Thank you. Other comments? I think we're ready to poll since this is the version two of the same one we just polled on.

Ms. Young: Okay. We can pull up the poll. The poll is open for Measure eCQM ID: CMS2v11: MIPS Quality ID 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (eCQM). Do you support retaining this measure in the program? Poll response options are yes, no or unsure.

And I'll give it another few seconds. Okay. I think we can close the poll. The poll is now closed for Measure eCQM ID: CMS2v11: MIPS Quality ID 134. Responses are yes 2, no 3 and unsure 2. For percentages, responses yes 29 percent, no 43 percent and unsure 29 percent. Thank you.

Ms. Lynch: Thank you. Before I refer you to the next measure, I was just curious if there were any thoughts about differences between this measure as an electronic measure versus the non and just any thoughts about any changes and differences in both that anybody would like to comment on just for consideration or for awareness?

Co-Chair Rask: This is Kim. I'll say thinking of an eCQM measure as opposed to a potential paper-based measure reduced the burden and just changed a little bit of that balance of the benefit versus burden calculation on that measure for me.

Ms. Lynch: Thank you, Kim. I appreciate that. Any other thoughts? Okay. I just wanted to ask, but I think we can go ahead and go to the next measure, which is Measure 06040-C-MSSP, which is the Hospital-Wide, 30-day All-Cause Unplanned Readmission Rate for MIPS Eligible Clinician Groups.

This measure is a re-specified version of the measure, Risk-adjusted readmission rate (RARR) of unplanned readmission within 30 days of hospital discharge for any condition, which is NQF Number 1789.

It was developed for patients 65 years and older using Medicare claims. This re-specified measure

attributes outcomes to MIPS participating clinician groups and assesses each group's readmission rate.

The measure comprises a single summary score, derived from the results of five models, one for each of the following specialty cohorts, groups of discharge condition categories or procedure categories, medicine, surgery/gynecology, cardio-respiratory, cardiovascular and neurology.

This measure is not endorsed but is based on an endorsed measure and was selected by five MAP members. We'll pause to see if anyone from the American Hospital Association was able to join as a lead discussant?

Okay. Hearing none, we can go to the next slide. So the criteria for this measure was the measure does not contribute to the overall goals and objectives of the program. The measure is duplicative of other measures within the same program.

The measure is not endorsed by a consensus-based entity 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.

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

Additional Survey feedback included we think this is a good measure, and it should be endorsed. We would need a very large sample to be valid at the individual group level over an actionable timeframe. And this is not a quality measure. It is a utilization measure. And so I'll hand it to you, Keith.

Co-Chair Mueller: Okay. We're now open for comments on the 06040 measure. And again the



venues are chat box, raise hand, speak out.

As a reminder, this is applying an endorsed measure to a specific clinical group, the MIPS eligible clinicians with MSSP if I'm understanding it correctly, which could make it disproportionately rural in its impact actually if you think about that because the MSSPs who are accepting downside risk would not have MIPS eligible clinicians or would they? That's a good -- I'm trying to work through the -- I know too much about MSSP and MIPS now to think this one through that in the downside risk MSSPs, they're not being paid through MIPS. They're being paid the bonus payment straight up, a 5 percent bonus payment. So I'm not sure this applies to them.

Co-Chair Rask: I think one of my concerns with it is because it is all cause on planned readmissions and it's not stratified by condition, there's so much variation that it really -- large numbers are important. And so breaking it down by a clinician group concerns me for validity reasons and then in rural communities in particular where we expect low numbers to be an issue. It just makes me wonder how much -- how useful it would be for making comparisons or how it might have a lot of sort of random fluctuation and movements because of small numbers.

Member Slabach: Yes. This is Brock here. This is an interesting one because I'm like, you, Keith, when you kind of parse through the details here, practitioners in rural health clinics would not be considered part of this calculation because they don't participate in MIPS so they're exempted from that program.

So in many ways, participants in an MSSP that are in a critical access hospital or a rural health clinic would be largely not reported in this particular metric, the way it's structured, which is problematic.

I do think that MSSP providers, I think they do look

at this generally, and they provide education towards how to keep patients out of the hospital, past their discharge. So this is a way for them to monitor, I guess, their performance. I'm guessing they would do this regardless of whether or not it was reported or not because this is one that really is impactful.

Co-Chair Mueller: Yes. They have a very strong financial incentive on this one to not have the readmissions. So you would expect what you see to be true. Other comments? None in the chat box? Are we seeing any other raised hands?

Ms. Young: I do not see any other raised hands.

Co-Chair Mueller: And then I'll turn this back for polling.

Ms. Young: I think we can bring up the poll. The poll is now open for Measure 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups. Do you support retaining this measure in the program? Poll response options are yes, no or unsure.

We'll give it 10 more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 06040-C-MSSP. Responses are yes 3, no 4, unsure 0. The percentage equivalents are responses are yes 43 percent, no 57 percent and unsure 0. Thank you.

Ms. Lynch: And our next measure is 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

This is an annual risk-standardized rate of acute, unplanned hospital admissions among Medicare fee-for-service patients aged 65 years and older with multiple chronic conditions or MCCC.

This measure is not endorsed, but it is based on an

endorsed measure and was selected by three MAP members.

I will shortly pause to see if anyone from the American College of Emergency Physicians has been able to join.

And hearing none, I will go ahead and share that the criteria for the selection of the measure was the measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities. The measure leads to a high level of reporting burden for reporting entities. And the measure does not contribute to the overall goals and objectives of the program.

Additional survey feedback include I would wonder how often this is being reported and does it have unintended consequences for groups who take care of higher underserved populations? And another note that this is not a quality measure. It is a utilization measure. So I will hand it to you, Keith.

Co-Chair Mueller: Okay. We're open for comments on 02816 through any of the venues again, raise hand, chat, speak out.

Member Slabach: This is Brock here. Kind of like some of the others, Keith, I'm somewhat conflicted on this one because this is such an important area of MSSP plans ACOs focus on as part of their work to reduce the acute exacerbation of chronic conditions. And so it's a good metric for that.

But I am troubled that it is not endorsed. And it does seem to -- lack of endorsement creates a problem for me. So it's kind of like I'm in the middle on this one.

Co-Chair Mueller: These are not endorsed because this is an application specific to groups, clinician and clinician groups within MSSP. And there is a measure more broadly because it says based on an

endorsed measure. So I'm wondering if that's -- if this is a narrower application of a broadly based measure. Does anyone know the answer to that?

Ms. Williams-Bader: Do we have the CMS program lead on for either Shared Savings Plan or I don't know if -- yeah, I think the Shared Savings Plan, do we have the program lead on for that?

Co-Chair Mueller: It's interesting some of the supporting information for this that there was an improvement in this measure between 2019 and 2020 after the rates were similar in '18 and '19. I'm not overwhelmed by the Ns and improvement, but on the other hand it is what it is as they say. Other comments? None in the chat box? Any hands up?

Ms. Young: We do not have any hands raised.

Co-Chair Mueller: Okay. Then we're ready for polling.

Ms. Lynch: We will bring up the poll. The poll is now open for Measure 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions. Do you support retaining this measure in the program? Poll response options are yes, no or unsure.

I'll give it a few more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 02816-C-MSSP. Responses are yes 4, no 2, unsure 1. The percentage equivalents are yes 57 percent, no 29 percent and unsure 14 percent. Thank you.

Ms. Lynch: And our next measure is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey. This is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding six months. This measure is endorsed and was selected

by three MAP members.

However, I do have a statement. The CAHPS for ACO Survey was last administered on behalf of the Shared Savings Program ACOs for the 2019 performance year. CMS waived the CAHPS for ACO Survey for the 2020 performance year.

Beginning with the 2021 performance year, Shared Savings Program ACOS were required to administer the CAHPS for MIPS Survey as a part of the AMP Performance Pathway, APP, reporting.

The surveys are nearly identical however there are some scoring differences. CMS has one year of CAHPS for MIPS data per Shared Savings Program's ACOs. Given that the Shared Savings Program is merely using the CAHPS for MIPS survey, and there may have been some confusion during public comment with the linking to the CAHPS for ACO Surveys and the CMS Measure Inventory Tool, and CAHPS and CMS decided to remove the measure for discussion and voting during the review meetings.

Are there any questions or concerns about this decision? Hearing none, I think we will go ahead and go to the next measure, which is Measure 01246-C-MSSP: Controlling High Blood Pressure.

This assessment is the percentage of patients 18 to 85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period and whose most recent blood pressure was adequately controlled, which is less than 140/90, during the measurement period.

The measure is not endorsed and was selected by six measures. Please note that CMS will sunset this web interface-based measure starting with performance year 2025, and I will turn it over to our representative from LifePoint Health if she is on the line.

Member Hyde: Hi. Thank you. There were six public comments to keep this measure with conditions, two to keep it without conditions and then one public comment to exclude.

The biggest challenge, I think, for us with this measure and for the next measure is that it's using the last measure made in the year. And so for patients with remote patient monitoring values who are eligible for numerator consideration, it's always going to pull their last measurement from December 31 if they are monitoring daily.

One of the public comments on this was a recommendation to look at time and therapeutic range model instead, which would be preferable for us.

The public comment for no was based on imprecise measures of control and debate about blood pressure targets. The public comments for yes without conditions were that it is a leading cause of cardiovascular morbidity, premature death and chronic kidney disease.

And then the public comments for keeping with conditions, they referenced that they believed the measure had topped out, that it doesn't require confirmation or validation of accuracy of the measurement.

And two of the exclusions some folks did not agree with, they did not agree with the exclusion of heart failure patients or the exclusion of Stage 1 hypertension.

Co-Chair Mueller: Okay. Thank you for that. We will now open for comments. Feel free to speak out or use the chat.

Member Cole: Hi. This is Collette Cole from Minnesota Community Measurement. I guess I have just a couple of questions.

One, I think this is a really valuable measure in continuing to control patients with hypertension. I am not aware of an exclusion for Stage 1 hypertension patients. So I am a little bit confused about that.

And I am wondering what happened with endorsement because as far as I know, the measure has been endorsed. So I am curious about those things.

Ms. Williams-Bader: Hi. This is Jenna. Let me at least try to answer your last question, Collette. So I don't believe we have someone on from the Shared Savings Program although I think they follow what the MIPS program does. So if any of the MIPS program leads or measure leads wants to speak up from CMS, please feel free.

But there are -- one of the things about endorsement for measures, as we talk about measures specifically in programs as there might be times where a measure in a program differs slightly from what has been endorsed. And so CMS for that particular program might determine that they consider the measure to be not endorsed even if there is a version of the measure that is endorsed.

So, again, I will see if there is someone either from Shared Savings or from MIPS who wants to speak about the endorsement status of this particular measure.

Member Cole: Thanks for the clarification, Jenna.

Ms. Williams-Bader: Sure.

Ms. Gomez: Hi. This is Lisa Marie. There is someone from the Shared Savings Program, Kathleen Johnson, on the line. I don't know if she wants to discuss.

But as Jenna noted, it's true that in the event that there is a measure that is endorsed and if it

slightly differs in any way in terms of the measure that was endorsed, we would consider it not endorsed just because in the event that any language changes, and if you look online and you look at the measure that was endorsed and you look at the measure that was in a program in MIPS, you would see that it's not exactly the same. So because of the incongruency, we would specify that it is not endorsed.

Ms. Johnson: Thank you, Lisa Marie. This is Kathleen Johnson. Yes, I am on the call. And I think Lisa Marie summed it up very well. I really don't have anything to add to that.

In terms of the exclusion, that is something that I would need to look up. I don't have that information readily available.

Ms. Williams-Bader: I was going to also try to see what exclusions are listed here in the measure specifications. If you open the measure summary sheets that we attached to the meeting invite, there is more detail about these measures.

And if we have the measure steward on the line, too, they are welcome to speak to the exclusions. I don't see Stage 1 hypertension called out specifically here. So let me see if the measure steward would like to speak to that.

Dr. Schreiber: Jenna, it's Michelle. It sounds like the measure steward for this may not be on the line. So we can provide an answer back to the committee at a subsequent time.

Ms. Williams-Bader: Thanks, Michelle.

Co-Chair Mueller: Additional comments?

Member Cole: Hi. This is Collette Cole again. I am just looking through the detail of the specs in the summary. And I don't see a Stage 1 hypertension. Again, maybe I'm looking in the wrong section of



the summary, but I'm not seeing that. And the measure looks very similar to the HEDIS measure that I am familiar with.

Co-Chair Mueller: Other discussion? This has been a robust discussion, and my head is a swirling a little bit trying to sort it all through. Any other comments? All right. Then let's take it to polling.

Ms. Young: Okay. We will bring up the poll. The poll is now open for Measure 01246-C-MSSP: Control of High Blood Pressure. Do you support retaining this measure in the program? Poll response options are yes, no or unsure.

We'll give it about 10 more seconds. Okay. I think we can close the poll. The poll is now closed for Measure 01246-C-MSSP. Responses are yes 2, no 2, unsure 3. The percentage equivalents are yes 29 percent, no 29 percent and unsure 43 percent. Thank you.

Ms. Lynch: All right. And our next measure is the eCQM version, eCQMID:CMS165v10: Controlling High Blood Pressure. Again the percentage of patients 18 to 85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measure period, and whose most recent blood pressure was adequately controlled less than 140/90 during the measurement period. The status is not endorsed and was not present in the original survey but since it is the electronic version, it was presented there. So any discussion around the electronic equivalent of this measure?

Co-Chair Mueller: Thank you. We are open for comments. Seeing or hearing none --

Dr. Postal: Hi, there. I had my hand raised.

Co-Chair Mueller: I'm sorry.

Dr. Postal: That's okay. This is Susy Postal with

Indian Health Service. So I know that you were mentioning the CQM a minute ago. But for the eCQM, the Indian Health Service has been utilizing this measure one, for the advanced APM as an outcome measure and then, two, for the MIPS as well. And we have been utilizing this measure since -- I'm looking right now -- 2018. Over. Thank you.

Co-Chair Mueller: Thanks for that. That's helpful to know. Other comments? None in the chat box? Anything in hands raised?

Ms. Young: I do not see any other hands raised.

Co-Chair Mueller: Then let's go to polling.

Ms. Young: All right. We will pull up the poll. The poll is now open for Measure eCQMID:CMS165v10: Controlling High Blood Pressure. Do you support retaining this measure in the program? Response options are yes, no or unsure.

I'll give a few more seconds. All right. I think we can close the poll. The poll is now closed for Measure eCQMID:CMS165v10. The responses are yes 3, no 3, unsure 1. The percentage equivalents are yes 43 percent, no 43 percent and unsure 14 percent. Thank you.

Ms. Williams-Bader: Hi, everyone. We are going to go ahead and take our break now. We are running ahead of schedule. We will break until 2:00 p.m. And when we come back from break, we will be talking about and doing public comment for the Merit-Based Incentive Payment System. So thank you so much, and we look forward to seeing you at 2:00.

(Whereupon, the above-entitled matter went off the record at 1:23 p.m. and resumed at 2:00 p.m.)

Ms. Williams-Bader: Okay. We are at two o'clock. So, we will go ahead and resume the meeting.

I'm going to turn this over to Chelsea to introduce

the Merit-Based Incentive Payment System.

Ms. Lynch: Thank you. So, we can go to the next slide.

So, the Merit-Based Incentive Payment System, this is a quality payment program. It is the incentive structure for pay-for-performance under four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight. You can see there's cost, improvement activities, promoting interoperability, and quality.

The program goals are to improve quality of patient care and outcomes for Medicare fee-for-service; reward clinicians for innovative patient care, and drive fundamental movement toward value in healthcare.

Now I'll turn it over to Kim for public comment.

#### Opportunity for Public Comment on Merit-Based Incentive Payment System (MIPS) Measures

Co-Chair Rask: Thank you.

This is our opportunity for public comment on the MIPS measures that are up for discussion.

You can raise your hand. You can comment in chat or just raise your voice on the call. If you are calling in by phone, we ask you to provide your first and last name, and then, your comments.

I see one hand raised, Flora Lum.

Dr. Lum: Thank you very much, and I really appreciate Jenna for allowing us to send the correct comments.

So, I am Flora Lum, Vice President, Quality and Data Science. I'm also a physician.

So, the American Academy of Ophthalmology

represents 93 percent of the active practicing ophthalmologists in the United States and sets the quality standards of care in eye care.

The Academy is in favor of more quality measures to cover the breadth and scope of medical care. Otherwise, the patients and the public do not have benchmarks and metrics for their specific diagnosis and procedures.

Physicians have differing practice styles and patient populations, and to pigeonhole them into rigid categories that don't match their practices well can distort their performance profiles.

I want to now comment on the two diabetic retinopathy measures. Diabetic retinopathy remains the leading cause of blindness in working-age Americans, which is a tragedy because 90 percent of blindness can be prevented with current treatments from ophthalmologists.

One of the important gaps in care is in coordination of care. Control of their diabetes plays a major role in the development of complications, such as diabetic retinopathy. This can be reinforced with the patient's primary care physician in charge of diabetes management. Yet, health care providers have identified this as a significant problem. There is not a good communication mechanism between the eye care provider and the physician managing the patient's diabetes. In fact, the American Diabetes Association has undertaken a significant effort just this year to enhance the communications regarding individuals with known diabetes because of this gap.

This measure provides incentives for the coordination of care. Removal of the measure will de-incentivize the practices to send relevant communications back to the physician managing the patient's diabetic care and further widen the gap of performance, which is only at an average of 69 percent currently for the electronic clinical quality

measure.

I want to switch to the retinal detachment measure. And this measure is an outcome measure and measures visual acuity. Obviously, visual acuity is a measure of function, and vision plays a very important role in many activities of daily living -- reading, driving, social activities, mobility, et cetera.

This measure is something that's important and relevant to every patient who undergoes a retinal detachment procedure. The question is whether their everyday function will improve after surgery.

The pandemic caused a significant decrease in the volume of patients presenting to the office because of more severe medical conditions, obviously, taking over, as well as their fear of coming into the office.

We would request that a couple of years to allow time for more physicians and patients to participate and to evaluate the performance rates on this measure post-pandemic.

In closing, I wanted to emphasize from the Academy two points that address these three measures.

These measures are important to the newly-announced goal of CMS for health equity. Blacks and Latinx individuals have significantly higher rates of diabetes-related complications, including blindness, than white individuals in the U.S. Black patients have higher odds of worse visual outcomes after retinal detachment repair.

By maintaining these measures, these contribute to the advancement of health equity in the country. With these measures in the Academy's IRIS Registry, physicians can look back at their patients and understand if there are disparities in follow-up and in outcomes, and work to address them. In fact, the Academy has a major DEI initiative, and we're going to spur our members on to look at their

patient populations and really address these gaps.

Also, I did want to emphasize again both patients and clinicians have experienced tremendous hardship and upheavals during this pandemic. Removing quality measures that they have relied on for years and are most relevant to their patient caseload would add more uncertainty and burden on clinicians. We already hear about our physicians quitting medicine because of burnout. We would request, again, additional time for consideration of these performance measures for recovery after the onset of the pandemic.

And finally, again, patients and payers deserve to know and compare outcomes of procedures and coordination of care that are relevant to their own conditions, whether it's diabetic retinopathy, a major contributor to blindness and visual impairment, or retinal detachment, which can also, if not repaired, can lead to blindness and visual impairment.

Thank you so much, and I will put these comments into the chat.

Co-Chair Rask: Thank you for your comments.

Are there other comments from the public?

Ms. Young: Greg has his hand raised, Kim.

Co-Chair Rask: Okay. Go ahead.

Dr. Bosci: Hi. I'm Greg Bosci, an anatomic and clinical pathologist and member of the Collage of American Pathologists.

When we saw that this measure had been nominated, we weren't sure of the underlying rationale. Now, we see a little bit more detail.

The comments that we had submitted in writing I think reflect our concern that it does, indeed, contribute to the overall goals of the program. And

on that point, I guess we would disagree that it merits removal. And if you read those comments, you can see how it's important for guiding patient care and improving patient outcomes.

Another point that, I guess, was made in favor of it potentially being removed from the program is, I mean, it says not being reported. You know, based on the information that we have and our pathologists, we show that practices with as few as one pathologist meet the case minimums for this measure. And in terms of very small practices with just a couple of pathologists, even in northern Michigan and central Kentucky, they will routinely see 100 cases that meet the denominator here.

For pathologists in small practices, it's appreciated to have this type of measure. It's low burden for them to report. It doesn't require them to have specialized equipment that might not be available in more rural settings. It does require special stains that may not be available in more rural settings.

And then, importantly, by being able to provide this information accurately in the pathology report, because it's so essential to medical decisionmaking by the gastroenterologist in terms of how frequently to follow up a patient and potential interventions to treat the diseases, it's feasible for the pathologist, and then, from the patient perspective, it can really lead to appropriate care; in some cases, more intense care, but also appropriately less frequent endoscopy and travels to distant locations for further screening.

So, our request is that you vote in favor of retaining the Barrett's esophagus measure. We think it's real valuable and has a role in the program, at least for a few more years.

Thank you very much.

Co-Chair Rask: Thank you for your comment.

Other public comments?

Ms. Lynch: I just want to verify, Greg, you are talking about the Barrett's esophagus measure, is that correct?

Dr. Bosci: Yes, Barrett's esophagus.

Ms. Lynch: Okay.

Dr. Bosci: Sorry, I may not have stated it.

Ms. Lynch: I just wanted to make sure. I just wanted to make sure.

Dr. Bosci: Yes, that's the one.

Ms. Lynch: Your comments aligned with that, but we just wanted to make sure we get that right for everything.

Co-Chair Rask: I am not seeing any hands raised, but correct me, please, NQF Staff, if you see any.

Ms. Young: Kim, I do not see any other hands raised.

Co-Chair Rask: All right. Any other comments through chat? Or I see the repeat of the one comment that was already made. Any new comments in chat? And any other comments from the public?

Hearing none, I will pass it back to NQF.

### MIPS Measures

Ms. Lynch: Thank you. So, we will get started with Measure 00641-C-MIPS, Functional Outcome Assessment.

This is the percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter and documentation of a



care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.

Endorsement has been removed, and this measure was selected by nine MAP members.

And I will turn it over to the National Rural Health Association as the lead discussant. I believe that's Brock.

Are you still on, Brock?

Co-Chair Mueller: I know he was going to be on and off. He had a couple of meetings he couldn't reschedule for us.

Ms. Lynch: Okay. Thank you for flagging that.

So, we'll go ahead and move on, and then, when he joins, he can add on, if there's anything.

So, the criteria here were:

The measure does not contribute to the overall goals and objectives of the program.

The measure is not endorsed or lost endorsement.

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

The measure leads to a high level of recording burden for reporting entities.

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

Additional survey feedback was that:

This measure is so broadly inclusive that it is unclear how it will lead to better patient outcomes. It becomes a checkbox assessment rather than a thoughtful practice.

The measure denominator of all adults age 18 and older at the time of assessment during every visit with a standardized tool makes this measure more burdensome than it could be with a more focused denominator.

I'll hand it to you, Kimberly.

Co-Chair Rask: All right. Thank you. Any questions to NQF staff or discussion on the part of the Advisory Group?

(No response.)

Co-Chair Rask: I will add my comment that the lack of endorsement and the comments that were also mentioned, the survey about the broadness and breadth of measurement at all visits are components of this measure that make me less enthusiastic about it.

Any other comments or discussion?

Hearing none, I think we're ready for a poll.

Ms. Young: We will bring up the poll.

The poll is now open for Measure 00641-C-MIPS, Functional Outcome Assessment.

Do you support retaining this measure in the program? All option responses are: yes, no, or unsure.

Ms. Gomez: Hi. And this is Lisa Marie Gomez with MIPS. I wanted to know if there would be an opportunity just for me to outline or address some of the concerns that were highlighted with the measure. I know that it seemed like it was comments were for the Committee, it seemed like. But I just wanted to see if there would be an opportunity for me to address some of the items that they brought up for concern.

Co-Chair Rask: I'm going to have to refer that back

to the NQF staff as to our process.

Ms. Williams-Bader: Hi, Lisa Marie. This is Jenna. Just checking in with the rest of my team here. So, if you could hold on one second, please?

Ms. Gomez: No problem.

(Pause.)

Ms. Williams-Bader: Okay, Lisa Marie, if you want to go ahead and make your comments ahead of the poll, I think that's probably best. Thanks.

Ms. Gomez: Okay. Great. So, some of the comments that were addressed, particularly, you know, one of the comments was that "The measure is broadly inclusive and it's unclear how it would lead to better patient outcomes. It becomes a check-box assessment rather than a thoughtful practice."

I do want to note that this measure is in its second year of a topped-out life cycle. However, this measure can be broadly applicable and can help reduce the overall number of measures in our program, because you know right now we have a large number of measures. As well, you can also allow for the care comparisons across multiple clinician types.

While, you know, this measure does not look to see if the functional effects met are documented, which makes it fall into a checkbox measure, it does require that a plan of care be completed for those patients with the measure of functional outcome assessment. I wanted to just to make that note.

And then, with regard to the other comment about measure denominator of all adults age 18 or older with assessment during each visit with standard tool makes this measure more burdensome than it could be with a more focused denominator, I just want to note that the denominator does state that every

visit in order to ensure continuity of care throughout the patient's treatment. However, the measure goes on to indicate that the intent is to ensure utilization of a functional outcome assessment tool at a minimum of every 30 days.

So, those are just some items I wanted to highlight -- you know, some of the feedback that you all had, I just wanted to at least provide that.

Thank you so much.

Co-Chair Rask: Thank you. Appreciate your input.

Ms. Lynch: And we will actually clear the votes and re-poll just in case there are any changes to your comment information, or if there's any questions before we go to the poll.

Co-Chair Rask: Any other questions or discussion before we go back to the poll?

(No response.)

Co-Chair Rask: All right. Let's reopen the poll.

Ms. Young: Thanks, Kim. The poll is now open for Measure 00641-C-MIPS, Functional Outcome Assessment. Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

We have got another 10 seconds.

(Pause.)

Ms. Young: I think we can close the poll. The poll is now closed for Measure 00641-C-MIPS. The poll responses are: yes, 0; no, 4; unsure, 2. And for percentages, that is yes, 0; no, 67 percent, and unsure, 33 percent.

Thank you.

Ms. Lynch: And our next measure is 01101-C-MIPS, Barrett's Esophagus. This is the percentage of

esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia.

The endorsement has been removed, and it was selected by four MAP members.

The measure criteria were that:

The measure does not contribute to the overall goals and objectives of the program.

The measure is not endorsed or lost endorsement.

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

Additional survey feedback includes that:

CMS has acknowledged this measure is topped-out.

The measure construct appears to be measuring a standard of care.

Does the rate diagnosing this condition indicate good or poor performance? And does this encourage excessive endoscopy in GERD?

I'll turn it to you, Kim.

Co-Chair Rask: Thank you.

Any questions for NQF staff or any discussion of this measure on Barrett's esophagus?

Ms. Young: Greg has his hand raised.

Co-Chair Rask: Okay, Greg.

Dr. Bosci: Yes, if I'm able to comment on endorsement being removed or lost, I guess I would just like to highlight that it's not because it was determined to be unworthy of endorsement. Rather, it was just a pragmatic decision that we had limited resources to focus on endorsement at that time and

just this wasn't the one that we chose. But it's true that it isn't endorsed. But I just didn't want it to be taken as an active decision that it wasn't worthy of endorsement.

Co-Chair Rask: All right. Thank you for that comment.

Ms. Young: Dan Green has his hand raised.

Co-Chair Rask: Thank you. Go ahead.

Dr. Green: Hi. Thank you.

Medical Officer at CMS. So, I'm not sure if it's an appropriate time for CMS comment. But just a couple of quick points I wanted to bring up.

Yes, the measure does have a high performance rate. You know, the thing we struggle with always is, well, are all the doctors that could report it reporting it or is it just the folks that are doing it regularly are performing it? Hence, the high performance rate. And I'm sure you all are aware of that. So, that's one challenge we have.

The other thing is, you know, pathologists, obviously, are included and need to be part of the program. There is a dearth, unfortunately, of pathology available measures, and we want to have ample measures for clinicians to be able to report, so they're not unfairly penalized by having their denominator reduced when we do scoring.

So, that's a little bit more a programmatic issue than it is about the measure itself, but, again, we do need to include all clinicians, and unfortunately, because they're non-patient-facing, it's really tricky. We've worked with the College of Pathology quite a bit to have measures for them to report.

So, thank you for allowing me to speak.

Co-Chair Rask: Thank you for that comment.

Any other comments or discussions?

Ms. Gomez: Hi. This is Lisa Marie Gomez with MIPS. I also just want to address some of the items on the screen in terms of additional feedback.

So, under the broad recommendational feedback for the second bullet, "Measure concept appears to be measuring a standard of care. Does the rate diagnosing this condition indicate good or poor performance?"

I just want to note that, for this particular measure, this measure is not affecting the rate at which Barrett's esophagus is being diagnosed. It's assessing whether or not the biopsy reports for patients with their esophagus include a statement about dysplasia, which is a critical first step in determining future therapies, as these patients are not at an increased risk for Barrett's esophagus.

And then, for the third item under additional comments, we just want to note that, no, this measure looks to ensure that the pathology report is accurate if the procedure is performed.

So, I just want to highlight and, again, emphasize what Dr. Green had noted. Within our program, there are limited measures that we have in our program for pathologists, which is the reason why, even though this measure is topped-out, it's still included in our program to allow clinicians to be able to report on our program and have more measures within the program to at least assess what they're providing to their patients.

Thanks again.

Co-Chair Rask: Thank you for that comment. Other comments or discussion?

I am not seeing any other hands raised, but keep me honest.

Ms. Young: Kim, I do not see any more hands

raised.

Co-Chair Rask: All right. Thank you. And I'm not hearing any other discussion.

Last call for comments or discussion on the Barrett's esophagus measure.

(No response.)

Co-Chair Rask: All right. Let's go to the poll.

Ms. Young: Okay. We will pull up the poll. The poll is now open for Measure 01101-C-MIPS, Barrett's Esophagus.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: You've got a few more seconds.

(Pause.)

Ms. Young: I think we can close the poll. The poll is now closed for Measure 01101-C-MIPS. Poll responses are: yes, 3; no, 4, and unsure, 1. The percentage equivalents are: yes, 38 percent; no, 50 percent, and unsure, 13 percent.

Ms. Lynch: Okay, and the next measure is 02381-C-MIPS, Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery.

This is patients 18 years and older who have had surgery for primary -- apologies if I am pronouncing this incorrectly -- rhegmatogenous retinal detachment and achieved an improvement in their visual acuity from their preoperative level within 90 days of surgery in the operative eye.

The measures is not endorsed and was selected by three MAP members.



And I will turn it over to Cody Mullen as our lead discussant.

Member Mullen: Hello. Can you hear me okay?

Ms. Lynch: Yes.

Co-Chair Rask: Yes.

Member Mullen: Thank you.

So, this measure is not endorsed and never been submitted for a consensus-based entity, and has not been reviewed by MAP in the past.

In the public comment period for this measure, there's three respondents. Two were in support of removing this measure, and then, one was in support of keeping this measure -- out of a long list of reasons why.

So, that's all I have on this one. I just got this one assigned Friday. So, I didn't get a lot of time to review it. Sorry about that.

Co-Chair Rask: Thank you.

Ms. Lynch: Go ahead, Kim.

Co-Chair Rask: I was saying thank you for your comment.

And I see that one of our public commenters has raised her hand again.

Dr. Lum: Thank you.

I believe that's not correct. I think two out of the three supported it and one was against it, out of the three public comments.

Member Mullen: Marsden Advisors -- okay, that was a double-negative. So, yes, you're correct. I missed the double-negative there. Sorry. They opposed the removal of it.

Co-Chair Rask: Thank you. Other comments or discussion?

I am not seeing any hand raised, but --

Ms. Gomez: Hi. This is Lisa Marie Gomez with MIPS.

I want definitely to allow the Committee to have any questions. But if there's not, if I could just suggest one dynamic for this, I would like to do so, if that's possible for this measure.

Co-Chair Rask: Go ahead.

Ms. Gomez: So, I recognize that, for this particular measure, that there was no data available that we were able to provide. It's not true that data is not available, but we were not able to get data for this measure to show in terms of the number of groups and individuals that are reporting on the measure.

But I will note that, in regard to the additional feedback, the bullet under there, I just want to note that, currently, this measure is able to produce an historical benchmark, and therefore, it's not considered as having rural adoption. So, I just want to highlight that. But this measure does have historical benchmarks.

On this measure, we arrive at a variety of specialty (audio interference), and it's important that there are measures to drive the quality of care in these particular areas. So, again, with this type of specialty, it would be important to have these types of measures that are included in our program to allow for clinicians to be able to report in the areas that they support in terms of patient care.

Thank you.

Co-Chair Rask: Thank you for your comment.

Ms. Gomez: Uh-hum.

Ms. Young: Collette Cole has her hand raised.

Co-Chair Rask: Go ahead.

Member Cole: Hi. This is Collette.

I'm not saying that this isn't a good outcome measure. It is. I think one of the things that we need to consider, too, is the applicability in rural areas. And so, I still wonder if there are small volume concerns based on the type of condition.

Thank you.

Co-Chair Rask: Thank you, Collette, for that comment.

Ms. Young: And, Kim, Dan Green has his hand raised.

Co-Chair Rask: Go ahead.

Dr. Green: Thanks, Kim.

So, Collette makes a great point with rural physicians and, potentially, you know, low volume, which is completely understandable. And I know this is the Rural Health Committee, but, you know, I would just caution folks, in terms of thinking about the program more nationally, we're striving to try to come up with more outcome measures. And I'm sure we would all agree that should be our ultimate direction and goal.

And even though there may be few rural docs or clinicians that can report this, nationally, we wouldn't want to get rid of a measure that may be applicable to folks in other settings. And again, I know you all are focused on the rural health people today. But I just kind of wanted to point that out, especially since, again, it's an outcome measure and it is used by clinicians in other settings.

Thank you.

Co-Chair Rask: Thank you for that comment.

Others?

I'll ask once again to make sure I'm not missing any hands that are being raised.

Ms. Young: Kim, I do not see any more hands raised.

Co-Chair Rask: All right. Last call for any other discussion on this measure.

Dr. Lum: Sorry, I had one more addition. It is that the incidence of the condition, I think that requires more study because we do know that it varies with ethnicity. And, of course, it's strongly associated with increase in age in the Medicare population.

So, I'm not certain where this 1 in 10,000 per year comes from. Our likelihood, especially in ophthalmology and seeing Medicare patients, is it's a higher incidence.

Co-Chair Rask: Thank you.

Dr. Lum: Thank you.

Co-Chair Rask: Other discussion?

(No response.)

Co-Chair Rask: All right. Well, then, let's move to the poll.

Ms. Young: Okay. We will pull up the poll. The poll is now open for Measure 02381-C-MIPS, Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: You've got a few more seconds.

(Pause.)

Ms. Young: And we can close the poll. The poll is now closed for Measure 02381-C-MIPS. Poll responses are: yes, 2; no, 4; unsure, 2. Percentage responses are: yes, 25 percent; no, 50 percent, and unsure, 25 percent.

Thank you.

Ms. Lynch: And our next measure is 00254-C-MIPS, Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.

This assesses the percentage of patients age 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Endorsement has been removed, and this measure was selected by three MAP members.

We'll pause to see if the representative from the American Academy of Family Physicians happened to join.

(Pause.)

Ms. Lynch: I do not believe so. So, we will go to the next slide, please.

So, the criteria here for measure is: The measure is not endorsed by a consensus-based entity or lost endorsement. Performance or improvement on the measure does not result in better patient outcomes. And the measure leads to a high level of reporting burden for reporting entities.

The additional survey feedback included: This measures information exchange, not necessarily care coordination and a primary care clinician or

endocrinologist may not be able to influence this outcome from a patient vision standpoint.

Additionally, it has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost. Strong performance could indicate better resourced organization rather than higher standard of care.

I'll turn it over to you, Kim.

Co-Chair Rask: Thank you. So, we're now open for any questions to NQF staff on this measure or any discussion from the Advisory Board.

Flora, I see you have your hand raised. If you could make brief comment, I'd appreciate it.

Dr. Lum: Sure.

I would kind of harken back on the College of American Pathologists. I believe that this measure, although we had endorsement, we're a small society and we can't afford, frankly, like to be a member of the NQF and to go through all the endorsement and the testing process. We've had estimates of \$100,000 for a measure to do the testing and validation. So, there's some reasons why measures are not endorsed by a consensus-based entity, and that, for MIPS, there was not a requirement at the time for consensus-based entity endorsement.

And then, the second thing, it says that this should be covered under specialty referral communication. So, I mean, once a diabetic patient comes into the ophthalmologist's office, they're not being referred from the primary care. They establish their own schedule of visits. So, it's not a direct referral each time. It's a continuing care.

But what we're trying to maintain is a feedback loop back to the primary care physician over the years

after the patient comes in. And the patient may come in, you know, from a screening, not necessarily just from a primary care clinician. So, it would not be covered under -- I think the majority of cases would not be covered under the specialty referral communication measure, which I am very familiar with.

And in terms of the high burden and the high cost, this is, I think, the clinical quality measure, but, definitely, we do believe that practices should have a system for communication, but it shouldn't be a high burden and a high cost to do that. Once they have it instituted, even if they don't have an EHR, that it's very normal practice to fax letters or some letters back and forth.

Co-Chair Rask: All right. Thank you. Thank you for that comment. Other discussion on this measure?

(No response.)

Co-Chair Rask: And I just would note that the next measure we're going to look at is the eCQM of this measure. So, if that's part of the conversation or holding part of the conversation, I just wanted to remind everybody.

Ms. Gomez: Hi. This is Lisa Marie. If there aren't any comments from the Committee members, may I be able to speak and provide commentary?

Co-Chair Rask: Yes, go ahead.

Ms. Gomez: Okay. Great.

So, in terms of the points made in terms of additional feedback, I want to address those.

So, for the first item, I just want to say that this measure was proposed for removal in the 2022 of the Physician Fee Schedule proposed rule, as it could be considered a standard-of-care measure.

It is at the end of its topped-out life cycle burden of

CQM, but it is available for the eCQM collection type and currently being utilized by the ophthalmology specialties.

This measure was retained following strong stakeholder opposition in terms of removing the measure during the comment period for this particular measure. And it's due to its importance of care to the patients.

There was some concern with impact on small and rural practices, which is another reason why we did not remove that measure.

And one thing that we did highlight or we did want to note is that we have communicated to the steward about possibly updating this measure, particularly to include closure of the feedback loop.

So, I just want to highlight some of the dynamics with regard to this measure because, as I noted before, it was proposed for removal in other years, but was not removed.

Okay. For the second comment here, I just want to note that this interaction will not be covered under closing the referral loop, referral of receipt of report measure, as that measure is related to the referring clinician, while this measure is attributable to the specialist.

So, that's just what I want to highlight for that, for this measure.

Co-Chair Rask: All right. Thank you.

Other comments or discussion?

Ms. Young: Dan Green has his hand raised.

Co-Chair Rask: Go ahead.

Dr. Green: Thanks again, guys. I'll be really brief.

So, I think Flora brought up a really good comment.



You know, once these systems are in place, it really isn't a tremendous burden. But, for those clinicians, particularly in the rural environment who may or may not have electronic health records, and what have you, the good news is MIPS is still, as you all know, a program where clinicians can choose the measures that they think are most applicable to them and that they want to report on. So, if, for whatever reason, they found this not to be a valuable or too burdensome, they could always select an additional measure. I just want to remind you guys that.

Thank you.

Co-Chair Rask: Thank you. Other comments or discussion?

All right. Hearing none, let's move to the poll.

Ms. Young: Okay. We will bring up the poll.

The poll is now open for Measure 00254-C-MIPS, Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.

Do you support retaining this measure in the program? Poll response options are: yes, no, and unsure.

(Pause.)

Ms. Young: You've got just a few more seconds.

(Pause.)

Ms. Young: Okay. I think we can close the poll. The poll is now closed for Measure 00254-C-MIPS. Our response are: yes, 1; no, 7, and unsure, 0. And percentage equivalents are: yes, 13 percent, and no, 88 percent, and unsure, 0.

Thank you.

Ms. Lynch: All right. So, our next measure is the

electronic version of the previous measure. It's 05796-E-MIPS, Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, eCQM.

The percentage of patients 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication with the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

This endorsement has been removed and was selected by three MAP members.

And I don't believe the American Academy of Family Physicians is on. So, we can go to the next slide.

So, summarily, the measure is not endorsed or lost endorsement. Performance or improvement on the measure does not result in better patient outcomes. And the measure leads to a high level of reporting burden for reporting entities.

Similarly, the feedback here from the survey is this measures information exchange, not necessarily care coordination and a primary care clinician or endocrinologist may not be able to influence this outcome from a patient vision standpoint.

And it has to be performed by a specialist, should be covered under the specialty referral communication measure. Requires significant efforts to track down the records and meet this requirement. High burden and high cost. Strong performance could indicate better resourced organization rather than a higher standard of care.

So, we've gotten the same feedback as before, but this is the electronic version.

I hand to you, Kim.

Co-Chair Rask: Thank you.

All right. Now, we'll open it up for any clarifying questions or discussion, pointing out that the nature of the measures and the issues are what we've already discussed the last time. Now, looking at the eCQM version and thinking about this as an electronic measure, are there any differences in how we view this from a rural perspective, perhaps, than what we've already discussed before?

Any comments or discussion from the Advisory Group members?

Ms. Gomez: This is Lisa Maria Gomez with MIPS. If I could just make a comment?

Co-Chair Rask: Uh-hum.

Ms. Gomez: I know that this is the same measure, but it's just an eCQM version. But I want to note that, with this measure, as I noted, you know, we had proposed that it be removed, but just some commentary from our stakeholders indicated some opposition to that removal. And I just want to highlight just one element that I thought was important from our stakeholders during the feedback process for our rulemaking process.

So, they indicated that, you know, before this measure, patients were not being referred for retinal exams until the blinding stages of the disease. And they also stated that most ophthalmology practices only have six measures to report, and removing the measure would make it impossible for practices to (audio interference) at MIPS.

There was also concern that, if you remove this measure, there would be an impact on small, rural practices. It's also compliant to continue offering easy options for reporting, since many providers do not want to pay for other reporting services. And also, like removing this measure would make it

difficult for retinal specialists to find measures to report.

Thank you.

Co-Chair Rask: Thank you for that comment.

Other comments or discussion?

Hearing none, I believe we can move to the poll.

Ms. Young: Okay. We will open up the poll.

The poll is now open for Measure 05796-E-MIPS, Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, eCQM.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: You have a few more seconds.

(Pause.)

Ms. Young: Okay. We can close the poll. The poll is now closed for Measure 05796-E-MIPS. Poll responses are: yes, 2; no, 6, and unsure, 0. Percentages are: yes, 25 percent; no, 75 percent, and unsure, 0.

Thank you.

Ms. Lynch: Okay. And before we move on, I just wanted to double-check with the Advisory Group to see if there was any feedback regarding the vote towards removal just in general, so the program leads can kind of understand the thought process there. This is true for all the measures, but I just wanted to kind of cede some space if there was anything that would be helpful feedback for the Advisory Group to share with our CMS colleagues about kind of the rationale for some of these votes.

Co-Chair Rask: Would anybody on the Advisory Group like to offer some more rationale for voting in the way that you did?

Ms. Lynch: Just as an opportunity for feedback and, you know, for people to kind of understand the different perspectives.

(Pause.)

Co-Chair Rask: Well, if others won't, I will offer some perspective.

The lack of endorsement is very impactful for me, particularly. Selecting measures which are going to have a reporting burden and/or small volume issues in rural populations, my perspective is I kind of set that bar high.

I did differ in my final assessment between the non-eCQM and the eCQM measure. Knowing that they're voluntarily reported, I felt that a rural provider who had the ability and chose to use eCQM, that that barrier of burden versus benefit would be more balanced than in another setting.

I would certainly be interested if other Advisory Board members wanted to share their perspectives on this.

Ms. Lynch: I see, Collette, you have your hand raised.

Member Cole: Hi. Yes. Collette Cole, Minnesota Community Measurement.

This might not come out the right way, but I have a strong preference for outcome measures, for intermediate outcome measures. And it's hard to get excited about process-of-care measures or measures that may reflect the standard of care.

And then, you know, a couple of these, having the NQF community formally remove endorsement, I mean, I understand we have endorsed measures.

It's very resource-intensive, but I think that we need to take a perspective, too, on the overall value of the measure.

And unlike our CMS colleagues, I can't appreciate, I guess, having a measure for pathologists to do, or something. But it makes it hard for me to get excited about measures that appear to be standard-of-care documentation, that kind of thing.

So, I guess that's my feedback. Thank you.

Ms. Lynch: Thank you. I appreciate it. I think the feedback is valuable to bring everyone together. So, I just really appreciate everyone taking the time to do so.

So, please feel free to continue to kind of share this, because I think the more we hear it, and we kind of bring things up, I think it will just really drive it home, if it needs to -- certainly, not wanting to be repetitive on purpose, but I think it is just helpful for all of our CMS colleagues, as well as anybody listening in, just to kind of get the perspective of the Advisory Group. So, I appreciate that.

I don't see any other hands raised. So, we'll go ahead and move on to the next measure.

Which is 05826-E-MIPS, Closing the Referral Loop: Receipt of Specialist Report, which is an eCQM.

This assesses the percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

This measure is not endorsed and was selected by three MAP members.

And I'm going to turn it over to Cody again, as our lead discussant.

Member Mullen: Thank you.

Yes, this measure is not endorsed. There's public comment that came in. One did support this measure. One was, yes, under certain circumstances, with confusion on this measure. And then, two did not support this measure.

Those identified -- and I do agree -- this measure puts a lot of burden on the referring physician to send back the report. Yet, it's against the provider who referred the patient out if the report does not come back. So, there's a barrier here, especially if a system of care is not present for direct messaging or other needs to come in.

So, for rural, I am concerned, as we have independent facilities. As they make that referral out, maybe to an urban center or to another provider in their community, they don't have the technology to receive that referral back, or the referral is not sent back. It's on the provider, the specialist who saw the patient, and not on the provider who referred that out.

And additionally, that it's not been endorsed by NQF.

So, I'll turn it back over to Kim.

Co-Chair Rask: Oops, sorry, I'm back on mute.

Thank you. I appreciate those comments.

Any questions or discussion from the Advisory Group around this measure?

I am not seeing any raised hands, but keep me honest.

Ms. Young: You are correct, Kim, we don't see any raised hands.

Co-Chair Rask: Okay. Thank you.

Ms. Gomez: If there aren't any comments from the Committee -- this is Lisa Marie with MIPS -- would I

be able to address some of their additional feedback? Like their questions or their (audio interference) additional feedback.

So, for the first item, where it says, "Redundant to measure 02527-C-MIPS; could combine." And then, "Penalizes those not in the system of care; benefits those who are in such system. No requirement to demonstrate that report was read."

So, for the first item, I just want to note that, as you all know, under MIPS, we offer different collection types based upon like the clinician and group's preference. So, even though this measure may be like the same as another measure, we offer to grant collection types based on a preference for our purchasing program.

And having this as an (audio interference) does not penalize those clinicians who do not utilize EHRs, but allows those that do utilize them for the capture of data to report the measure.

And then, in regards to the second item, I just want to note that historical benchmarks for this measure indicate a gap in care, and communication and coordination of care is a priority, and programs that work towards this goal have been found to improve quality of care for patients and reduce hospitalizations.

And while there are no specific requirements within the measure that the report be read by the clinician, the measure does have a definition for a report that must be met in order to meet the intent of the measure. Therefore, the referring clinician would need to ensure that the report was a written document prepared by the eligible clinician or staff to whom the patient was referred, and that accounts for his or her findings; provides some current information about findings, diagnostic assessment, and requirements of care, and that it provides to the referring eligible clinician.



I just wanted to highlight that. Thank you.

Co-Chair Rask: Thank you. Other thoughts or discussion on this measure?

Hearing none, I guess we're ready to move to the poll.

Ms. Williams-Bader: And as we move to the poll, I did want to make one comment. It appears that Poll Everywhere is rounding up in a way that means some of these votes are equaling more than 100 percent. So, we will address that in the final meeting summary, and the meeting summary will have the accurate percentages for these polls.

Co-Chair Rask: Oh, thank you for that.

Ms. Young: Thank you, Jenna.

The poll is now open for Measure 05826-E-MIPS, Closing the Referral Loop: Receipt of Special Report, eCQM.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: You've got about 10 more seconds.

(Pause.)

Ms. Young: Okay. We can close the poll. The poll is now closed for Measure 05826-E-MIPS. Responses are: yes, 2; no, 6; unsure, 1. And percentages: yes, 22 percent; no, 67 percent, and unsure, 11 percent.

Thank you.

Ms. Lynch: And our final measure from this program is 05837-E-MIPS, Children Who Have Dental Decay or Cavities, which is an eCQM.

This measure evaluates the percentage of children 6

months to 20 years of age at the start of the measurement period who have had tooth decay or cavities during the measurement period.

The measure is not endorsed and it was selected by three MAP members.

And I'll turn it over to our lead discussant from LifePoint Health.

Member Hyde: Hi.

So, this measure, as mentioned, has not been endorsed. It has not been submitted for endorsement, nor has it been evaluated for feasibility.

There was only one public comment for this. And it said that, depending on who is measuring, primary care physicians do not want to be held accountable for dental decay and cavities in patients with limited to no dental access.

Internally, we were not quite sure what the purpose of this measure as far as an outcome was measuring. Since it's so hard, you know, even if you are asking the question of the patient if they have cavities, it's the parents' responsibility to take the child to the dentist or to make sure that they're brushing their teeth. So, we were a little confused about what the intent of this measure is.

And that's all I have.

Co-Chair Rask: Thank you.

Any questions or discussion around this measure?

Ms. Gomez: Hi. This is Lisa Marie Gomez with MIPS.

To address that one particular comment about the intent of the measure, I'm going to turn it over to my colleague on our team to help support MIPS.

Colleen, would you be able to elaborate on just the

overarching intent of the measure? Because I know that, as you heard, that the Committee had concerns about how this meets the program needs and, ultimately, I think what the intent of it. So, I don't know, Colleen, if you're able to address that particular element? Because I do feel it's important to understand the intent of the measure.

Ms. Jeffrey: Sure. I can give a little bit of that.

So, dental caries, just because they're prevalent in those patients age 6 to 19 years of age, being one of the most chronic diseases, this measure is just to kind of, you know, make sure that clinicians are doing their best to ensure that children do have that good or excellent overall care, oral care. And that can kind of go along with looking at their dental decay and their cavities.

So, that's kind of based on data for the National Health and Nutrition Examination Survey, where it showed that 45.8 of children and youth age 2 to 19 years had total caries untreated or treated, and that that prevalence is higher in primary or permanent teeth and increases with age, respectively, at the 2 to 5 years, the 6 to 11 years, and the 12 to 19 years.

So, this measure is just really trying to get at ensuring that oral care is really being looked at and really kind of helping to educate that patient population to boost that oral care.

Ms. Gomez: Thank you, Colleen.

And then, I also just want to note that we have a limited number of measures with regard to dentistry. So, if this is eliminated, it would remove a measure or eliminate a measure that we already have for dentistry.

So, I just want to highlight that. Thank you.

Co-Chair Rask: Thank you for your comments.

And I see there is a question in chat: "Who is the accountable clinician for this measure?"

Ms. Young: There was also a prior comment from Collette asking about performance data.

Ms. Jeffrey: So, this measure is attributable to the dental physician. It has value sets of the clinical oral evaluation. So, we did ensure that this is only being looked at the dental position. Currently, it has an average performance rate of .64 percent.

Ms. Lynch: Collette also has her hand raised.

Co-Chair Rask: Please go ahead.

Member Cole: This is Collette Cole. I'm sorry I have so many questions about this measure.

So, the denominator would be children that are being seen by a dentist, is that correct?

Ms. Jeffrey: Yes. So, the denominator is children 6 months to 20 years of age with a clinical oral evaluation during the measurement period. And it does have coding that would be specific to dental clinicians.

Member Cole: All right. Thank you.

Just a wild thought: this would be a great health-plan-type measure, you know, so that you were capturing all eligible children. But just a thought.

Thank you.

Co-Chair Rask: Yes, Collette, I think that's a very good point.

Ms. Young: And Keith has his hand raised.

Co-Chair Rask: Sorry. Please go ahead.

Co-Chair Mueller: Okay. Just to point out a couple of what I think are pretty obvious points.

Given the denominator, this won't tell us everything we'd like to know about access to dental care because the denominator is children who are already there, not children who are not coming in.

And the other point is the cost of treating tooth decay or cavities is, clearly, an inhibiting factor in getting it done. So, I don't know how this would adjust for patient profile, people who may be covered for an annual visit, but whose deductibles are too high to consider intermittent care. It would point to some societal problems, but to bring it back to the dentist seems to be the wrong place.

Co-Chair Rask: Thank you for that comment.

Other thoughts and discussion?

I'm not hearing any discussion. Let me know if I'm missing more hands.

Ms. Young: No hands, Kim.

Co-Chair Rask: Thank you.

All right. Well, then, hearing none, I think we are ready for the polling.

Ms. Young: Okay. The poll is now open for Measure 05837-E-MIPS, Children Who Have Dental Decay or Cavities, eCQM.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: We'll give that about 10 more seconds.

(Pause.)

Ms. Young: Okay. We can close the poll. The poll is now closed for Measure 05837-E-MIPS. Poll responses are: yes, 0; no, 7; unsure, 1. Our percentage: yes, 0; no, 88 percent, and unsure, 13

percent.

Thank you.

Ms. Lynch: Okay. So, we're now going to the Post-Acute Care/Long-Term Care, PAC/LTC, Programs. So, we will be reviewing that Home Health Quality Reporting Program.

Please note that the Hospice Quality Reporting Program is also included in this year's measure set review. However, none of the measures in this program received enough votes from the survey for us to include them in the review meeting. So, we will just be focusing on the Home Health Quality Reporting Program, which is a pay-for-reporting program.

Please note that there's an update to materials that were sent out previously and that also indicated that it was public reporting, but it is just pay-for-reporting.

The intended structure is Section 484.225(i) of Part 42 of the Code of Federal Regulations, CFR, provides that HHAs that meet the quality data reporting requirements are eligible to receive the full home health market basket percentage increase. HHAs that do not meet the reporting requirements are subject to a two percentage point reduction to the HH market basket increase.

The program goals are to align with the mission of the National Academy of Medicine, which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient-centeredness, safety, and timeliness.

I'm going to hand it over to Kim to open up the public comment for the measures within this program.

I believe it's Keith, actually. Sorry. Got into a roll just going to Kim.

(Laughter.)

Opportunity for Public Comment on Home Health  
Quality Reporting Program (HH QRP) Measures

Co-Chair Mueller: All right. I'm reading this correctly; it is me. All right.

So, we are open for public comment. If you choose to comment, please limit your comment to no more than two minutes.

We'll take comments either through chat or verbally. You can raise your hand or speak out.

I'm seeing nothing in the chat box. Any hands raised that I'm not seeing?

Ms. Young: I do not see any hands raised.

Co-Chair Mueller: Okay. Any comments?

I don't believe there are any. So we can proceed.

HH QRP Measures

Ms. Lynch: Thank you.

Our first measure is 00185-C-HHQR, Improvement in Bathing.

This measure assesses the percentage of home health quality episodes of care during which the patient got better at bathing self.

This measure is endorsed and was selected by five MAP members.

The criteria were:

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

Performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the

average and not the variation in performance overall and by subpopulation.

The measure also has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities.

Additional survey feedback included that:

Clarification is needed: does this exclude patients who do not have a bathing goal?

A challenge with field maintenance.

Focus on level of assistance only.

Would like to have discussion of which measures or functions have strongest relationships to patient outcomes.

And must evaluate whether the patient has a terminal disease where one would not anticipate improvement.

And I'll hand it back to you, Keith.

Co-Chair Mueller: Okay. Thank you.

So, we're now open for comments on this Measure 00185. Again, the same as with the public comments, any of those means of raise hand, the chat box, or speak out, and if you're on the phone, provide name and affiliation.

(Pause.)

Co-Chair Rask: One question that I have is that it looks as though -- well, I'm not certain if there are any kind of stratifying or keeping out folks whose function isn't necessarily -- it's not possible for them to be better or to get better. There's certainly some people getting home health that there is an expectation that it's an acute episode which will lead to improvement, and then, some conditions that will



not necessarily lead to improvement. But I'm not sure if in any of the information that was shared with us, was it shared as to whether or not this was stratified or is this everybody is in the denominator?

Ms. Williams-Bader: Do we have a CMS program lead on the phone for this measure who could speak to that question?

Ms. Proctor: I am on the call. I'm going to look to my counterparts at Abt Associates to speak to this question, though. It's their measure.

Mr. Hamilton: Thanks, Joan.

Yes, this is Morris Hamilton from Abt Associates.

To answer that question, there is an exclusion for beneficiaries who are unable to improve because they are already at maximum independence at the start of care. But we do not make any other exclusion or any stratification based on any other condition-specific information.

Co-Chair Rask: Okay. Thank you.

Mr. Hamilton: Yes.

Co-Chair Mueller: There's a question that came in through chat. "Would it be possible that improved patient independence is the outcome?"

Anybody have an answer to that?

Ms. Abdur-Rahman: This is Ihsan Abdur-Rahman, the measure lead for the Home Health Quality Reporting Program.

And all I'd say, that, for some patients, yes, that is a goal that they would become independent, based on the type of care they receive by a home health agency.

And essentially, the measure assesses improvements on the start of care or the

resumption of care until the patient is discharged or transferred or passes away.

Ms. Young: And, Keith, Collette Cole has her hand raised.

Co-Chair Mueller: Okay. Collette, go ahead.

Member Cole: Hi. Collette Cole, Minnesota Community Measurement.

I was just commenting, you know, there was a line item that said the measure doesn't necessarily result in better patient outcome. But maybe if we look at increased independence as the patient outcome, that these could be kind of viewed in that lens.

That's all I meant. Thank you.

Co-Chair Mueller: It strikes me, just commenting, that this would be one contributor to increased independence. Isolating it among others at the home health agency may be challenging methodologically.

And I also was wondering how you measure getting better at bathing self.

Other comments? Any hands up?

(No response.)

Co-Chair Mueller: Okay. Then, I believe we're ready to poll on this one.

Ms. Abdur-Rahman: This is Ihsan again. I just wanted to ask if I could just provide further clarification to the additional survey feedback.

Co-Chair Mueller: Yes, please make it quick.

Ms. Abdur-Rahman: Sure. I just wanted to mention that there are no exclusions based upon functional goals for this quality measure or other home health quality measure, improvement quality measures.

In addition, functional QMs that address maintenance are of interest to CMS, but it's not what is the focus of the improvement in function quality measures.

There is also no exclusion for diagnosis of terminal illness. And there is a strong correlation between functional improvement in quality measures and the other outcome quality measures, such as the Home Health Discharge to Community Measure.

Thank you.

Co-Chair Mueller: Okay. Thank you.

Any additional comments?

(No response.)

Okay. Then, I believe we're ready to go to the polling.

Ms. Young: Okay. The poll is now open for Measure 00185-C-HHQR, Improvement in Bathing.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: We'll give it a few more seconds.

(Pause.)

Ms. Young: Okay. We'll close the poll. The poll is now closed for Measure 00185-C-HHQR. Poll responses are: yes, 2; no, 5, and unsure, 1. For a percentage of: yes, 25 percent; no, 63 percent, and unsure, 13 percent.

Thank you.

Ms. Lynch: The next measure is 00187-C-HHQR, Improvement in Dyspnea.

This measure assesses the percentage of home health episodes of care during which the patient became less short of breath or dyspneic. Endorsement has been removed from this measure, and it was selected by six MAP members.

I don't believe our colleagues from the American Academy of Family Physicians or American Hospital Association were able to join.

So, I will cover the criteria, which is:

The measure not contribute to the overall and objectives of the program.

The measure is not endorsed or lost endorsement.

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

Performance measure does not substantially differentiate between high and low performers, such that the 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.

And the measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report voluntary measure.

Additional survey feedback was:

Wondering if this measure is topped-out, and noted that you must evaluate whether the patient has a terminal disease where one would not anticipate improvement.

And I will turn it over to you, Keith.

Co-Chair Mueller: Okay. So, we are open for comments/discussion of this Measure 00187. You can comment in the chat box, verbally, or using the

hand.

Ms. Lynch: And also, just a reminder of how important your feedback is regarding these measures to the further Work Group deliberations and to our CMS colleagues. So, if there's anything that you'd like to share, I know that it would be greatly appreciated.

Ms. Abdur-Rahman: Thank you.

This is Ihsan again. And I would like to address some of the additional feedback.

I would like to note that there's no exclusion for a diagnosis of general illness for the OASIS quality measures. Clinically, dyspnea is a useful proxy for heart failure, for COPD, and other chronic diseases that have shortness of breath as an indicator of debility.

The median score for this measure is 83.5 and the mean is 78.4. And the trend data is showing that the national average suggested the home health agency scores are still improving over time.

Thank you.

Co-Chair Mueller: Collette?

Member Cole: Hi. If it's okay, I'd just like to give a little bit of feedback on the previous measure that we looked at and this improvement in dyspnea measure.

With the improvement in bathing, again, looking at patient improvement and independence, their self-care, also, the NQF Committee, the Geriatric Committee, that reviewed that measure in 2018 voted very highly in favor of endorsement.

So, when I compare and contrast that measure, improvement in dyspnea, the measure that we're looking at right now, it hasn't been reviewed since 2012. Endorsement was lost. don't know if it's being

maintained. I'm assuming that it is.

And just wondering, in terms of the denominator, the clinical conditions in which dyspnea can improve versus what is part of that chronic condition.

So, just a little feedback.

Ms. Proctor: This is Joan Proctor, the measure lead for the HHQR PM.

I'm hoping that Morris or Alrick can kind of speak to some of these. Because I'm not sure, I, like Collette, am not sure about the criteria where you are saying that it doesn't contribute to the overall goals and objectives of home health.

And I think that there's maybe some updates relative to endorsement status. I think although it didn't get endorsement status, I think a decision was made by NQF a while ago. I'm going to look to my counterparts here and my Abt Associates to confirm this, but I don't believe that there was agreement that we were deferring NQF endorsement, seeking NQF endorsement.

Am I incorrect about that, Alrick or Morris?

Mr. Hamilton: Alrick, are you able to speak to this? The decision on seeking endorsement for improvement in dyspnea was before my time at Abt. I was part of the team that sought maintenance endorsement for bathing, however.

Mr. Edwards: Sure. I can try to speak to a couple of the points from when this measure was last reviewed by the Committee.

An NQF committee back in 2012, I believe from the review we received, the importance of the measure was still stressed by the Committee. Strong support in terms of the performance gap.

I think the main challenge was that Committee had a difficult time determining, amongst other clinical

measures, how this measure itself would fit with CMS priorities in terms of trying to align measure specifications. So, it wasn't necessarily that the Committee didn't support the value of the measure, but were considering whether or not there may have been a better measure that could be in place.

Simultaneously, this is the time where we're implementing other cross-setting measures, and there has not been a measure that kind of fits in this arena that was introduced since then. So, I think, with some of the other home health measures, this has been the case where the Committee would say, "We defer this to determine if there's other stronger measures that will be presented that will replace this domain," if you will. And with respect to this, there has not been one in the home health area or post-acute care sphere that is an immediate replacement, if you will.

Ms. Proctor: And this is Joan Proctor.

I also believe that this one, the improvement in dyspnea, and the other one for the improvement in bathing, that they're both used as a payment item. So, even if, though I'm not -- you know, the votes are what they are, but, as you move forward with this, it seems kind of odd to me that we're --

Mr. Hamilton: That's correct, Joan, it is in -- or the bathing, the item used to calculate the improvement in bathing quality measure issues for home health payment, the improvement in bathing measure also appears in the Five Star Rating for home health. And I believe it is also a component of a quality measure used in the Home Health Value-Based Purchasing Model.

Mr. Edwards: That's correct.

Ms. Proctor: I guess I factor those in in your recommendations to remove, you know, just sort of caveating what we're up against here at CMS.

But I think that's all the meaningful feedback we can provide.

Thank you.

Co-Chair Mueller: Okay. Additional comments?

Nothing in chat. I'm not seeing any hands raised.

Ms. Young: Keith, Collette Cole has a comment in the chat box.

Co-Chair Mueller: Yes, she's still concerned about the denominator.

Mr. Hamilton: I don't believe this will help with that concern, Collette. This is Morris Hamilton, Abt Associates, again.

But I do want to clarify that the denominator contains only those beneficiaries who ended care in home health that were discharged from the agency. So, that does not include death at home or transfer to an inpatient facility. And that's largely true for most of these improvement measures that you're speaking about today.

Ms. Proctor: And this is Joan Proctor.

I presume you're excluding the use of shortness of breath for patients with -- that you would think that certain patients would be excluded. But, you know, as a person who's seen someone in a home health episode who has COPD or has some of these conditions, I think it's vitally important that those individuals are provided guidance on how to improve their shortness of breath. Just something from my perspective as a consumer.

Co-Chair Mueller: Okay. Thank you for that. And as Collette said, thanks for sharing that with us.

Other comments? If not, let's bring this to polling.

Ms. Young: Okay. We will bring up the poll. The poll



is now open for Measure 00187-C-HHQR, Improvement in Dyspnea.

Do you support retaining this measure in the program? Polling response options are: yes, no, or unsure.

(Pause.)

Ms. Young: Give that about 10 more seconds.

(Pause.)

Ms. Young: Okay. We can close the poll. The poll is now closed for Measure 00197-C-HHQR. Poll responses are: yes, 1; no, 5, and unsure, 1. For percentage of: yes, 14 percent; no, 71 percent, and unsure, 14 percent.

Thank you.

Ms. Lynch: And our next measure is 00189-C-HHQR, Improvement in Management of Oral Medications.

This measure assesses the percentage of home health episodes of care during which the patient improved in ability to take their medications correctly by mouth.

This measure is endorsed and was selected by four MAP members.

Again, I turn it over to Cody and the American Society of Health-System Pharmacists, as our lead discussants.

Member Mullen: So, I can start then start.

This, as mentioned, in NQF-endorsed. The documents that were provided before this meeting do show that rural perform slightly above the overall percentage of success with this measure. In 2021, 80.1 percent signified yes on this measure in rural communities; 79.2, overall; 71.9 percent

overall for other races outside of black and white.

There is concern that I have with this measure, certainly the previous discussions that I've had around no carve-out for patients who may not be able to do this or their care plan does not show a goal of progressing on improvement in management of oral medication.

I'll turn it over to my colleagues at the American Society.

Member Sackett: Thanks, Cody.

This is Rena Sackett.

So, as Cody mentioned, it is an endorsed measure.

I also wanted to point out, looking at the criteria and rationale, the criteria, I think he said the measure leads to a high level of reporting burden for reporting entities, which may be challenging for rural sites. But, overall, in reviewing the summary of the measure's feasibility, the NQF Geriatrics and Palliative Care Standing Committee noted that the data for this measure are routinely collected during the home health episode of care via the OASIS assessment. And so, that's no concerns regarding feasibility.

There were no other public comments for this measure.

I'll just add that a person's ability to independently manage oral meds reliably and safely is an important factor in patient safety and, also, as well as the effectiveness of a patient's treatment regimens. So, especially considering chronic disease management is important for all patient populations, but particularly those in underserved and rural areas to prevent hospitalizations and/or the need for more acute care.

Thank you.

Co-Chair Mueller: Thank you for those summaries and comments.

We'll open it up for discussion.

And again, speaking out, raising hand, or entering something in the chat box.

Ms. Abdur-Rahman: Hi. This is Ihsan, the measure lead for the Home Health Quality Reporting Program.

I would just like to make a comment about the comment regarding the variation in the measure scores.

There is considerable variation in the performance of this measure. The median score for this measure is 74.4 percent, and within the 10th percentile, the mean score is around 61.7 percent. And within the 75th percentile, the mean score is around 85.4 percent.

Co-Chair Mueller: Thank you. Other comments?

Nothing in chat. Am I missing any hands?

Ms. Young: No, you are not missing any hands.

Co-Chair Mueller: An odd question, to see if I'm missing any hands. But I'm not. Good.

Okay. Then, I think we can take this for a poll.

Ms. Young: Okay. We will open up the poll.

The poll is now open for Measure 00189-C-HHQR, Improvement in Management of Oral Medications.

Do you support retaining this measure in the program? Poll response options are: yes, no, or unsure.

(Pause.)

Ms. Young: We'll give that 10 more seconds.

(Pause.)

Ms. Young: Okay. I think we can close the poll. The poll is now closed for Measure 00189-C-HHQR. Poll responses are: yes, 6; no, 2, and unsure, 0. The percentages are: yes, 75 percent; no, 25 percent, and unsure, 0.

Thank you.

Ms. Lynch: And our next measure is 00196-C-HHQR, Timely Initiation of Care.

This measure assesses the percentage of home health equity quality episodes in which the start or resumption of care date was on the physician-ordered SOC/ROC date, if provided; otherwise, was within two days of the referral date or the inpatient discharge date, whichever is later.

Endorsement of this measure has been removed, and it was selected by five MAP members.

And I'm going to hand it over to LifePoint Health, as our lead discussant.

Member Hyde: Hi.

This measure lost its endorsement when the measure steward did not resubmit for maintenance.

And there was only one public comment on this measure. And the respondent supported the removal due to confusion around the starting point, and that the confusion leads to inconsistent responses among agencies, making the reliability of the measure questionable.

For the initial MAP members who voted for removal, there was a similar thought around the ability to capture the data correctly due to confusion over the measure.

And that's all I have.

Co-Chair Mueller: Okay. We are open for discussion of this Measure 00196. Please voice your comments or use the chat box.

Again, we're open for discussion and comment on 00196.

Mr. Hamilton: Sir, this is one just minor clarification point about this measure.

It is, I think, reasonable to say that the measure is topped-out. I don't have the distributions directly in front of me, but I know that it's very close to 100 percent.

However, when we focus on the low end of the distribution, you do have some fairly poor performers on this measure, and that's of interest to CMS to track.

Mr. Edwards: What Morris is referring to, at the 10th percentile, it's 83.5 percent.

Mr. Hamilton: So, that's 10 percent of home health agencies fail to submit, or fail to initiate care 17 percent of the time, which is a number that I think may matter to CMS.

Ms. Proctor: Yes, especially to our surveyors.

This is Joan Proctor.

Surveyors use this information when they go in to do a survey of a home health agency.

Mr. Edwards: It's also important to note that timely initiation of care is based on a condition of participation. So, I would challenge the notion that this measure does not contribute to CMS's overall goal and objectives for home health.

Co-Chair Mueller: What kind of reliability checks are in place that would be responsive to, are we sure that we're actually talking about the date that care is started? If I understood some of the comments,

the people that sent in comments.

Ms. Proctor: I think it's fair to say that CMS recognizes we don't have a validation program in place. So, of course, none of the data that supports us is truly validated.

I think there are provisions going across our programs that seem to be getting that conversation started, such as in FEB programs. But, currently, if you were to go in for a visit or a survey, it could be something that the surveyors would utilize, is looking at your OASIS, and then, comparing to what the medical records actually indicate.

But, as a person who's been around home health for a while, I can definitely say that, you know, they really train their staff for compliance, as the date that we visit you is the date that the services that were ordered. Kind of troublesome.

But go ahead, Morris. I'm sorry.

Mr. Hamilton: I apologize. No, I thought my hand was raised. I was trying to unraise it, but I did the opposite. So, I apologize.

(Laughter.)

Co-Chair Mueller: A common error that many of us do.

Other comments?

Collette has one in the chat box.

Ms. Proctor: And this seems to go back to the previous one, Improvement of Management of Oral Medications.

Ms. Young: I'm going to read that comment for the court reporter.

"A little more feedback. The medications measure shows some room for improvement, 79 percent, but

this measure is clearly topped-out. Need to focus measurement efforts, time, and resources where there is opportunity to improve."

Co-Chair Mueller: Thank you.

Mr. Hamilton: I may have missed this. This is Morris Hamilton from Abt again.

Is there a clearly-defined definition that NQF is following for what is and is not topped-out?

Co-Chair Mueller: I'd refer that to staff.

Ms. Proctor: This is Joan Proctor.

As the measure lead, I would not consider 79 percent topped-out. Or at least we haven't in the past in our discussions with NQF.

Mr. Edwards: And I'm looking at the April 2022 data. It's not even that high, 77.4.

Member Cole: Hi. This is Collette. I'm going to jump in.

My comment wasn't clear. So, staff was asking us for feedback as we're going through this. So, the management of oral medication measure at 79 percent still shows room for improvement. But the timely initiation of care measure that we're looking at right now does not.

And I have heard in past discussions with CMS that they consider 95 percent topped-out. I know for myself, as a measure developer, if we're testing a brand-new measure concept or a new measure, and we have results that are in the 80s, you know, we consider, oh, gee, maybe this measure is not showing the improvement opportunity like we thought it would, and would, you know, make some decisions about going forward with continuing to implement that measure.

But, again, the feedback was it seems that there's

room for improvement on the medication measure, but not this timely initiation of care measure.

Thank you.

Mr. Hamilton: Thank you, Collette. That answered my question.

Ms. Williams-Bader: This is Jenna from NQF.

I would say we do not have a strict definition of topped-out, as our understanding is that, even CMS might define that somewhat differently, depending on the program.

So, Collette, I'm also familiar with the definition you gave, and I think I've seen that for MIPS. But we don't know that that is a definition that CMS is using for every single program. So, I don't know if there's someone at CMS who does want to speak to that, but that's why we don't -- we don't have a specific definition of topped-out that we're using. It is somewhat -- it might be program-specific.

Member Cole: Thanks, Jenna. Yes, I have heard that around MIPS. So, that may not apply to other programs.

Co-Chair Mueller: Other discussion of 00196?

Seeing and hearing none, we are ready to poll.

Ms. Young: Okay. We will pull up the poll.

The poll is now open for Measure 00196-C-HHQR, Timely Initiation of Care.

Do you support retaining this measure in the program? Polling option choices are: yes, no, or unsure.

(Pause.)

Ms. Young: We'll give that a few more seconds.

(Pause.)



Ms. Young: Okay. I think we can close the poll. The poll is now closed for Measure 00196-C-HHQR. Responses are: yes, 2; no, 7, and unsure, 0. Representative of: yes, 22 percent; no, 78 percent, and unsure, 0.

Thank you.

Ms. Lynch: Our next measure is 00212-C-HHQR, Influenza Immunization Received for Current Flu Season.

This measure assesses the percentage of home health quality episodes of care during which patients received influenza immunization for the current flu season. Endorsement has been removed and this measure was selected by six MAP members.

And I'll turn it over to the National Rural Health Association and the American Society of Health System Pharmacists.

Member Sackett: This is Rena Sackett with the American Society of Health System Pharmacists.

So, as mentioned, this is not an endorsed measure. The measure developer did not resubmit for maintenance review in 2016. Therefore, endorsement was removed. I don't believe there is a corresponding or duplicative measure.

I think what stands out for this measure is that, as seen in the criteria and the rationale, it's indicated that the measure performance is topped-out. I don't have those numbers right in front of me. If someone could clarify those numbers, just in light of our recent conversation of being topped-out, that may be helpful. But it appears performance is uniformly high and lacks variation in performance.

So, we've had discussion on this previously with other measures. This is an important practice, but is this more of a standard of care?

And there were no public comments for this

measure.

Thank you.

Co-Chair Mueller: All right. Thank you.

Looking at the information, if I'm reading this correctly, the performance overall in 2021 is 79.4 percent; for rural, 77.3; for blacks, 73.9, and all other race, 74.3.

Brock, did you have comments?

Member Slabach: No. This one is one of those that I think is an important practice, as was mentioned. But I guess I'm thinking through, and I'm not a home health expert. And one of the comments was that a home health agency may not have control over this, unless they're delivering the immunization to the home. So, I guess I'm just wondering about the impact on a home health agency for this particular metric, in addition to what was said earlier.

Co-Chair Mueller: We are open for discussion. Are there comments?

Ms. Proctor: This is Joan Proctor, the measure -- I mean the program lead.

Given where we're at with COVID vaccination and stuff like this, it seems odd to me that this would be something that would be in our desire to want to encourage. And we're not topped-out on this measure. It seems kind of strange to me.

It's always been, yes, an HHA doesn't, but, you know, quite frankly, no providers today right now have the ability to administer the COVID vaccine. So, I don't know if I consider this as more of a best practices. Would I consider it that we are doing our due diligence as health care entity and providers to encourage? And it definitely does have a positive outcome if a patient is vaccinated, if in the end we're able to convince them to take the vaccine.

I'll look to my counterparts here, to Abt.

But I just wanted to put this out for consideration in the Committee's review of this particular topic, that it appears that, as we're gearing up for possibly looking at measures across all of our post-acute care settings in the future on COVID, that this may be a move in the wrong direction. And I'm not so sure why, if we were simply convincing NQF and others at NQF for an approval of our move on the COVID vaccination, what's different here?

Does that help any? Just some things to consider.

I don't know what any of my other counterparts is saying.

Mr. Hamilton: I think Nicole is going to add to that, Joan.

Ms. Proctor: Okay.

Dr. Keane: Yes, no worries, Joan. So, this is Nicole Keane. I am a measure developer with Abt Associates and I'm a home health care clinician.

So, the intent of this measure has been during a flu season, which is clearly defined in the measure, if a patient is not able to get it, the agency just for the flu vaccine, who can get the vaccination delivered to the agency, is then able to bring it to the patient in the home.

So, sort of the hope of this measure is that if they're not immunized, they can be by the end of the home health episode.

So, I would think that would be a benefit for rural patients in home health care, to be able to get vaccinated.

So, to Joan's discussion about vaccines in general at the moment, perhaps in the future, the COVID vaccine will be made available to home health agencies, like the flu vaccine today is.

And that can help with distribution and uptake of the vaccine, with rural patients in home health care.

Mr. Edwards: Just one other note related to this measure.

The reason, one of the main reasons for not submitting for re-endorsement, was similarly in the age of IMPACT Act to align flu measures, there was an intent to move this home health flu measure, similar to other post-acute care settings measures.

Which the differences aren't dramatic, but they are different. And so that was a consideration at that time.

It was not the goal of CMS to suggest that they did not support the measure, by not submitting that for re-endorsement.

Co-Chair Mueller: We have a comment through the chat box from, from Rena.

If I understand the numbers that were read previously, this measure is not topped out, as indicated in the criteria rationale?

Mr. Edwards: This measure hasn't been topped out.

Co-Chair Mueller: Further discussion?

(Pause.)

Co-Chair Mueller: And I believe we're ready to poll.

Ms. Young: Okay, we will bring up the poll.

The poll is now open for Measure 00212-C-HHQR: Influenza Immunization Received for Current Flu Season.

Do you support retaining this measure in the program?

Poll response options are yes, no, or unsure.

(Pause.)

Ms. Young: About 10 more seconds.

(Pause.)

Ms. Young: Okay, we can close the poll.

The poll is now closed for Measure 00212-C-HHQR. Poll responses are: yes 5; no 2; and, unsure 1. For percentages of yes, 63 percent; no, 25 percent; and, unsure, 13 percent.

Ms. Lynch: Our next measure is 01000-C-HHQR: Improvement in Bed Transferring.

This measure assesses the percentage of home health quality episodes of care, during which the patient improved in ability to get in and out of bed. This measure is endorsed, and was selected by five MAP members.

I don't believe our lead discussant has joined us, so I will share that the criteria rationale where the measure is duplicative of other measures within the same program; performance or improvement on the measure does not result in better patient outcomes.

The measure does not elect current evidence. The measure is not reported by entities due to low volume.

An entity not having data, or entity not selecting to report a voluntary measure; and, measure has negative unintended consequences including potential negative impacts to the rural population, or possible contributions to health disparities.

Additional survey feedback included issues with skilled maintenance, examine the pro/cons of targeted functional measures, composite measures rather than separate measures, for functional outcomes, and a note that somebody liked this measure.

Back to you, Keith.

Co-Chair Mueller: Okay, we are open for discussion, 01000.

Put something in chat or speak out. Or raise your hand.

Ms. Proctor: We were not sure, this is Joan Proctor again. How is this duplicative of a other measure within the same program?

Ms. Williams-Bader: Joan, this is Jenna from NQF. So, again, the criteria that are listed here, are ones that Advisory Group and work group survey respondents used to indicate why they were nominating a measure for discussion.

Unless they provided comments in the free text field, we don't know what, specifically what measure they were referring to.

And they did have some information available at their disposal when completing the survey, but did not have the measure summary sheets that we provided to the Advisory Group ahead of this meeting.

So, it's again, unless they specifically said which measure they thought it duplicated, we don't have a way to know unless someone on the call can actually speak to that.

Ms. Proctor: Well, when you say don't have a right to know, I'm just, what I'm trying to do is maybe look at the NQF, go back and take a look at some of these that have been assigned.

Does (audio interference) indicated you're not sure why it's there. And, earlier, when it said that it was topped out, you weren't able to substantiate that it was topped out.

So, it leaves an assignment of a criteria that I'm not sure if it's consistently being applied. So, just

wanted to kind of point that out.

And I also think if this item getting off of that for a minute, just something, that's just my feedback for you guys to consider from CMS perspective.

But the other thing is that I would note, that I believe the improvement that transferring like the other one. These were used for other purposes outside of the QRP.

So, as you're evaluating this, it's part of our PDTM model.

Mr. Edwards: It's also part of VBP. It's not a measure that's considered duplicative. It's valuable in its own right, and used in both 5-star QRP, VBP. And, for that reason, we do consider it useful in terms of patient outcomes.

So, I challenge the first two bullets here.

Ms. Proctor: So, I guess CMS just wants to note for you, for you guys' consideration that, you know, it appears to be concerns on our part and we're expressing relative to some of the assignment, some of the criteria rationale.

And in terms of I didn't necessarily understand the issues with skilled maintenance. Did someone explain that to us, or is that something where we wouldn't be able to know either why a public commenter said that.

So, I didn't understand what that comment meant. To be able to respond to it.

Ms. Williams-Bader: Okay.

Co-Chair Mueller: Other discussion? Thank you for that, Joan, we'll take that back.

Ms. Proctor: Thank you.

Co-Chair Mueller: Other discussion?

(Pause.)

Co-Chair Mueller: All right, and seeing none --

Member Cole: I'm sorry, Keith, I have a question.

Co-Chair Mueller: Sure.

Member Cole: Maybe I'm just beginning to understand the home health quality measures. I had questions, I'm sorry, this is Collette Cole. I had questions previously about the denominator, and perhaps patience that weren't able to achieve.

But now I'm understanding that these are all patients who have been discharged from home care services.

So, you would anticipate that the patient is, you know, making that progress, or they're not discharged from home care services at all, so they wouldn't come in the denominator.

Is that a correct understanding?

Ms. Proctor: This is Joan Proctor. I think it would depend on the goals that were established at the beginning of the plan of treatment.

So, the plan of care might have been. The goals may have been different. For example, if you're coming into home health because the doctor feels that you have a need for some other type of skilled care, like wound care or something like that, it may not be the expectation.

You know, if that's not part of the plan of care that's being addressed.

Member Cole: Thanks, Joan. I guess just further questions. So, they would need to have improvement in bed transferring identified as a goal, to come into the denominator?

Mr. Hamilton: Hi, Collette, this is Morris Hamilton



for Abt Associates. There are only two types of exclusions for this measure.

The first exclusion is that you must have a end-of-care reason for assessment code equal to discharge from the agency.

So the same exclusions I've discussed previously, apply. Basically, people who died as, at their end-of-care, and those who transferred to an in-patient facility at their end-of-care.

The other exclusion that we make are those patients who at start-of-care, indicate that they are fully independent at bed transferring. And therefore, they're not able to improve.

There are no other exclusions for this measure.

Ms. Proctor: Please keep in mind when responding, I was responding to your comment relative to, are they discharged or not discharged in that episode, yes.

That was the point I was trying to make.

Co-Chair Mueller: Any discussion? Any further comments?

(No response.)

Co-Chair Mueller: Okay, then let's move on to poll; open it up.

Ms. Young: Okay, we will open the poll.

The poll is now open for Measure 01000-C-HHQR: Improvement in Bed Transferring.

Do you support retaining this measure in the program?

Poll options are yes; no; or, unsure.

(Pause.)

Ms. Young: Okay, I think we can close the poll.

The poll is now closed for Measure 01000-C-HHQR. Poll responses are: yes, 6; no, 2; and, unsure, 1. For percentage of yes, 67 percent; no, 22 percent; and, unsure, 11 percent.

Thank you.

Ms. Lynch: The next measure is 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary - Post Acute Care HHQRP.

This measure is the assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency's MSPB-PAC HH episodes across the same performance period.

Note: an NSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.

This measure is not endorsed, and it was selected by seven MAP members. NQF does acknowledge that this measure is required by statute.

Our lead discussant is not available, so I will go to the next slide and show the rationale here, provided by the voters was that the measure is not endorsed, or it lost endorsement.

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

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

The additional survey feedback provided was that more data is needed to evaluate this measure. The measure seems to incentivize spending less per

patient, which could have unintended consequences.

There is also a concern that it looks at Medicare FFS costs, which in some markets is negligible.

And it notes that this measure is required by statute. Are there any pending measures of costs/spending that provide more insight into the relation between quality and cost.

And I'll turn it over to you, Keith.

Co-Chair Mueller: Okay, and we are open for discussion of 02943.

Feel free to speak out, raise your hand, or use the chat box.

(Pause.)

Co-Chair Mueller: I have a question that staff or CMS could answer. Since this is required by statute, any action anyone else takes is not really going to change using it, right?

Ms. Proctor: I think we could -- I think Michelle Schreiber indicated we would share this type of feedback with Congress.

Because we're mandated, unless we're able to find something that could replace it, we would continue to utilize this measure, to be in compliance with what Congress has mandated in the statute.

It's definitely not --

(Simultaneous speaking.)

Co-Chair Mueller: Thank you.

Ms. Proctor: You are correct, it's not up to us as to whether or not we have a Medicare spending.

There's probably something that would be aligned across all programs, this type of, if there were ever

any modifications to Medicare spending beneficiaries.

Co-Chair Mueller: I'll just comment that it feels a little awkward to be looking at a spending only measure, in discussion of quality measures.

But I agree that they're not necessarily related. They can be, but it's a lot more complex than saying one is directly related to the other.

So, I'm a little perplexed on why I would call this a quality measure.

Ms. Proctor: Yes, we've definitely heard that type of feedback before.

I'm not sure if I really could say anything that's probably profoundly convincing.

(Simultaneous speaking.)

Co-Chair Mueller: Oh, come on. It's getting late in the day, you can say things.

(Laughter.)

Ms. Proctor: Not without feeling like I'm pandering to you, so I don't want to do that.

I look to my measure developers, the measure maintenance guys. Do you guys have anything? Matt, or is there anything that you wanted to provide?

FEMALE: Go ahead, Art, you can go. That's fine.

Mr. Edwards: I was just going to note that this was, measure was reviewed by the NQF Scientific Methods Panel, and had really good reviews.

They felt it was a very well-constructed measure, but acknowledged the point that whether or not this is similar to other quality measures, it is a, it's a different category in terms of resource use measures.

Co-Chair Mueller: Other comments people would like to inject here?

Okay, we have one in the chat box. If I can get my computer to cooperate and let me read it.

Okay, from Sandi. Because post-acute spending like home health is included in the hospital MSPB measure and VBP, this may help HHS, HHAs, excuse me, stay accountable to spending that also impacts hospitals.

Other comments?

(Pause.)

Co-Chair Mueller: Lots of research questions are flying through my mind, but no comments.

Ms. Abdur-Rahman: I do want to note that the, this measure is positively correlated with acute care hospitalization, and also emergency department use, which would indicate that spending means more hospital interactions.

Co-Chair Mueller: Interesting. You just created another two or three research questions.

Okay, other comments?

Mr. Edwards: It's noteworthy that this, this measure, the equivalent to this measure, is in other PAC programs (audio interference) and LTC. So they're trying to make sure they're looking at apples. Well, within each program, the same concept.

Co-Chair Mueller: Other comments?

(Pause.)

Co-Chair Mueller: Let's open the poll.

Ms. Young: We will pull up the poll.

The poll is now open for Measure 02943-C-HHQR:

Total Estimated Medicare Spending Per Beneficiary  
MSPB Post-Acute Care HHQRP.

Do you support retaining this measure in the  
program?

Poll response options are: yes, no, and, unsure.

(Pause.)

Ms. Young: Give it about 10 more seconds.

(Pause.)

Ms. Young: Okay, I think we can close the poll.

The poll is now closed for Measure 02943-C-HHQR.  
Poll responses are: yes, 5; no, 3; and, unsure, 1.

For percentages of yes, 56 percent; no, 33 percent;  
and, unsure, 11 percent.

Thank you.

Ms. Lynch: Our next measure is 02944-C-HHQR:  
Discharge to Community - Post Acute Home Health  
Quality Reporting Program.

This measure assesses successful discharge to the  
community from a home health agency, with  
successful discharge to the community including no  
planned hospitalizations, and no death in the 31  
days following discharge.

It assesses the HHA's risk-standardized rate of  
Medicare fee-for-service patients who are  
discharged to the community following an HH  
episode, and do not have an unplanned admission  
to an acute care hospital, or long term care facility  
in the 31 days following discharge to the  
community, and who remain alive during the 31  
days following discharge to community.

Community for this measure, is defined as the  
home/self-care without HH services, based on  
Patient Discharge Status Code 01 and 81, on the

Medicare FFS claim.

This measure is endorsed, and it was selected by four MAP members.

We do want to acknowledge that this measure is required by statute.

Our lead discussant is not available, so on the next slide, we have the criteria, which include the measure does not contribute to the overall goals of the program, goals and objectives of the program.

The measure is duplicative of other measures within the same program. The measure is not endorsed, or lost endorsement.

The measure does not reflect current evidence.

The measure leads to a high level of reporting burden for measure, for reporting entities.

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

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

Additional survey feedback included wanting to look at a set of measures related to hospitalizations during home health, which had strongest relationship to outcomes, the most effective timeframe for measuring hospitalization rates required by statute, which would drive quality improvement the most.

And another comment that this is important, but a burden to report.

Over to you, Keith.

Co-Chair Mueller: Okay, we are open for discussion

through the usual venues of speaking out, raise hand, chat box.

Mr. Edwards: Sure. I'd like to make a couple of clarifications.

I think for some reviewers, there may be, been a point of confusion with previous measure that was in the home health program, quality reporting program, the assessment based discharge community measure.

This is not that measure. So there is no additional burden to providers to, for the reporting of this measure.

Similarly, because of that confusion, I think there is some who considered this was not endorsed. This measure is actually endorsed by NQF.

It is not currently duplicative in any other measure in the home health quality reporting program, and we strongly believe that successful discharge to community should be the goal of home health care.

Co-Chair Mueller: Other comments?

Co-Chair Rask: I just want to confirm what was just said because I think those are two important points.

So, to confirm what you said is, this is this measure is captured by claims data, so it is not a reporting burden to the providers?

Mr. Edwards: That's correct.

Co-Chair Rask: Okay, and secondly, you said this measure is in fact, endorsed?

Mr. Edwards: Also correct.

Co-Chair Rask: Thank you. I just wanted to confirm.

Ms. Proctor: And, not to pile things on, but this is Joan Proctor. If we could also consider that, you know, when in combination you look at the goals of



home health, this is definitely supportive of the goals.

And, you know, it's complimentary to some other things we have about. So, all the measures we have in our program.

So in combination, you improving the discharge to community rates, and you're also showing an improvement on prevention, preventing hospitalizations, and preventing re-admissions to the hospital.

When you take all those things in context, I was rather surprised to see some of the, and like Alrick, I assumed that it's just a misunderstanding about what this measure is.

Because when you take those things into consideration, you look at the one that says it has a negative unintended consequences to the rural population, I couldn't follow.

But again, that goes back to, you know, we don't have access to what they might have been thinking when they, all the comments came in.

Thank you.

Co-Chair Mueller: I'm looking at the public comment. Did we not caption the slides? Doesn't look like it. From the National Association for Home Care & Hospice, NAHC.

I just want to make sure I'm in the right measure here, before I refer to it.

Yes. So, this is a stakeholder comment. NAHC supports removal of this measure. HHAs are adversely impacted on the measure, when the beneficiary changes payer from fee-for-service Medicare, to a Medicare Advantage plan.

Additionally, the 30-day post-discharge timeframe for the measure unfairly impacts HHAs. They do not

have control over patients that are no longer the agency's care.

Any reaction to that public comment?

Ms. Proctor: I'm going to look to Morris or Alrick to expand upon this, but I find those not really sure what to say about a patient that transitions out of a managed care setting.

Because the managed care setting is still a, follows a lot of the provisions that we have in Medicare.

So, Medicare Advantage would still, the goals would still be the same. So, I'm not really sure why they're saying that.

And unfortunately, I'm not looking and referring back to the same document. I do remember reading it.

Co-Chair Mueller: Yes.

Ms. Proctor: But I'm kind at a disadvantage to remember everything they said.

Co-Chair Mueller: The 30-day timeframe is an interesting question about --

Mr. Edwards: The vast majority of --

Co-Chair Mueller: -- as a home health agency's control if you're going that far out.

Mr. Edwards: Yes, I think it's a fair concern, but the vast majority of what we consider unsuccessful discharge to community, do not actually stretch out to the 30-day mark.

We looked at the data for this measure and other, the re-admissions measure and other claims based measures similarly, that have some kind of similar framework.

And we don't believe this adversely affects providers. And so this measure is also intended to

work in concert with other measures we had in the program, to ensure that there isn't any gap in considering both re-admissions, successful discharge to community, potentially preventable hospitalizations.

And so the timeframes were considered to ensure that there wasn't like a loophole if you will, in terms of following the patient.

Co-Chair Mueller: All right, thank you. Other comments?

Seeing and hearing none, we will open the poll.

Ms. Young: Okay, we will open the poll.

The poll is now open for Measure 02944-C-HHQR: Discharge to Community - Post Acute Care Home Health Quality Reporting Program.

Do you support retaining this measure in the program?

Poll response options are yes; no; or, unsure.

(Pause.)

Ms. Young: Okay, I think we can close the poll.

The poll is now closed for Measure 02944-C-HHQR. Poll responses are: yes, 6; no, 3; unsure, 0. For percentages of yes, 67 percent; no, 33 percent; and, unsure, 0.

Ms. Lynch: And our next measure is 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).

This measure assesses the percentage of quality episodes, in which the patient experiences one or more falls with a major injury defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural

hematoma during the home health episode.

This measure is not endorsed, and was selected by five MAP members.

I don't believe anyone from the National Association of Rural Health Clinics has joined, so I will go ahead and share that the criteria for the measure does not contribute to the overall goals and objectives of the program.

The measure is not endorsed, or lost endorsement, and performance or improvement on the measure does not result in better patient outcomes.

The additional survey feedback includes possibly redundant with re-admission measures, that need more information to understand that patients can be excluded due to home safety.

Home health does not have residents, and does not have a long-stay definition. Agency relies on patient self-support.

A question is applicability for care in the home, where there is not 24/7 home health aides in one's home.

Lacks a risk adjustment component, and is a very important factor to consider reporting. And we do want to also acknowledge that this measure is required by statute.

Over to you, Keith.

Co-Chair Mueller: Okay. So we are open for discussion, comments.

Ms. Proctor: This is Joan Proctor. Not sure whether it's appropriate to speak now, or would you like for us to wait?

Co-Chair Mueller: Are there any committee members who would like to speak first? I guess that would be the fair way to ask.

Hearing or seeing none, Joan, go ahead.

Ms. Lynch: Actually, Collette Cole has her hand raised.

Co-Chair Mueller: Oh, I'm sorry. Collette?

Ms. Lynch: That's okay.

Co-Chair Mueller: I'm probably stating the obvious, but it makes me curious. The performance rates for this, which would be an inverse measure, are really fairly low.

So, if anybody wants to share their thoughts on that, I know there were lots of thoughts shared about the ability to collect this kind of information from patients in the home health setting.

Ms. Proctor: Let me look to Alrick or Morris, to address the measure calculations.

Mr. Edwards: So this is as mentioned by Collette, this is one of the measures that would fall into the range of what you want to be a never event.

So, the cases will be low, that's correct.

I think as with other kinds of never events, though they are low, part of the benefit of being able to assess this for all providers in a given program, is you're assessing them against their peers.

So, this is a post-acute care measure, that's available across all post-acute care settings.

But we would not be comparing a home health agency to a SNF, or a IRF, where they actually have some of the support that was mentioned.

Aides that are there 24/7, nursing or clinical staff that are there.

So, part of the consideration is this is with all our measures, we're, the only expectation is the provider is being compared amongst their peers, not

against another clinical setting.

And there are actionable steps that can be taken, even for home health without additional 24/7 care, to limit falls with major injury.

One of the important aspects of what is done by home health staff, is to go in and assess the environment to ensure that there, that things that could be considered a fall risk are addressed.

So, we do believe that this measure is actionable, and those providers that are intentional in addressing this particular area, it will be reflected in the outcomes over, over time.

Ms. Proctor: And just out of my ability to state the obvious, we don't agree with it not contributing to the overall goals and objectives of the program.

Because I think the overall goals and objectives of home health, is to keep you safe within the home to avoid that other post-acute setting.

And I believe this measure would definitely contribute to that goal, and to that objective of home health, being in a home health episode.

Not really sure about how we could consider falls with major injury redundant, with the re-admission measures.

And I'm not sure where even -- yes, for the consensus-based endorsement. I'm going to look --

(Simultaneous speaking.)

Mr. Edwards: That's correct. We have not put this measure forward for NQF full endorsement as yet.

Ms. Proctor: Yes, because I don't think we're there yet in terms of --

(Simultaneous speaking.)

Mr. Edwards: We haven't reported, just begun

reporting the data.

Ms. Proctor: Right. And I'm not really sure how this improvement on the measure, if you have an agency that has reported three patients that fell, and the agency that reported no patients that fell.

As a consumer, I would want to know that. I would definitely view that as a better outcome for the patient.

So, I'm not really sure. Sometimes I just, I go through these just because, just to note CMS's perspective.

I realize you guys probably didn't assign the criteria or the rationale, but not really sure that we necessarily agree with some of it. Just wanted to note that.

Does anyone else from Abt or Ihsan have anything you want note that I might have skipped over here?

Mr. Edwards: Just one other point that might be helpful, for the folks considering a number of these measures.

The title says application of percent of residents experiencing one or more falls. This is the application of a measure that was used, or previously established in another setting, was endorsed in another setting.

So, the intent is certainly home health has patients, not residents. In developing this measure, the goal was to apply the principles of a measure for another setting, to home health.

So, there may be some other measures that will have this application of introduction. And so that's why it's written this way, to kind of acknowledge that this is a measure that was previously used in another care setting, and then applied to the home health setting. Using appropriate home health assessment items.

Ms. Proctor: We -- Collette, you raised the question about what kind of testing has been done on the measure.

Prior to the adoption of the falls with major injury measure, we did do some feasibility testing that we reported out to NQF, when the measure was formally submitted.

I'd have to look to NQF, to maybe go back and pull all of the details surrounding the testing, or even only thing I could do is maybe at this point, is just reference to the rules itself where we describe what we did in testing.

Unless someone else can speak to it off the top of their head. I'm not able to.

Ms. Abdur-Rahman: So Joan, I don't have information about the testing, but I know the MAP conditionally supported the measure.

We highlighted the clinical significance of falls with major injury, while noting potential difficulties in collecting falls data and, more limited actionability in the home health setting.

They did suggest that we explore stratification of the measure, raised by referral origin.

Co-Chair Mueller: Collette, do you have your hand up?

Member Cole: Yes, I just wanted to clarify a little bit further.

Because this is a patient self-report of falls that have occurred during a specific point in time, has there been any work then in validating if the patient says I had a closed head injury?

Is there some of that data validation as like a one-time testing? Did that occur against the patient's medical record, or some kind of thing to determine that indeed, those major injury events did occur?



Mr. Edwards: So, when we were initially proposing the measures, there was some, some of exactly what you're describing that was published, along with the submissions both to the measure application process.

And there's additional work that's going, ongoing now to do some of that validation that you're talking about, Collette.

Against claims data for example, to verify the source.

Member Cole: Great, thank you.

Co-Chair Mueller: For purposes of full information, we did also receive two public comments. One from the National Association of Home Care & Hospice again, supporting removal.

And one from the American Geriatric Society, also supporting removal.

Ms. Proctor: Yes, unfortunately, this is one where we would have to take those, if that was what the recommendation was from NQF, then we would take that information back to Congress as the legislatively required under the IMPACT Act.

So, we're act -- Congress, unless we were able to find a potentially some other type of measure to replace it.

Co-Chair Mueller: Further discussion?

Seeing and hearing none, I'll pass this on for opening the poll.

Ms. Young: Okay, we will open the poll.

The poll is now open for Measure 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).

Do you support retaining this measure in the

program? Poll response options are yes, no, or unsure.

(Pause.)

Ms. Young: We'll give it about 10 more seconds.

(Pause.)

Ms. Young: Okay, we can close the poll.

The poll is now closed for Measure 03493-C-HHQR. Poll responses are: yes, 3; no, 4; and, unsure, 2. For percentages are yes, 33 percent; no, 44 percent, and, unsure, 22 percent.

Thank you.

Ms. Lynch: And congratulations. This is our last measure for discussion today.

It is 05853-C-HHQR: Application of Percent of Long-Term Care Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.

This measure assesses the percentage of home health quality episodes, in which patients' mobility and self-care functional status, was documented, and at least one discharge goal was recorded.

This measure is not endorsed, and it was selected by four MAP members.

I also want to acknowledge that this measure is required by statute.

And I will be turning it over to Brock to be our lead discussant. If you're still on, Brock.

Member Slabach: Oh, sorry. Yes, I'm here. I'm catching up.

Yes, this one is fairly obvious. I'm not really sure that, I mean obviously it's lost its endorsement, which is problematic of course, for me, just in

general.

If the criteria that's mentioned here, of course are all appropriately valid, I think it is appropriate obviously for a patient to have their discharge functional assessment done, and then noting that it is, in fact, done.

So that there can be documentation of progress.

However, it does look like it could be a little bit complicated for reporting. So, again, I come back to the lack of endorsement as a serious problem for me on this one.

Co-Chair Mueller: Okay, we will open it up for discussion, comments.

Ms. Proctor: This is Joan Proctor. If it's appropriate, I'll wait, defer if there are any other members who have comments. We don't want to jump in.

Mr. Edwards: Just a couple of points to note.

This measure was not, been put up for endorsement yet, so it hasn't been reviewed. So, that is, the criteria has been endorsed, or lost it, and it was never put up so far.

The other thing noteworthy is we across post-acute care settings, are considering a, the fact that addressing function for the purposes of the main of the IMPACT Act, would be best supported from a outcome measure. This is a process measure.

And so that work is under way to have a strong cross-setting outcome measure, that would address functional status in home health and other post-acute care settings.

And that number, Collette, is correct.

Co-Chair Mueller: Okay, Collette's comment to which he just referred, was appears to be topped out 97.9 percent of standard of care that is already

occurring.

Ms. Proctor: This is Joan Proctor. I guess I'll just note that, you know, work is underway as Morris has indicated.

We agree with your note that, you know, it's an important topic, and we're working on potential improvements across our programs to address some of the, you know, to move us to an outcome-based measure.

Which we believe would assist us in being able to address a lot of the concerns that providers have, relative to the current measure.

CMS recognizes it's got work to do, and we're doing that, undertaking that work.

Co-Chair Mueller: I can't resist pointing to the irony of a measure that's at 97.9 percent, and a comment from NAHC again in one of their comments is, it's significantly burdensome to complete.

Apparently not if it's 97.9 percent.

(Laughter.)

Co-Chair Mueller: Couldn't resist that.

Ms. Proctor: Appreciate it.

Co-Chair Mueller: Other comments?

(No response.)

Co-Chair Mueller: All right, I'll just note it, appreciate the comment that CMS is looking for other measures more outcome related, which to me makes sense that this process measure is very much topped out.

It's time to move the needle.

Ms. Proctor: Yes, definitely. I think this is required under the IMPACT Act, a standardized item.

I'm not sure that we made that, that was pointed out when we did the description earlier. But I might have just missed it in the presentation.

Co-Chair Mueller: Okay, other comments?

(No response.)

Co-Chair Mueller: Then let's open the poll.

Ms. Young: Okay, we will pull up the poll.

The poll is now open for Measure 05853-C-HHQR: Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function.

Do you support retaining this measure in the program?

Poll response options are yes; no; or, unsure.

(Pause.)

Ms. Young: Few more seconds there.

(Pause.)

Ms. Young: Okay, we can close the poll.

The poll is now closed for Measure 05853-C-HHQR. Poll responses are: yes, 0; no, 8, and, unsure, 1. For percentage of yes, 0 percent; no, 89 percent; and, unsure, 11 percent.

Ms. Lynch: Thank you, everyone. I believe I'm turning it over to Kim for another public comment.

#### Opportunity for Public Comment

Co-Chair Rask: Thank you. This is an opportunity again for public comment. If anyone would like to make a comment for the Advisory Group, please raise your hand, use the chat, or if you're on the telephone, feel free to speak up and make sure that

we get to hear your first and last name.

(Pause.)

Co-Chair Rask: I do not believe that I see any hands up and raised. I do not see any comments in chat. Make sure that I haven't missed anything.

Ms. Young: You are correct, Kim. I do not see any hands raised.

Co-Chair Rask: All right, and I am not hearing any other public comments. Pass it back to NQF.

#### MAP Rural Health Advisory Group Feedback on MSR Process

Ms. Williams-Bader: All right, this is Jenna and I believe I will be taking us into the home stretch here.

So we recognize that this is a new process. We are building on the pilot process that we rolled out with the Coordinating Committee last year on measures that were reviewed, but this is the first where we are engaging the rest of the MAP committees, as we said at the beginning of the call. And so we wanted to make sure we have an opportunity to get your feedback on how this process has worked and for us to consider as we think about how we could improve this process.

So we have some polling questions to start and then some discussion questions where we'd like to get your qualitative feedback on the process. Please also feel free to put your comments in the chat as well, if you have anything you'd like to share. And we have a few other I think follow-up questions as well based on how the discussion has gone today.

So we'll start with the poll.

We may be having a technical difficulty, so if you could hold for just one second, please.

Perhaps when we get that pulled up, let me start with our discussion questions then. So for those of you who completed the survey back in April, I believe, what worked well during the Advisory Group survey? Does anyone have any feedback on that?

Co-Chair Rask: I apologize for my short-term memory loss, but maybe to clarify, was this different from the MSR? Are you speaking of a different survey than the MSR survey? I just want to make sure I'm thinking about the right pieces.

Ms. Williams-Bader: Yes, this was the MSR survey. We started it the day of the all MAP education meeting near the end of April and then it ran for one week and it was -- it contained all of the programs that were up for review this year and had all of the measures and Advisory Group, some work group members nominated measures that they wanted to discuss. Yes, that one.

Co-Chair Rask: Right, okay.

Ms. Williams-Bader: That one.

Co-Chair Rask: Okay, that one. I just wanted to make sure you weren't referring to two separate surveys and I needed to remind myself which one was the other one. Thank you.

Ms. Williams-Bader: Sure. And I see Collette has her hand raised?

Member Cole: Yes, I was just going to comment that I think the process went well, but my one difficulty during that survey was I felt like I didn't have enough information to make a decision.

And part of what I am kind of channeling is in the core quality measure collaborative, we are oftentimes doing this review of measures, not necessarily for removal, but sometimes, and we have just a little bit more information in the

spreadsheet, particularly about like the rates of performance, rates for the measure or a little bit more information.

So I felt like I was lacking and maybe that kind of came through with some of the -- I loved the dropdowns, by the way, but maybe that's part of the reason why members were selecting dropdowns that turned out to be maybe not as accurate later. I think we could have used just a little bit more information.

Ms. Williams-Bader: If I may ask a question, Collette, and that is feedback that we've heard. In the core quality measure collaborative, about how many measures are being reviewed at any given time? Do you happen to know that?

Member Cole: I want to say like between 10 and 40.

Ms. Williams-Bader: Okay. So we -- I'm not trying to push back at all, because we are open to feedback, but in the brainstorming mode here, we have about -- I don't know how many measures ended up on across the three settings, but I think it might be somewhere between 200 and 250 measures. So any thoughts on that count? I think that was the main challenge for us is that it's so many measures that providing even more information than what we have is a lot of resources, but does anyone have any thoughts about that?

Member Cole: Jenna, yes, I understand that's difficult and you guys were clear about your task going forward. You wanted to narrow that larger set of measures down to something for discussion, so I appreciate that, too.

Co-Chair Rask: I think -- I would add to that that I think that there either needs to be -- I think it's challenging to have standing group in the particular size and a need for review that may be extremely variable. And I don't -- you know, I wonder whether



if it's going to move smoothly whether there just has to be some constraints, but meaningful input can't be expected by an individual volunteer participant for more than X number of measures. There has to be some parameters.

If you're going to be reviewing 200 measures, then there must be a lot -- you need more people to be able to spread over a meaningful assessment of all those measures. And I don't know how to balance that. I know that -- I just wonder in the process if there's somewhere upstream to kind of be able to tailor it out, flesh it out a little bit.

Ms. Williams-Bader: I guess in follow up to both your comments, Kim and Collette, we did present one way of narrowing the measures up front so that we could then do that deeper dive.

Does anyone have any suggestions about an alternative way to take measures from seven to eight programs and narrow it down to a manageable size for us both providing information and for you in reviewing the measures?

Co-Chair Rask: I guess if this is going to be an on-going thing, maybe there's -- is there a way to work with a cadence? I don't really the constraints that you all are facing, but if it gets into a rhythm that there's a certain percentage of measures that are going to be reviewed every so often, is that a way to kind of control it, keeping it steady, but making sure that it's a manageable number?

Ms. Williams-Bader: Yes, to that point, Kim, I think the idea that it would be ongoing and there were a number of programs, for example, that didn't get reviewed this year so they would be reviewed in the future.

Co-Chair Rask: Another suggestion and I'm not sure that you would have gotten this information from our meeting, but maybe over the course of this week with having all of the different groups come in

-- if there are consistent themes on measures that get the thumbs up and thumbs down that perhaps that feedback, if there are general consistent messages, can be used as criteria by the staff when they're reviewing them at the beginning to help triage them and decrease the number that come for discussion, but you won't know that until after you've gotten -- after the several groups have met.

Ms. Williams-Bader: Thanks for that feedback, Kim.

I also see a comment in the chat here and I'll read it out from Sandi Hyde that it was helpful getting the review materials a week ahead of time this time. Hearing the input from the measure developers was beneficial. Thank you.

Thank you for that comment. So moving from the Advisory Group's survey to now the actual review, so in getting the materials a week ago and leading up to the discussion today, what worked well during your review of the measures under review and what would help your review process be even better?

Co-Chair Mueller: I think the formatting worked well for me, but I was a little bit frustrated when I was reading and advancing and more frustrated today that we came out really clear in this last segment.

Just responding on which criteria you used to make a judgment about the retaining or deleting a measure isn't all that helpful because we don't know why you used that criteria. And that became really apparent in several of the measures in this last block, that there was a question through my mind almost every time of duplicative of what? Or what program goals are not being met? How are you interpreting that?

So either we need some kind of check system under each of the criteria or revisit the criteria. Because in the end by the time I'm asking those questions, it's not really that useful to me to have those criteria there.

Ms. Williams-Bader: Thank you, Keith.

Go ahead.

Co-Chair Rask: Would it be fair, Keith, to say that instead of criteria, we kind of need a rationale?

Co-Chair Mueller: Yes, with a little bit of specificity. By the time I got to -- deeper into just reading through all of them, it gave me a sense of what it feels like, well, no, I need to know what is it about the measure that isn't passing muster, if you will. Tell me that.

Co-Chair Rask: And I think the other thing that concerned me again especially with that last group is it appears that the listing of criteria on occasions were very clearly not accurate and it might have been my criteria, so I'm holding myself to it, but I -- if I didn't understand enough and put the wrong criteria down, it's -- it doesn't help the process to inform how other people should think about that measure. The weak link in that chain is me having said this measure for that criterion and maybe my expertise or my depth of review was not such to merit everyone else's confidence in the criteria that I picked.

Ms. Williams-Bader: Thank you, Kim. That's helpful feedback from both of you. Did you find -- I think another -- and you can correct me if I'm wrong, I think when the Coordinating Committee did the pilot that when they were completing the survey, it might have been purely free text about why they selected the measure.

Did you --- the criteria are also what the work groups will be using when thinking about the measures. Did you like linking it back to the criteria, but just need more information? Or do you think there's another way for Advisory Group and work group members to even nominate measures for discussion?

Co-Chair Rask: I think the criteria are good to have some guidelines, but there's some of them maybe that just need to be more specific. So for example, to Keith's point, if the criteria is a duplicative measure, then there should be a prompt which measures do you think that it's duplicative of just to clarify it, that that's it. If someone listed that it could have unintended consequences in rural or health equity, it would have been nice to know what was the unintended consequence that concerned them or me, whoever it was that selected that.

Ms. Williams-Bader: For those of you who completed the survey, if you were thinking back to when you were completing it and you were asked for each of the criteria to select and then provide maybe a sentence about additional information, would that have impacted your ability to complete the survey, I guess. Would that have given that it is especially for the Advisory Groups a lot of measures to get through.

Co-Chair Rask: I think that is definitely a concern.

Co-Chair Mueller: My default is if you're going to ask me to write text, I don't answer the question when I can just check a box.

But then when I see the result, as I was saying earlier, I get a really frustrated that I really don't have anything to work with.

Maybe fewer criteria maybe just hone in on the two or three that we really want people to think about. And then a free-flowing, a free text that there's some other reason that really bothered them and they want to write that down, that I would do if I was responding.

Ms. Williams-Bader: Thanks for that, Keith, and that could certainly be an option as to get to a smaller list of criteria. Are there particular criteria on the list that the Rural Health Advisory Group thinks are particularly important?

It certainly seems that endorsement was something that garnered a lot of discussion today from when you're thinking about measures from a rural health perspective, can you all talk a little bit about if endorsement is important and if so, why that particular criterion seems to rise to the top?

Co-Chair Rask: I'll start. For myself, if you're going to go to the effort and energy of asking somebody to collect data, you want to be -- I want to be reasonably certain that it's accurate, valid, and they will be able to use and trust the results that come from it. So endorsement to me is that Good Housekeeping Seal of Approval that says yes, this is a measure that will -- that is meaningful and can be accurately collected. It is worth the energy to do so.

Co-Chair Mueller: It might help if we knew where in the process of endorsement a measure might be. I didn't think of that until this afternoon, that there's a difference between not endorsed and not submitted for endorsement and endorsement lapsed with no follow up.

In some of the statements I see on the screen would say not endorsed, but that implies there was consideration for endorsement and it wasn't endorsed. I got a little confused by the end of the day exactly what that meant.

Ms. Williams-Bader: Thanks, Keith. And Kim, thanks for your comments, too. In thinking about other -- so the endorsement criterion seems important. Are there other criteria that are on the list that you all think is particularly important, especially from that rural health perspective?

Co-Chair Rask: I think the one that specifically relates to unintended consequences, so rural or health equity since that is the focus of our review of most of these measures.

Co-Chair Mueller: I agree with that.

Ms. Williams-Bader: Great. Okay. Thank you, both.

Others, obviously, if you have comments as well, I'm sorry, I've not been doing a great job of looking at the hands raised to see if anyone is raising hands.

Last question is do you have any suggested improvements other than the ones we've already discussed to the criteria used to review the measures under review or things like the meeting process, logistics, anything else you'd like to suggest?

Is there anything else we could do to help bring -- to help support you all in your discussions of these measures from that rural health perspective? Because again, these measures will be discussed ultimately in more detail by our work groups and we really want to make sure that this group is able to bring that rural health perspective forward. Is there anything that we can do to help support that?

Perhaps we can move to the poll quickly, if we're able to do that now, just to see if there is -- I don't know how many Advisory Group members are still on the phone, but just to get a sense for -- Keith and Kim, definitely appreciate all the comments you've provided, see if folks are -- where other folks are.

I'll go ahead and open the poll. If you did not complete the survey, then you do not have to answer this question.

I don't know if we have someone who -- on our end who can announce the poll results.

Ms. Young: We can do that, Jenna.

Ms. Williams-Bader: Thanks, Suzanne.

Ms. Young: For the MSR survey to nominate measures for discussion worked well. No responses for strongly disagree. One response for disagree.

One response for neither agree nor disagree. Three responses for agree. And one response for strongly agree.

Ms. Williams-Bader: All right, the next one is I had what I needed to respond to the MSR survey, but I have a little clock, a little timer in front of the first part of that. Yes, thank you.

Ms. Young: I think we can close that, the responses were I had what I needed to respond to the MSR survey. Zero responses for strongly disagree. One response for disagree. One response for neither agree nor disagree. Three responses for agree and zero responses for strongly agree.

Ms. Williams-Bader: The last question is the Advisory Group review of the measures under review worked well.

Ms. Young: And for the Advisory Group review of the measures under review worked well, zero responses for strongly disagree. Zero responses for disagree. One response for neither agree nor disagree. Three responses for agree. And one response for strongly agree.

Ms. Williams-Bader: Great. Thank you so much, Suzanne.

All right. Is there any last comments?

Collette, did you have your hand raised?

Member Cole: I did. I had a thought as we were talking about this and I'm just wondering are the measures in the initial like survey process, are they that different across the program? Because I was kind of losing myself in the review of the measures. Okay, yes, I think I saw that one before in a different program. Or is there enough uniqueness?

I was just thinking if it could be cross-tabbed or something like the measures of one time and then the various programs that's in. But that might not

be realistic.

Ms. Williams-Bader: It's late in the day so I might not be understanding your question, Collette, but let me -- I think we didn't want to cross-tab necessarily because a measure -- the Advisory Group and work group members might want to discuss removing a measure from a particular program, but not all the programs it's in. Sometimes there's might be reasons why -- but we're open to feedback here.

Member Cole: I'm sorry, I was thinking between the MIPS and the MSSP program, but maybe I'm completely off base, so that's okay.

Ms. Williams-Bader: It could work for some programs, too, where we had measures -- where we had both of the programs in this time, but measures might be used in even more programs that aren't included in the measures that were reviewed at the time. So for example, I know there are versions of measures that are in MIPS that are used in the Part C and Part D programs and so do those -- that program is not included in the MIPS review this time. So I don't know if you have thoughts. Did you -- would you want to see it just for the programs under review that year?

Member Cole: Oh, gosh. You know, ignore the suggestion. It's so complicated. I appreciate everything you guys do.

Ms. Williams-Bader: Thank you, Collette.

Member Cole: Can I be bold and make another comment?

Ms. Williams-Bader: Of course.

Member Cole: I'm sorry. So I might be the only measure developer on the group and I value NQF endorsement, but I think it's important for us to consider like people saying the reason why perhaps the measure is not endorsed and I think that's kind



of important like a measure developer doesn't have the resources to do the maintenance testing, for example or other things. Or, you know, is the measure truly topped out? Or does the standing committee really find a flaw with the measure? All of those are different considerations that I think are important to look at when you're reviewing a measure for possible removal.

Ms. Williams-Bader: Thank you, Collette. I think there's a comment in the chat. I think that's from Elizabeth Drye here at NQF. That it's a suggestion you can consider -- I don't know, Elizabeth, if you wanted to speak to that?

Dr. Drye: Sorry, I'm just winding down. It was a good suggestion. I know you said stop thinking about it, but the cross-tabbing, it did come up today that people have in their mind oh, this measure is in Part D or whatever, or this summary part. So it is relevant I think to think about where else is the measure used, but it isn't easy to do, but I just want you to know, because you kept saying, oh, that wasn't a good, you know, thought. Well, we appreciate your sensitivity. We'll keep it on our list of possibilities that might blend in.

Member Cole: Yes, you know the other thing and I'm used to reviewing measure sets for CQMC and it is different and I have to recognize that personally. So that's looking by specialty, so different clinician sets and the measures kind of all hang together. And I was just thinking there were some pieces of information in the spreadsheet that they use that maybe would have been more helpful for us in making a determination like with this new good measure to consider removal. So it's okay. It's a complicated --

Dr. Drye: We definitely can go back and look at our CQMC because we start that process also and look at that. I think you already listed that, Jenna, that if you had such a big content you wanted to apply

from that, that would be helpful to us, too.

Member Cole: Great. I think for me the most important, of course, is the numerator, the denominator, and we had all of that. Understanding the endorsement status. And then it is really helpful to understand the performance rate.

If there's room for opportunity what's the overall rate, what's the range and you know -- and I think a lot of that came forward today. There were several measures that were in the high 90s, so I mean that could be a consideration for putting a measure on the renewable list. Also type of measure, but that's okay. Thank you, guys.

Ms. Williams-Bader: Thank you so much, Collette.

Now we're approaching the end of the day here. Any last comments, suggestions for us?

All right, I will then turn it over to Gus Zimmerman for next steps.

### Next Steps

Mr. Zimmerman: Yes, if we could get to the next slide, please.

Now we're having a little bit of technical issues from the back end.

Great, thank you. So this is a time line of our upcoming MSR activities. We've had the World Health Advisory Group meeting today. We'll have the Health Equity Advisory Group meeting on Wednesday, June 15th. We'll be having the work group review meetings throughout the rest of the month, the Hospital Work Group meeting will be on June 22nd. The Clinician Work Group meeting will be on June 27th. And the PAC LTC Work Group meeting will be on June 30th.

The Coordinating Committee meeting will be held in August. There will be a public comment period on

measure removal recommendations that will run from July 22nd to August 5th. And then the final recommendations report will be issued to CMS in September.

Could we get the next slide, please?

And so this is just kind of a picture of what the time line is remaining. Again, we're in the middle of the MSR meetings, the public comment period, the Coordinating Committee meetings, and then the final recommendations report.

Next slide, please.

So this is just the contact information for the Rural Health MAP Group. There's a link in the slides to our project page and that is our email.

And I think that is it and I will turn it back over to you, Jenna.

#### Adjourn

Ms. Williams-Bader: Great. And I think I just want to give Keith and Kim an opportunity to make any closing remarks they'd like to make.

Co-Chair Mueller: Thanks, everyone, for a great discussion and a productive day.

Co-Chair Rask: And I add my thanks to that.

Ms. Williams-Bader: Thank you, yes. It's been a great discussion. We really appreciate all of the feedback you all have. You know it's a long list of measures and appreciate you sticking with it and especially your flexibility as we've been rolling out this new process.

I hope you have a great rest of your Monday and thank you again for your valuable feedback. I'm sure CMS also really appreciates the feedback that you've provided today. So thank you all so much.

(Whereupon, the above-entitled matter went off the record at 5:35 p.m.)

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